

Primary Care Commissioning Committee

Tue 10 September 2024, 13:30 - 16:30

Agenda

13:30 - 13:30 **Agenda**

0 min

Debbie Bartlett

 2024 09 10 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (2 pages)

13:30 - 13:30 **1. Chair's Introduction and Report on any Chair's Action**

0 min

Information

Debbie Bartlett

13:30 - 13:30 **2. Apologies for Absence**

0 min

Information


Debbie Bartlett

13:30 - 13:30 **3. Declarations of Interest**

0 min

Information

Debbie Bartlett

 2024 09 10 Item 03 Declarations of Interest.pdf (5 pages)

13:30 - 13:30 **4. Review of Minutes and Action Log from the June 2024 meeting**

0 min

Decision

Debbie Bartlett

 2024 06 11 Item 04 NWICB PCCC Minutes Part One.pdf (13 pages)

 2024 09 10 Item 04 PCCC Action Log Part One.pdf (1 pages)

13:30 - 13:30 **5. Forward Planner**

0 min

Information

Sadie Parker

 2024 09 10 Item 05 NWICB PCCC Forward Planner 2024-2025 Part 1.pdf (2 pages)

13:30 - 13:30 **6. Risk Register**

0 min

Decision

Sadie Parker

 2024 09 10 Item 06 Risk Register front sheet.pdf (3 pages)

 2024 09 10 Item 06 Risk ratings.pdf (23 pages)

13:30 - 13:30 **Service Development**

0 min

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13:30 - 13:30 **7. Developing our Strategic Framework: Primary Care Vision and Principles**

0 min

Decision *Amanda Sear*

- 📄 2024 09 10 Item 07 Developing our Strategic Framework Primary Care Vision and Principles - front sheet.pdf (3 pages)
- 📄 2024 09 10 Item 07 Developing our Strategic Framework Primary Care Vision and Principles.pdf (15 pages)

13:30 - 13:30 **8. Primary Care Workforce Strategy 2024 - 2027 & Primary Care Workforce Delivery Plan 2024 – 2025**

0 min

Decision *Keri Robinson*

- 📄 2024 09 10 Item 08 Primary Care Workforce Strategy 2024 2027.pdf (5 pages)
- 📄 2024 09 10 Item 08 Appendix A - Primary Care Workforce Strategy 2024 - 2027.pdf (27 pages)

13:30 - 13:30 **9. Winter Pharmacy Bank Holiday Commissioning**

0 min

Decision *Sharon Gardner*

- 📄 2024 09 10 Item 09 Winter Pharmacy Bank Holiday Commissioning front sheet.pdf (4 pages)
- 📄 2024 09 10 Item 09 Winter Pharmacy Bank Holiday Commissioning.pdf (6 pages)

13:30 - 13:30 **10. Pharmaceutical Needs Assessment**

0 min

Information *Sharon Gardner*

- 📄 2024 09 10 Item 10 Pharmaceutical Needs Assessment.pdf (8 pages)

13:30 - 13:30 **11. GP Patient Survey Results 2024**

0 min

Information *Shepherd Ncube*

- 📄 2024 09 10 Item 11 GP Patient Survey.pdf (13 pages)
- 📄 2024 09 10 Item 11 GPPS N&W 2024 Results Slide Pack.pdf (61 pages)

13:30 - 13:30 **12. General Practice Collective Action**

0 min

Information *Sadie Parker*

- 📄 2024 09 10 Item 12 General Practice Collective Action.pdf (8 pages)

13:30 - 13:30 **Finance & Governance**

0 min

13:30 - 13:30 **13. Delivery Group Reports • General Practice & Community Pharmacy • Dental Services Report • Dental Development Group Report**

0 min

Information *Shepherd Ncube/Fiona Theadom*

- 📄 2024 09 10 Item 13 GPCPDG Report.pdf (5 pages)
- 📄 2024 09 10 Item 13 DSD Report.pdf (7 pages)
- 📄 2024 09 10 Item 13 DDG Report.pdf (4 pages)

13:30 - 13:30 **14. Delivery Report – Primary Care Access Recovery Plan**

0 min

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Information

Leiat Becker

 2024 09 10 Item 14 Delivery Report - front sheet.pdf (3 pages)

 2024 09 10 Item 14 Delivery Report - Primary Care Access Recovery Plan.pdf (4 pages)

13:30 - 13:30

0 min


15. Pharmaceutical Services Regulation Committee Report & Optometry Services – contractual changes and other matters

Information

Sharon Gardner

 2024 09 10 Item 15 PSRC Report front sheet.pdf (2 pages)

 2024 09 10 Item 15 PSRC Report.pdf (4 pages)

 2024 09 10 Item 15 Optometry Services - front sheet.pdf (2 pages)

 2024 09 10 Item 15 Optometry Services - contractual changes and other matters.pdf (3 pages)

13:30 - 13:30

0 min

16. Strategic Prescribing Report

Information

Michael Dennis

 2024 09 10 Item 16 Strategic Prescribing Report.pdf (9 pages)

13:30 - 13:30

0 min

17. Strategic Estates Report

Information

Paul Higham/Cath McWalter

 2024 09 10 Item 17 Strategic Estates Report.pdf (6 pages)

13:30 - 13:30

0 min

18. Strategic Finance Report

Information

Rashmi Balakrishnan

 2024 09 10 Item 18 Strategic Finance Report.pdf (8 pages)

13:30 - 13:30

0 min

19. Strategic Digital Report

Information

Anne Heath

 2024 09 10 Item 19 Strategic Digital Update.pdf (4 pages)

13:30 - 13:30

0 min

20. Any Other Business

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Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 10 September 2024, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	Chair's Introduction and Report on any Chair's Action	Chair
2.		Apologies for Absence	Chair
3.		Declarations of Interest To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. <i>For Noting</i>	Chair
4.		Review of Minutes and Action Log from the June 2024 meeting <i>For Approval</i>	Chair
5.		Forward Planner <i>For Noting</i>	SP
6.		Risk Register <i>For Approval</i>	SP
Service Development			
7.	13:40	Developing our Strategic Framework: Primary Care Vision and Principles <i>For Approval</i>	AS
8.	13:50	Primary Care Workforce Strategy 2024 - 2027 & Primary Care Workforce Delivery Plan 2024 – 2025 <i>For Approval</i>	KR
9.	14:00	Winter Pharmacy Bank Holiday Commissioning <i>For Approval</i>	SG
10.	14:10	Pharmaceutical Needs Assessment <i>For Noting</i>	SG
11.	14:20	GP Patient Survey Results 2024 <i>For Approval</i>	SN
12.	14:30	General Practice Collective Action <i>For Noting</i>	SP
Finance & Governance			
13.	14:40	Delivery Group Reports <ul style="list-style-type: none"> • General Practice & Community Pharmacy • Dental Dental Services Report • Dental Development Group Report <i>For Noting</i>	SN/FT
14.	14:45	Delivery Report – Primary Care Access Recovery Plan <i>For Noting</i>	LB
15.	14:55	Pharmaceutical Services Regulation Committee Report Optometry Services – contractual changes and other matters <i>For Noting</i>	SG
16.	15:00	Strategic Prescribing Report <i>For Noting</i>	MD
17.	15:05	Strategic Estates Report <i>For Noting</i>	PH/CMcW
18.	15:10	Strategic Finance Report <i>For Noting</i>	RP
19.	15:20	Strategic Digital Report <i>For Noting</i>	AH
20.	15:30	Any Other Business	Chair
Date, time and venue of next meeting Tuesday 10 December 2024 13:30 – 16:30 – ICB PCCC			

Item	Time	Agenda Item	Lead
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 members of the public. Please send by email: nwicb.contactus@nhs.net For a link to the meeting in real-time, please click here. Glossary of Terms https://improvinglivesnw.org.uk/about-us/website-glossary-of-terms/			

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**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	
Debbie Bartlett	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Interim 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.
		Diss Parish Fields			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X				GP and partner Attleborough Surgeries	2001	Present	
		MPT Healthcare	X				Director MPT Healthcare	2020	Present	
		SNHIP PCN					Clinical Director SNHIP PCN	2023	Present	
		Norfolk Community Health Care					Husband is an employee of NCHC	2021	Present	
Steven Course	Executive Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for March Physiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
Karen Watts	Director of Nursing and Quality, Norfolk and Waveney ICB	Norfolk and Norwich University Hospital				X	Son-in-law is a Locum Cardiology Consultant at NNUH with sessions at JPUH	Jun-23	Present	I declare this as an indirect interest. I always ensure the chair is aware and withdraw from the meeting if cardiology at the NNUH or JPUH is discussed in terms of benefiting the service
		Royal college of Nursing			X		Member of the RCN	1980	Present	I always ensure the chair is aware if any matters to this arise on the agenda
		Coltishall surgery			X		Patient at a Norfolk and Waveney GP Practice			To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Broadland Housing Association	X				Non-Executive Director and Board Member for Broadland Housing Association	2024	Present	Will excuse myself from any decisions relating to Broadland Housing Association

		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.
Norfolk and Waveney ICB Attendees										
Mark Burgis	Executive Director of Patients and Communities, Norfolk and Waveney ICB	Drayton Medical Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Lakenham Practice				X	Wife is Nurse Prescriber who is currently undertaking occasional locum work at Lakenham Practice in Norwich	Aug-21	Present	Declare at any relevant meetings and remove myself from any significant discussions or decisions relating to the practice
Shepherd Ncube	Associate Director of Primary Care Commissioning	Nothing to Declare			N/A	N/A	N/A	N/A	N/A	N/A
Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk Board					Represent N&W ICB as a member of the Active Norfolk Board	2019	Present	Declare interest as applicable at PCCC meetings and agree any action with PCCC chair, and the same for other relevant meetings
		St Stephensgate Medical Practice					Friendship with Dr Jeanine Smirl who is a GP partner at St Stephensgate Medical Practice and Associate Medical Director of Primary Care	2023	Present	Declare interest as applicable. Ensure no conflicted items are discussed. Ensure line manager has oversight and approves all matters in relation to JS' conflicts
Oliver Loveless	Head of Primary Care Strategic Planning (on secondment until end of March 2024)	Cromer Group Practice			X	Indirect	Partner works for the ICB	Oct-22	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
Sharon Gardner	Head of Primary Care Commissioning for Pharmacy and Optometry	Nothing to Declare			X	Direct	Complete self-employed Locum Work as a pharmacist for various pharmacy contractors for whom we are responsible for commissioning since April 2023	Apr-23	Ongoing	Complete self-employed Locum Work as a pharmacist for various pharmacy contractors for whom we are responsible for commissioning since April 2023
		Humbleyard Practice			X		Registered patient at a Norfolk and Waveney GP Practice			Withdrawal from any discussions and decision making in which the Practice might have an interest
Sarah Johnson	Senior Primary Care Commissioning Manager - Dental	Nothing to Declare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Fiona Theadom	Head of Primary Care Commissioning, Norfolk & Waveney ICB	Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Local Medical Committee Attendees										
Lisa Drewry	Executive Officer, Norfolk & Waveney LMC	Burnham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

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Ian Wilson	Executive Officer with Norfolk & Waveney Local Medical Committee	National Health Service England				Indirect	Father-in-Law is member of national NHSE Sounding Board	Ongoing		
		Norfolk and Waveney Enterprise Services				Indirect	Brother – Senior employee (non-Board member) – Norfolk and Waveney Enterprise Services	Ongoing		
		Drayton & St Faiths Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Joni Graham	Executive Officer Norfolk & Waveney Local Medical Council	Orchard Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Naomi Woodhouse	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Long Stratton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Practice Managers drawn from General Practice Attendees										
Sarah Buchan	Practice Manager Speciality Advisor	Fakenham Medical Practice			X	Direct	CEO at Fakenham Medical Practice	2018	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest.
		NN1			X	Direct	Member of NN1	2019	Ongoing	Withdrawal from any discussions and decision making in which the PCN might have an interest.
		Cromer Group Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	2020	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest.
		NN PM Group			X	Direct	Chair of NN PM Group	2020	Ongoing	Withdrawal from any discussions and decision making in which the Group might have an interest.
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice		Ongoing	Withdrawal from any discussions and decision making in which the Practice
		Norfolk County Council		X		Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division		Ongoing	Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.
		Norfolk County Council		X		Direct	Cabinet Member for Adult Social Care and Public Health		Ongoing	
		Norfolk County Council		X		Direct	Chair of Norfolk Health and Wellbeing Board		Ongoing	
		Breckland District Council		X		Direct	Elected Member of Breckland District Council, Upper Wensum Ward		Ongoing	
		Norfolk County Council		X		Direct	Chair of Governance and Audit Committee		Ongoing	
		Manor Farm		X		Direct	Farmer within Dereham patch		Ongoing	
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice		Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk		X		Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	

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Sally Watson	Healthwatch Suffolk (Community & Engagement Manager)	Nothing to Declare		N/A			N/A		N/A	N/A
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing	Non-voting member - risks will be taken in accordance with COI Policy	
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC, General Dental Practice Committee (BDA) Representative for Norfolk	Ongoing		
		Bridge Road Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Deborah Daplyn	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries	Integrated Care Board	X			Direct	Receipt of fees and honorarium for attendance at meetings with ICB and other interested parties	Apr-23	Onoing	Non-voting member - risks will be taken in accordance with COI Policy
		General Optical Services	X			Direct	Own a practice which works within primary care and receives money under a General Optical Services Contract	Apr-23	Ongoing	
		Sheringham Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as "Community Pharmacy Norfolk")	CO of the LPC		X		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Lauren Seamons	Joint Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)	Norfolk LPC	X			Direct	Employed by Norfolk LPC	Ongoing	Non-voting member - risks will be taken in accordance with COI Policy	
		The Hollies, Downham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Jason Stokes	Secretary Norfolk Local Dental Committee (LDC)	National Health Service	X				I have an NHS GDS Contract	2007	Present	I would exclude myself from any discussions particular to my own GDS contract. I would exclude myself from any section of a meeting that ICB members
		British Dental Association		X			I am a member of the British Dental Association (BDA) Principal Executive Committee (PEC) – board of directors	2015	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.

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		Associate Dental Postgraduate		X			I am Associate Dental Postgraduate Dean for Early Years (Health Education England)	2022	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		St Stephens Gate, Norwich			X	Direct	Registered patient at a Norfolk and Waveney GP Practice		Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
Nick Stolls	Dental Advisor PCCC	Landlord of Harleston Dental Practice	X				Landlord of Harleston Dental Practice	2001	Ongoing	Declare Conflict of Interest and withdraw from a meeting if discussions take place that might benefit Harleston Practice

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Norfolk and Waveney Extraordinary Primary Care Commissioning Committee

Part One

**Minutes of the Meeting held on
Tuesday 11 June 2024
via video conferencing and YouTube**

Voting Members - Attendees

Name	Initials	Position and Organisation
Debbie Bartlett	DB	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB
Hein Van Den Wildenberg	HW	Non-Executive Member, Norfolk and Waveney ICB (deputy Chair)

In attendance

Name	Initials	Position and Organisation
Rashmi Balakrishnan	RB	Primary Care Reporting Finance Manager, Norfolk and Waveney ICB
Leiat Becker	LB	Senior Primary Care Delivery Manager, NHS Norfolk and Waveney ICB
Andrew Bell	AB	Norfolk Local Dental Committee
Bill Borrett	BB	Chair of the Integrated Care Partnership and Partner Member of the ICB
Sarah Buchan	SB	Practice Manager Committee Attendee
Michael Dennis	MD	Associate Director of Pharmacy and Medicines Optimisation (Chief Pharmacist) Norfolk and Waveney ICB
Lisa Drewry	LD	Executive Officer, Norfolk and Waveney Local Medical Committee Executive Officer, Norfolk and Waveney Local Medical Committee
Sharon Gardner	SG	Head of Primary Care Commissioning Community Pharmacy and Optometry, Norfolk and Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
William Lee	WL	Senior Primary Care Commissioning Manager – Dental, NHS Norfolk and Waveney ICB
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Jon Punt	JP	Patient Experience Senior Manager, Norfolk and Waveney ICB
Lauren Seamons	LS	Joint Chief Officer, Community Pharmacy Norfolk
Nick Stolls	NS	Specialty Dental Advisor
Peter Taylor	PT	Assistant Director, Public Health Commissioning Norfolk County Council, Public Health

Olga Tsirogianni	OT	Head of Integration and Partnerships, Norfolk and Waveney ICB
Sarah Webb	SW	Primary Care Administrator, Minute Taker, Norfolk and Waveney ICB
Ian Wilson	IW	Executive Officer, Norfolk and Waveney Local Medical Committee

Apologies received

Name	Initials	Position and Organisation
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk and Waveney ICB
Tony Dean	TD	Joint Chief Officer, Community Pharmacy Norfolk
Patricia D'Orsi	PD'O	Executive Director of Nursing and Quality, Norfolk and Waveney ICB
James Grainger	JG	Head of Finance Primary Care and Corporate, Norfolk and Waveney ICB
Jason Stokes	JS	Secretary, Norfolk Local Dental Committee (LDC)
Fiona Theadom	FT	Head of Primary Care Commissioning, Norfolk and Waveney ICB
Sally Watson	SWa	Healthwatch Suffolk
Naomi Woodhouse	NW	Chief Executive Officer, Norfolk and Waveney Local Medical Committee

No	Item	Action owner
1.	Chair's introduction Chair welcomed attendees to the June Committee.	Chair
	Matters Arising There were no matters arising.	
2.	Apologies for absence	Chair
	Noted above.	
3.	Declarations of Interest <i>For Noting</i>	Chair
	None received.	
4.	Review of Minutes and Action Log from the May 2024 Committee <i>For Approval</i>	Chair
	The minutes were agreed to be an accurate reflection of the May 2024 Committee and minutes would be sent to the Chair for signing. ACTION: SW to send Chair signed minutes for safekeeping.	SW
	Action Log Actions - closed 0176 0178	
5.	Forward Planner <i>For Noting</i>	SP
	SP confirmed the Pharmaceutical Needs Assessment item had been deferred due to the pre-election period.	

	<p>The Primary Care & Workforce Recruitment and Retention Programme Strategic Report had been deferred. It was being worked through with EMT due to the new governance controls.</p> <p>The planner was noted.</p>	
<p>6.</p>	<p>Risk Register <i>For Approval</i></p>	<p>SP</p>
	<p>SP confirmed that following an audit report, all the risks (not just Board Assurance Framework risks) would now be shared with PCCC once a quarter for review.</p> <p>Risk owners had done a lot of work on the risks however this had not resulted in any improvements to scores assigned.</p> <p>SP highlighted risk PC19 which was a proposed new risk to be added to the register. This was a dental risk identified recently which related to secondary care dental services, particularly oral surgery, maxillofacial services and orthodontic services and there were concerns over the level of resilience in those services and some of the detail remained unknown. There were concerns over waiting times and with the Trusts' focus on their elective recovery it was difficult for these services to get theatre time. There were also workforce issues and this was not unique to Norfolk and Waveney. Secondary care commissioning does not sit within the primary care team and this was being worked through internally. Work had been done with a neighbouring ICB, Suffolk and North East Essex who had offered to lead a team on behalf of the regional ICBs, which officers were supportive of, and this had been added as a control in the control section.</p> <p>SP added that due to the triple lock process no final approval had been received for that arrangement and the funding that went with it, which meant the Memorandum of Understanding had not yet been signed. SP confirmed this was a gap rather than being a control.</p> <p>HW had a question on the resilience of general practice and the score kept at 16 as this felt like a downward trend and Committee would need to await to see whether events unfold at the end of July.</p> <p>HW mentioned the secondary care dental service and agreed it did not feel like a best fit for primary care commissioning.</p> <p>PT was unclear why secondary care dental service was on this risk register and the commissioning presumably would sit with a secondary care team if the MOU was signed. With that suggestion, PT asked if this was on the right risk register.</p> <p>SP confirmed secondary care dentistry was delegated to the ICB along with primary and community care dentistry. In light of the restructure, internal considerations were underway as to where this was best placed pending the completion of the restructure, the primary care team had been holding this risk in the interim. Even if the work was undertaken by Suffolk and North East Essex ICB, this ICB was still responsible for it. This ICB was not further delegating the responsibility, just the work. Through reports to Committee there would be updates on discussions and it might be that in due course this risk could be moved to a different Committee.</p>	

	<p>KW had a question around the dental service resilience score of 20. KW reflected the work done to support increased UDAs, the scope of work done on the short and long term plans and asked if consideration be given to a score of 16.</p> <p>SP suggested, while a lot of work had been done, we perhaps needed to wait for results of the work done and the long term plan investment was part of the triple lock process and final approval was awaited. On the agenda there was the item around delivery and the areas that were to be monitored this year - SP thought there was a need to monitor how many new patients were treated for example, and it may be then an opportunity to reduce the score. At the moment ICB officers were unable to recommend reducing the score as it was so early into the programme of work.</p> <p>NS had two comments and a question. The first comment was in regard to the link between primary and secondary dental care. NS thought that primary and secondary care groups had a tight relationship and it was difficult to unpick these.</p> <p>NS's second comment was that he had just attended a national conference with dentists and noted the situation was extremely challenging and thought the score of 20 was right and it was wise to keep that risk rating on the register.</p> <p>NS then asked about the recruitment of the clinical dental advisor and if this was an additional appointment over and above the people in place at the moment.</p> <p>SP confirmed previous arrangements the ICB had in place with the regional advisors ended in March and this was a recruitment to a Norfolk and Waveney post. NS thanked SP for this.</p> <p>DB confirmed the report, with the new risk was approved for now, until the risk had a safe handover to another team and committee.</p>	
7.	<p>Community Health and Wellbeing Workers – ARRS funding <i>For Approval</i></p>	OT
	<p>OT presented the Community Health and Wellbeing Workers – ARRS funding for approval to Committee.</p> <p>OT outlined some of the details of the project to the Committee attendees for information.</p> <p>OT then paused to take questions.</p> <p>IW thanked OT for the paper and made an observation about the joined up care and noted that the new roles fall to a GP which used their time instead of patient facing for a supervision purpose and asked if there was any kind of control or mitigation to reduce available frontline GP time by taking up supervision.</p> <p>OT responded by saying it had saved time and relayed an example from Watton whereby time had been saved at that practice as some patients did not know how to navigate the system and therefore take up GP appointments perhaps inappropriately. Instead, with the support of the community health and well-being workers, the patients were signposted to the right professionals. The GP time the partner provided was 30 minutes a week and they had seen an</p>	

	<p>increase in QOF and that was a direct benefit financially to the practice through all this activity.</p> <p>AH added a supportive comment whereby he was aware of a similar scheme at Lowestoft and their results and data were impressive. The key was the people in the roles and them communicating in a non-professional, non-clinical way and that had worked well.</p> <p>OT agreed that the workers were from the community, they were multilingual, and in Watton, for example, they worked with the Afghan community where the practice had difficulties due to language barriers. In particular there had been 80 people identified and with the support of the community health and wellbeing workers they had identified different health issues which had previously caused multiple visits to the practice with no resolution.</p> <p>KW was in support of this and recognised the qualitative feedback. It demonstrated the benefits which provided reassurance on how it had reduced GP time and serviced the needs of the population with the additional support to meet their needs. KW asked if the findings were available to make the recommendation.</p> <p>OT responded with the positive results from the evaluation report from the Westminster pilot and the fact that our data was similar. There was also £15,000 available to undertake an evaluation and with such impressive results this would help promote it. As for the funding it was from ARRS funding which meant it depended on the individual PCN. This paper was to classify the role for the whole of Norfolk and Waveney to provide the option to PCNs, if appropriate for their circumstances, to use some of their ARRS funding allocation to have the specific role. Some PCNs had committed 100% of their funding already, in that respect the ICB were a little late for this year, but it was hoped they could plan for them for next year. Equally some other PCNs had never used the full allocation of their ARRS funding and if they were in a deprived area, they could use this opportunity.</p> <p>SN wanted to thank OT for the work and was encouraged by this, as it was one of the ICBs top priorities to address health inequalities and connect people in communities. SN wanted to tap into the experience to improve in other areas which were challenged in connecting people.</p> <p>DB agreed this was an important piece of work and asked how to promote this with other PCNs.</p> <p>OT responded by saying it would be promoted to PCNs and it would empower them to make their own decisions. The support offered was holistic and saved time for practices. It was important to have approval to classify the role as it would make funding it straightforward for PCNs.</p> <p>DB confirmed Committee supported this and the request was approved.</p>	
8.	<p>Strategic Care Quality Commission Inspection Report <i>For Noting</i></p>	SN
	<p>SN presented the Strategic Care Quality Commission Inspection Report to Committee for noting.</p> <p>SN introduced the paper setting out the structure of the report. The main focus was CQC activity in general practice on this occasion. Information about CQC</p>	

activity in dental commissioned services was also shared and discussed. SN indicated that detailed reports will be provided for dental and pharmacy in future. SN gave a detailed account to demonstrate changes and pattern in CQC activity in the last 10 years and offered to take question afterwards.

PT queried the drop off in CQC activity as was seen in one particular area of Norfolk and asked if this was a national issue or the local inspection team capacity.

SN confirmed that the pattern was relatively similar at a national level. He gave some background information about the current situation with the CQC. Colleagues at the CQC were going through significant challenges in their approach to inspections and reorganisation for staff. SN reported on the positive working relationship between the ICB primary care team and CQC. He described the relationship as strong and positive for patients and practice colleagues.

PT found the information under the dental part of the paper and collaboration with the ICB interesting. He was also interested to understand how the ICB and CQC worked together on the general practice side, noting Public Health also commissioned services from general practice, and asked SN if he could pick this up offline as part of their regular catch-up meetings.

KW complimented SN on the paper and was pleased to note patient experience would be included in the paper. KW thought what was needed was any learning from harm and the Committee had a broad view of the triangulation of information. The ICB had a good relationship with the CQC and LMC colleagues and KW was pleased to note the growth in this report.

NS referenced his experience of working at/with the CQC and during COVID the CQC had to bolster their digital input and this may be one of the reasons why a reduction in the number of face to face inspections were seen, as the CQC had improved on their ability to gather information in a different way. They had changed very much and there would be a need to wait to see how this would be different in the future.

BB was interested to see what the trajectory of the most recent inspections had been compared to the snapshot and NS' comments.

SN responded by saying the inspections seen recently were predominantly follow up inspections and it may not be easy to compare. Work had been done with practices rated as inadequate or requires improvement and that was forecasted to continue. There were still practices that require improvement and the CQC was focused on the support within those practices.

NS provided some context for dentistry nationally. Up until 3 years ago, 93% of dental practices passed the CQC inspection satisfactorily and of late this was nearer 87%. NS was unsure of the reasons for the reduction, and this was not just in the NHS. NS wondered about clinical dental technicians who provided care in their surgeries and if that was an area not being captured.

DB asked if there was a piece of work that could be done by Place as there were a high proportion of care homes that required improvement to understand this and asked if this could be done in the future by sector, but DB recognised how busy everyone was.

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	<p>ACTION: SN to liaise with Paul Benton.</p> <p>The report was duly noted.</p>	
<p>9.</p>	<p>Delivery Report <i>For Noting</i></p>	<p>SP/LB</p>
	<p>SP confirmed an overall Delivery Report to Committee had not previously been provided and this was one of the recommendations from the audit. The work to produce a full dashboard the BI team were doing remained as work in progress.</p> <p>SP then outlined the operational planning commitments that had been submitted to NHS England in some detail for Committee's attention.</p> <p>LB hoped that as work developed more with BI, the reports would provide a better understanding of patient access and highlighted the Pharmacy First and SMI health check data as examples.</p> <p>HW thanked SP/LB and was really pleased with this work as sometimes primary care had not highlighted some of the rich data. HW asked if there could be a bit of a story behind the numbers and reflected on DB's point earlier on Place based metrics and thought this would enrich the understanding. HW looked forward to future reports.</p> <p>BB echoed HW's comments and recognised the improvement on learning disability and that this had been sustained. He congratulated SN and his team for maintaining the performance towards obtaining the target.</p> <p>PT thought it would be useful to have the occasional footnote and provided some examples around the appointments and denominators of residence population. PT referenced the appointments seen and a definition of seen i.e. face to face, e-appointments or telephone calls.</p> <p>SP thanked everyone for their comments which would be taken offline. In regard to the two week rule these were the definitions provided by NHS England and essentially it meant that if somebody needed an appointment, regardless of whether it was face to face, in the majority of circumstances it would be within two weeks.</p> <p>SN commented on people with LD and mental health and was grateful the delivery report did not forget this population and wanted to assure Committee the ICB were no longer an outlier in the region. SN confirmed annual health checks were delivered face to face and, whilst reporting a percentage short of target, believed the actual data to be higher as there were still practices where the national errors in data are yet to be corrected and there had been a significant increase in the register size.</p> <p>NS had a quick question as the metric looked at new dental patients seeing both children and adults was important as it would highlight whether there was an improvement. NS asked if there was a measure for new patients and patients that had not been seen for 24 months.</p> <p>SP thought this would come through in the usual way through the Business Services Authority data.</p>	

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	<p>NS referenced a new measurement and a dentist being paid an enhanced rate for new patients not seen for 24 months and thought this would be an easy piece of data to capture.</p> <p>DB thanked SP/LB and it would be helpful to see GP appointments per head of the population compared to other areas and LB would put this into the next report.</p> <p>SP commented on the highlight reports that LB had worked on and asked if members would like to see these on a regular basis as LB would be happy to share in between meetings and DE agreed that this would be a good idea.</p> <p>ACTION: LB to share regular highlight reports with Committee members</p> <p>The report was duly noted.</p>	
<p>10.</p>	<p>Complaints & Contacts <i>For Noting</i></p>	<p>JP</p>
	<p>JP presented the Complaints & Contacts report to Committee for noting.</p> <p>JP outlined the nature of the report and that the report captured the number of contacts the ICB received across the financial year and stated this was a complex task given the numbers of contacts and the variety of issues dealt with.</p> <p>JP continued with the report for Committee's attention.</p> <p>DB thanked JP for the update.</p> <p>LD thanked JP for the good report and it tied in with the issues reported to the LMC. There had been a number of concerns raised by patients who had expressed their dissatisfaction with not being able to see their GP or another clinical team member. LD understood the ICB had previously publicised the different clinical roles in the past and asked if this could be reviewed, updated where necessary and shared appropriately. LD reported feedback received from general practice was that staff found it difficult to handle patients who did not understand the roles of staff and LD thought if this was communicated to practices this could be shared. LD noted complaints training was done in July 2023 and asked if it was being considered again in the future as LD thought this would benefit general practice.</p> <p>JP confirmed he was happy to host some more complaints training as JP was conscious that dealing with formal complaints or any type of complaint was not necessarily a practice managers specialism.</p> <p>LD confirmed the LMC would support JP with the training and bite sized training.</p> <p>ACTION: JP/LD to discuss offline.</p> <p>AH commented many complaints arose from undertaking GP appraisals and his impression was that it was communication failure or lack of continuity but rarely a clinical matter. AH went on to say that the explanation of the additional roles was mainly an internet-based method and this was an information cap.</p>	

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	<p>KW thanked JP for the good report. KW thought it was a bit of the “so what” i.e. what had changed and her question was what had changed as part of some of the complaints. Perhaps in future, learning from particular incidents was something that would be incorporated.</p> <p>JP confirmed this was in the report and identified the individual disciplines for KW’s information.</p> <p>BB welcomed the report and acknowledged JP had had a busy year. He welcomed the openness within the report and was supportive of the reporting going forward. BB was keen the report established a baseline over the coming years.</p> <p>JP confirmed that, whilst not fully reflected in the report, this reflected purely the contacts the ICB received. The vast majority of complaints and concerns about primary care services end up directly with the provider. JP planned to try and capture and compare the complaints handled in future and welcomed ideas around how to work with contractors.</p> <p>NS introduced himself to JP as the dental advisor to PCCC and previously was with the complaints team at NHS England for the Eastern Region for dentistry. He recognised the pressure of complaints JP was dealing with and many complaints were inquiries about not able to get a dentist which cannot be resolved at dental practice level. NS asked for support from JP on an issue – he believed many patients did not realise they should go to the practice first to try to resolve their complaint. NS asked if complaints could be sent back to the practice to be resolved and escalated to the complaints commissioner.</p> <p>JP confirmed this was a difficult one to answer as complaints were assessed on a case by case basis and discussed with the complainant to work out the most appropriate way forward. With the scenario NS described, dental complaints were received into the ICB and, if it was identified the dental practice could handle it, then this would be discussed with the complainant to ask them if they would be open to that and try to facilitate this. However, some complaints would be more serious, therefore the ICB would want to be involved.</p> <p>LD confirmed each individual GP practice would have a complaints log with the number and type of complaints, as they had to keep this for the CQC. Likewise most practices would have the same for compliments and if the data was requested, practices would provide this.</p> <p>JP confirmed this was something that had been considered as there were a couple of practices the ICB supported, and every practice recorded their complaints in a different way. If we can get them to report in a uniform way it would be easier to analyse the data.</p> <p>LS confirmed pharmacies were required to produce an annual complaint report however LS was unsure they would know where to send them as it used to be the regional team.</p> <p>JP confirmed he would bear this in mind.</p> <p>DB thanked JP for the report and this was duly noted.</p>	
11.	Operational Delivery Reports	SN/WL

	<ul style="list-style-type: none"> • General Practice & Community Pharmacy • Dental <p><i>For Noting</i></p>	
	<p>SP confirmed there was nothing to escalate for General Practice and Community Pharmacy this time.</p> <p>WL confirmed there was one escalation to PCCC from the Dental report, which was discussed earlier in the meeting – the secondary care risk.</p> <p>SN acknowledged the good news story for Mattishall and Lenwade Surgeries as they had moved from an inadequate to a good CQC rating and this was noted.</p> <p>The reports were duly noted.</p>	
12.	<p>Pharmaceutical Services Regulation Committee Report General Ophthalmic Services Quarter End Update Report</p> <p><i>For Noting</i></p>	SG
	<p>SG presented both the Pharmaceutical Services Regulation Committee Report and General Ophthalmic Services Quarter End Update Report for noting.</p> <p>SG went through the reports for Committee’s attention.</p> <p>DB thanked SG for the reports which were duly noted.</p>	
13.	<p>Strategic Finance Report</p> <p><i>For Noting</i></p>	RB
	<p>RB presented the Strategic Finance Report to Committee for noting. RB confirmed she was presenting on behalf of JG.</p> <p>RB then went through the pack in some detail for Committee’s attention.</p> <p>DB thanked RB for the report.</p> <p>HW thanked RB for the excellent explanation of the pack. In respect of SMI health checks, they had reached their target but there was an underspend noted and HW asked how the two matched up. HW said it would be useful to have an overview of the LCS activity tracker as a quarterly update.</p> <p>SP confirmed there were 2 different elements to the SMI health check which was a standard core health check and additional elements for the enhanced check. The LCS funds the enhanced check elements and the standard check is incentivised by QOF. This may explain the slight difference in the figures.</p> <p>PT noted a £10m underspend, predominantly in dental and the work that was happening there should ensure there would not be similar slippage in 2024/25.</p> <p>RB confirmed the plan had been submitted for 2024/25 and the plan was not to underspend, with the position being monitored regularly. RB confirmed the finances were also presented at the delivery groups.</p> <p>SN followed up on SMI to draw parallel with diabetes and wanted to assure HW our interest in diabetes of the actual activity and the outcomes gained from the area was growing. This would be shown in the next set of reporting. There were some variations in places in terms of people seen or receiving the health checks and SN confirmed that was underway.</p>	

	<p>ACTION: SN to provide an update at a future Committee.</p> <p>NS confirmed the element of the dental budget which was ring fenced so it had to be used for dentistry – this may change in the future. The question that NS had was over the jargon used within the report, particularly the reference to an £18m favourable variance in the budget and asked if favourable was a word patients would understand. RB confirmed it was an underspend and it was not seen as favourable in the traditional sense of the word.</p> <p>BB looked at the ICB financial position around pharmacy, GP prescribing and other prescribing costs. He noted prescribing was shown in primary care and prescribing reporting in this report but also noted the acutes prescribing separated out from primary care and asked for the reason on this.</p> <p>RB confirmed the main reason was that GP prescribing in itself had a significant budget and the requirement for monitoring that budget separately had been identified. GP prescribing is reported as a separate line and other primary care, which included delegated and the areas like dental, ophthalmic and pharmacy were combined under the broad heading of primary care. That is the reason why we have separated both of them.</p> <p>BB thought it was not as big a number as others and it is not reported elsewhere and wondered why prescribing in particular had been pulled out.</p> <p>RB confirmed it was due to the audience for this meeting being primary care.</p> <p>SC came back to NS' point around the dentistry ringfencing. As the ICB moved in 2024/25 it was a ringfenced budget, and as RB had said was monitored closely. There were plans to spend some of this funding and SC did not anticipate a similar underspend. SC reiterated the point this was ringfenced funding.</p> <p>DB thanked RB for the report which was duly noted.</p>	
<p>14.</p>	<p>Strategic Prescribing Report <i>For Noting</i></p>	<p>MD</p>
	<p>MD presented the Strategic Prescribing report to Committee for noting and noted the move towards a more strategic type of report, confirming rather than numbers, performance, spend and cost pressures in prescribing, the report would consider the strategic use of medicines.</p> <p>MD then went through the report in some detail for Committee's attention.</p> <p>DB thanked MD for the report and asked about structured medication reviews (SMRs) and whether activity was broadly on track.</p> <p>MD noted activity was coded on practice clinical systems and explained SMRs were about quality and reducing harm. He confirmed he wanted to do an audit to look at trends and had asked BI to build in some smart monitoring as it was not easy to monitor.</p> <p>DB asked if there was benchmarking that could be done in other areas that would be capture this.</p>	

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	<p>MD confirmed this would be something to progress as the ICB can't use the national portal and was not able to benchmark as the whole data set was not available. MD had asked the BI team to extract the data.</p> <p>HW thanked MD for the report and liked the spotlight on the strategic themes. HW had a question on SMRs which may need further investigation. He asked if these met expectation as there was very relevant activity with strong preventative potential linked to it.</p> <p>AH focussed on broad spectrum antibiotic prescribing and this being a general problem rather than focussed on a small number of particular practices. AH asked if MD had an idea of what caused the problem as this had been discussed previously.</p> <p>MD confirmed there was a regional event Dr Frankie Swords had chaired and the regional AMS lead and the local IPAC team took part. There was one practice which was a national outlier on prescribing broad spectrum antibiotics and work had been done with them to change their prescribing behaviour. MD confirmed there was education underway and this was work in progress.</p> <p>AH asked if this practice were outliers for opiate prescribing and Z drugs as well.</p> <p>MD confirmed they were not an outlier for opioid prescribing but at one stage a national outlier for hypnotics and Z drugs. There was a site called openprescribing.net where you can find outliers.</p> <p>BB asked MD to clarify if it was one or two individuals and MD confirmed it was the whole practice. BB asked perhaps the way the ICB intervened may be changed and asked if there was a standard as it was a number of individuals rather than a broad issue. MD confirmed there was work underway to update processes to enable the ICB to take action.</p> <p>LS asked if the team had discussed antimicrobial stewardship, as the Pharmacy First scheme ensured an antimicrobial was given under a PGD in the correct circumstances and thought this might be helpful when looking at things such as UTIs.</p> <p>MD confirmed the data was raw and provided individual drugs by individual pharmacies. MD believed Pharmacy First would bring down prescribing as a whole.</p> <p>DB thanked MD for the report and suggested this was moved up the agenda next time.</p> <p>The report was duly noted.</p>	
<p>15.</p>	<p>Any Other Business</p> <ul style="list-style-type: none"> • Delivery Plan for Recovering Access to Primary Care - Circulated to PCCC members for Information <p>SP confirmed this was presented at the ICB Board in May and was for information purposes.</p>	<p>Chair</p>
	<p>Questions from the Public</p>	

	There being no further business or questions from the public, the meeting then closed at 15:35	
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Name:	Signature:	Date:
Signed on behalf of NHS Norfolk and Waveney Integrated Care System		

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

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log
10 September 2024

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0185	11-Jun-24	4	SW	SW to send Chair signed minutes for safekeeping	SW sent these across	10-Sep-24		12-Jun-24
0186	11-Jun-24	6	LB	Delivery Report - LB to share regular highlight reports with Committee members		10-Sep-24		
0187	11-Jun-24	8	SN	Strategic Care Quality Commission Inspection Report - DB asked if there was a piece of work that could be done by Place as there were a high proportion of care homes that required improvement to understand this and asked if this could be done in the future by sector	Contact has been made with Norfolk County Council colleagues responsible for care home quality assurance, and a list of care homes along with their CQC ratings has been requested, though it is yet to be received. Added to the forward plan.	10-Sep-24		02-Sep-24
0188	11-Jun-24	10	JP	Complaints & Contacts - bite sized training - JP/LMC to discuss offline		10-Sep-24		
0189	11-Jun-24	13	SN/LB	Strategic Finance Report - for the next delivery report - to show the actual activity and outcomes gained re interest in diabetes	SN advised limited progress has been made with this, this is partly to do with staffing gaps in the team and delays in data flows from the national team	10-Sep-24		

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Norfolk and Waveney Primary Care Commissioning Committee Forward Plan – 2024/2025

Item	7 May 2024 (EPCCC)	11 June 2024	10 September 2024	20 Nov 2024 (EPCCC)	10 December 2024	11 March 2025	Lead officer	Notes
Risk Register		Y	Y		Y	Y	SP/FT	All risks to be considered following ICB Governance Audit recommendations
Strategic Finance Report		Y	Y		Y	Y	JG	
Strategic Estates Report			Y			Y	PH	Noting/ assurance
Strategic Digital Report			Y			Y	AH	Noting/ assurance
Strategic Prescribing Report		Y	Y		Y	Y	MD	
Strategic CQC Inspections Report		Y			Y		CG	
Delivery Report		Y	Y		Y	Y	AS/OL	A focus on LD
General Practice & Community Pharmacy Delivery Group Report Dental Services Delivery Group Report		Y	Y		Y	Y	SN/SG	Noting/ assurance
Dental Development Group Report		Y	Y		Y	Y	WL/FT	Noting/ assurance
Contract Assurance Framework		Y			Y	Y	SN	Removed due to being presented at ODG (sept)
Delivery Plan for Recovering Access to Primary Care		Y			Y	Y	OL/SN	Moved to December PCARP
Complaints and Contacts		Y			Y		JP	
Primary Care Resilience (Strategic Report)			Y			Y	SN/OL/FT/SG	
Terms of Reference Review						Y	FT	
Primary Care & Workforce Recruitment and Retention Programme (strategic report)		Y	Y			Y	JRo	June for approval – deferred until Sept (EMT sign off) March '25 update for noting
Optometry Services – contractual changes and other matters			Y			Y	SG	Noting/ assurance

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Pharmaceutical Needs Assessment		Y	Y				SG	Deferred due to Pre-Election Period
Reports from the Pharmaceutical Services Regulations Committee		Y	Y		Y	Y	SG	Noting/ assurance
Long Term Dental Plan	Y				Y	Y	FT	Removed in September in DSDG in August.
Norwich Health Centre Procurement				Y				
Developing our strategic framework: Primary Care Vision and Principles			Y				AS	Added as new item September

SEE BELOW

Proposed item (no date assigned)	Lead officer	Notes
Deep Dive Ophthalmology	SG	SG to confirm
Dental year-end report	FT	
Deep Dive Community Pharmacy	SG	SG to confirm
Population Health Strategy	SM	
Health Inequalities Strategy	SA	
Primary Care Principles and Vision	AS	Included in September meeting – to remove from this list.
Framework for Integrated Working	AS	To include community services review
Long Term Plan for Community Pharmacy	SG/AS	
Long Term Plan for General Practice	AS	
Care Homes Quality Assurance	SN	CQC inspections – care homes – quality assurance
TIAA Report	LB	December

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Agenda item: 05

Subject:	Risk Register
Presented by:	Sadie Parker, Director of Primary Care
Prepared by:	Sadie Parker, Director of Primary care
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To seek approval for a new strategic risk on the resilience of primary care.
To explain the changes to risk reporting in the ICB and how this impacts the Committee Risk Register.

Executive Summary:

Following a recent internal audit of our corporate governance processes, recommendations have been made to the way we monitor risks.

This paper explains these changes and seeks approval for a new strategic risk, along with minor changes to target dates for some of the existing risks, and to move monitoring of the learning disability health check risk to the management team.

Background

Following a recent internal audit of our corporate governance processes, recommendations have been made to the way we monitor risks.

Changes to risk reporting

The Board Assurance Framework (BAF) will now be linked to the delivery of the Joint Forward Plan (JFP) and the ICB's ambitions set out therein.

A new risk relating to primary care resilience has been created, linking to our JFP commitments. This has been scored at 20 and incorporates both general practice and dental services commitments. The committee is asked to approve this new risk.

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Going forward, any risk scoring 15 or above will be monitored at the ICB Board on the Operational Risk Register (BORR). There will be three risks fitting into this category – PC14, PC18 and PC19.

Any risk scoring 12 or above will be monitored at Committee (CORR). All remaining risks will fit into this category except for the Learning Disability Health Checks risk, which currently scores 9.

Risks scoring 11 and below will be managed by teams, and escalated should the risk require it. For the Learning Disability Health Checks risk, the Associate Director of Primary Care Commissioning will lead on monitoring this risk through the relevant management meeting. Learning Disability Health Checks activity will continue to be reported to Committee through the Delivery Report.

The Corporate Services Team is currently migrating the BAF and ORRs to a new system called InPhase, as such assigned risk reference numbers will be changed once this is complete.

Recommendation to Primary Care Commissioning Committee:

- To approve the new BAF strategic risk BAF02.
- To note the 3 risks which will be reported to Board via the BORR – PC14, PC18 and PC19.
- To note the removal of PC6 from the PCCC risk register.
- To approve the proposed changes to target dates for PC6, PC9 and PC16.

Key Risks	
Clinical and Quality:	Improved risk monitoring will enable Board and Committee to focus on the highest risks.
Finance and Performance:	Improved risk monitoring will enable Board and Committee to focus on the highest risks.
Impact Assessment (environmental and equalities):	Failure to manage risks could lead to a widening of health inequalities.
Reputation:	This was a recommendation from the internal audit process.
Legal:	None identified.
Information Governance:	None identified.

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Resource Required:	Primary care, medicines optimisation and workforce teams. Other teams as risks are identified.
Reference document(s):	N/A
NHS Constitution:	None identified.
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest.
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care.

Governance

Process/Committee approval with date(s) (as appropriate)	
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2024 - 2025

Ref	Risk description	Month risk rating											
		1	2	3	4	5	6	7	8	9	10	11	12
PC1	General Practice – Workforce (GPs and nurses)	12	12	12	12	12	12						
PC6	Learning Disability Annual Physical Health Checks	09	09	09	09	09	09						
PC9	Hypnotics and anxiolytics prescribing	12	12	12	12	12	12						
PC 14 BORRXX	The resilience of general practice	16	16	16	16	16	16						
PC16	Severe Mental Illness (SMI) Annual Physical Health Checks	12	12	12	12	12	12						
PC17	General Practice – Allied Health Professionals Workforce including PCN Additional Roles	12	12	12	12	12	12						
PC18 BORR10	Dental Services Resilience	20	20	20	20	20	20						
PC19 BORR09	Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services)			16	16	16	16						
BAF02 Inphase 00000032	Primary Care Resilience and Transformation					20	20						

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BAF02 Inphase 0000032

Risk Title	Primary Care Resilience and Transformation							
Risk Description	<p>Under the Joint Forward Plan we have committed to integrating primary care services to deliver improved access (including digital tools and remote monitoring offers, etc.) to a wider range of services from multi-professional teams, focused on preventing illness and improving outcomes for our population within their communities.</p> <p>Our high-level outputs include:</p> <ul style="list-style-type: none"> • Developing a vision for providing accessible enhanced primary care services • Improving patient outcomes and experience • Stabilise dental services and setting a strategic direction for the next five years <p>Primary Care Services are the responsibility of the Integrated Care Board, including the recruitment and retention of healthcare professionals.</p> <p>There are particular risks to the resilience of general practice, access to NHS dentistry treatment and Level 2 dental services which are reflected in the risk scores.</p> <p>The community pharmacy and optometry landscape is less defined at the time of writing, but workforce and funding challenges are evident across community pharmacy which represent a risk, but could potentially be supported through greater integration and collaborative working with other primary care providers.</p> <p>Limitations of national contracts, collective action by General Practice, independent contractors 'handing back' NHS contracts, workload pressures, recruitment and retention and interface challenges are, together, impacting on access to high quality, sustainable primary medical, community pharmacy and dentistry services together with Level 2 dental services for our population.</p> <p>This may lead to delays in accessing care, unavailability of care (particularly dentistry), increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured, and fragile services.</p> <p>As the cornerstone of healthcare, primary care resilience risks system ability to deliver against key workstreams, including the overall aim of moving towards a more population-based proactive community model of care which addresses prevention, health inequalities and improves outcomes. Reduced access in primary care may also impact on the resilience of other system providers.</p>							
Risk Owner	Responsible Committee		Operational Lead	Date Risk Identified	Target Delivery Date			
Mark Burgis	Primary Care Commissioning		Sadie Parker	31/08/2024	31/03/2027			
Risk Scores								
Unmitigated			Mitigated			Tolerated (Target in 36 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	5	4	20	3	4	12
Controls					Assurances on controls			
<ul style="list-style-type: none"> • ICB organisational change programme has seen a reduction in vacancies within the Primary Care Commissioning and Strategic teams. • Operational readiness work is seeking to align the Primary Care Team with colleagues from Workforce, Estates, Digital, Place, Quality, Planned Care and Finance, etc. to support 					<p>Internal: ICB Executive Management Team, Primary Care Commissioning Committee, Dental Services and General Practice & Community Pharmacy Delivery Groups, Workforce Steering Group, Primary Care Strategic Planning Meetings, Primary Care Team</p>			

<p>joined up primary care; including access to sustainable dentistry and general practice services.</p> <ul style="list-style-type: none"> • An overarching strategic vision and principles for primary care are being finalised to support the development long-term plans for general practice and community pharmacy during 2024/25, followed by optometry. • A long-term dental plan has been published, with delivery monitored through PCCC. • Performance/quality management and reporting in place. • Clinical expertise provided by Clinical and Care Professional and Clinical Fellow roles across primary care. • Ring-fenced budgets and commissioning targeted to simultaneously support population need and resilience. • Primary Care Access Recovery Plan delivery reported regularly to ICB Board and NHS assurance meetings. • System Interface Group and matrix working in place to support national requirements for self-assessment. • Local LMC General Practice Alert System established which informs improvement and support work monitored through the PCCC. • Strong relationships in place with local representative committees across all primary care services 	<p>External: NHS England via delegation agreement and assurance framework, Health Education England, Norfolk and Waveney Local Dentistry and Medical Committees, Health Overview and Scrutiny Committee meetings, Regional and Local Professional Network and Managed Clinical Networks, Healthwatch Norfolk/Suffolk, NHS Business Services Authority. Primary Care Commissioning Committee meetings held in public.</p>
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Gaps in controls or assurances

- Lack of in-depth knowledge about the resilience and stability of **all** primary care services across Norfolk and Waveney.
- Lack of awareness and understanding across the system about the impact struggling primary care services will have in the longer term on other system partners and services.
- Unknowns associated with the ongoing collective action associated with the BMA's 'Save General Practice' campaign in respect of pressure on primary medical care and other system partners and impact on access to healthcare for our population.
- Significant gaps in ICB teams remain following restructure and reliance on wider teams (eg Quality and Workforce) to address the issues – there is a reduction in vacancies in the primary care team but building knowledge and relationships will take time, with operational readiness work in progress.
- ICB's financial position is impacting on our ability to support resilience and transformation in primary care leading to temporary and more expensive solutions being put in place, particularly across dental and primary medical contractors.
- Primary care dashboard/ delivery report remains in development, leading to a lack of integrated performance oversight.
- Lack of access to NHS dentistry services is an area of quality and safeguarding concern - this impacts some of our most vulnerable patient groups.
- Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning.
- CQC activity is currently focused on private dental practice, rather than NHS practices.
- General practice visit programme has been tested but not launched due to vacancies impacting capacity, CQC inspections focused on where there is a significant risk or concern.
- Data to capture inappropriate transfers of workload and general practice pressures is incomplete - planning resources may be less effective if based on an incomplete picture.
- Workforce and capacity shortages across general practice, community pharmacy and dental practices,

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together with the ongoing drug shortages, are having an impact on access to robust and effective primary care provision.

- Resilience policy in development, which will link into any bids for section 96 support for general practice.
- Five-year Primary Care Strategy has expired, new strategic framework/long term plans in development for integrated neighbourhood working, general practice and community pharmacy, however capacity and long term absence is affecting progress.

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
August 2024	<p>Dental</p> <ul style="list-style-type: none"> • ICB Clinical Advisor - Dental successful appointment made, going through recruitment checks. • Year-end reconciliation for 2023/2024 complete. • Review of urgent treatment pilot complete. • All Golden Hellos have been taken up for the year. <p>Medical</p> <ul style="list-style-type: none"> • New ICB interface manager post, successful appointment. Beginning to review the work programme and Terms of Reference for the System Group. • Close monitoring of BMA collective action ongoing. • Triple lock approval for funding of MGUS monitoring, now going through governance. <p>Draft primary care vision and principles being presented to PCCC for discussion and approval.</p>		31.10.24

Visual Risk Score Tracker – 2023/24

2024/2025												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score					20							
Change					NEW							

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ORR10 - Inphase 0000025

Risk Title	Resilience of NHS General Dental Services in Norfolk and Waveney			
Risk Description	Primary Care Services became the responsibility of the Integrated Care Board from 1 st April 2023, the risk is the unknown resilience, stability and quality of dental services, and critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract, leading to a poor patient experience for our local population with a lack of access to NHS general dental services and Level 2 dental services.			
Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/04/2023	31/03/2026

Risk Scores								
Unmitigated			Mitigated			Tolerated (Target in 36 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	5	4	20	4	3	12

Controls					Assurances on controls			
<ul style="list-style-type: none"> ICB primary care team recruited and in place working alongside newly recruited Quality Dental Nurse in Quality team and Finance colleagues, and Planned Care Team (for secondary care dental services) Ring fenced dental budget for investment Active engagement with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place Dental Development Group established to engage with key stakeholders to agree short term plan by Sept 2023 Dental Services Delivery Group established reporting to PCCC Dental Strategy and local workforce plan to be in place by May 2024 NHS England Long Term Workforce plan published June 2023 NHS Business Services Authority performance/quality management reporting and quality framework in place with regular meetings established with the ICB. Access to eDen dental data management reports and dashboard for ICB staff. Clinical expertise provided by NHSE through the LPN, MCN and Senior Clinical Fellow roles during 2024/2025 for strategic development, transformation and commissioning purposes Dental Data Review being updated to inform commissioning plans Primary care workforce and training team working closely with delegated commissioning team to ensure workforce retention programmes and training support is linked to the Dental Delivery Plans Clinical Dental Advisor role undergoing recruitment checks to replace NHS England roles 					<p>Internal: EMT, Primary Care Commissioning Committee, Dental Services Delivery Group</p> <p>External: NHS England, Norfolk and Waveney LDC, regional Local Professional Network and Managed Clinical Networks, Healthwatch Norfolk/Suffolk, NHS Business Services Authority</p>			

Gaps in controls or assurances

- The level of unmet need for general dental services and the associated financial consequence of this once addressed (if possible) given the transfer for funds was based on 2022-23 current expenditure which are below budget required to meet population need.
- Concern around the financial consequences due to dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).
- Lack of access to NHS dentistry services is an area of quality concern. This impacts on some of our most vulnerable patient groups.
- Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning
- Lack of in depth knowledge about the resilience and stability of all dental services across Norfolk and Waveney: primary, community and secondary care services

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
July 2024	<p>Notice given by a dental practice to terminate their contract summer 2024 – to reinvest monies for access to NHS dental services in line with ICB priorities.</p> <p>Secondary Dental Care risk reviewed by Board and to be managed through Primary Care Commissioning Committee (DSDG).</p> <p>Task and Finish Group discussions underway to mobilise Child Focused Dental Practices framework based on toolkit and evidence from pilot autumn 2024</p> <p>Pre-election Period has delayed rollout of some projects such as the Dental van project being led nationally and access investment plans.</p> <p>Application for Clinical Advisor role closes 3 July 2024</p>		31/10/2024
August 2024	<p>ICB has been informed that an NHS dental provider is in administration in North Norfolk operating out of 2 sites providing both NHS and private dental care. Discussions are underway with the administrators to see if an alternative provider can secure patient care. ICB governance processes will need to be followed to award a new contract. There will be a debt owed to the ICB.</p> <p>UTS review paper to DSDG in August 2024 for consideration.</p>		30/9/2024
Sept 2024	<p>Emergency contract agreed for 12 months, subject to all regulatory, CQC registration and quality controls being in place, to replace services offered by provider in administration.</p> <p>Two other providers have advised the ICB they intend to terminate their contracts March 2025 – primary care team is working with each provider to try and retain NHS services.</p> <p>Contract termination (highlighted above) effective end of August.</p> <p>Clinical Advisor – Dental appointed subject to recruitment checks.</p> <p>Year end process completed, clawback monies being recovered.</p> <p>Local providers invited to expand their capacity for new patients either through sessional payments or extension of UDA contract. Deadline for submissions is 30 August. Aim is to reduce health inequalities in line with Long Term Plan.</p> <p>All 23 Golden Hellos offered for 2024/2025 (national and local programmes)</p>		30/9/2024

Visual Risk Score Tracker – 2024/25

Month	1	2	3	4	5	6					
Score	20	20	20	20	20	20					
Change	→	→	→	→	→	→					

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ORR09 Inphase 0000029

Risk Title	Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services)			
Risk Description	Primary Care Services, and secondary care dental services, became the responsibility of the Integrated Care Board from 1 st April 2023, the risk is the unknown resilience, stability and quality of secondary care dental services, and critical challenges relating to the recruitment and retention of professionals and waiting lists, and resources within the ICB Primary care team to implement the recommendations from the East of England NHSE report lack of resources to monitor and manage 3 secondary care contracts			
Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/02/2024	31/03/2027

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 36 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	4	16	3	4	12

Controls	Assurances on controls
<ul style="list-style-type: none"> ICB primary care team recruited and in place working alongside newly recruited Quality Dental Nurse in Quality team and Finance colleagues to manage primary and community care contracts Ring fenced dental budget for investment Active engagement with dental contractors, secondary care, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place Dental Development Group established to engage with key stakeholders to input to commissioning plans Dental Services Delivery Group established reporting to PCCC Dental Long Term Plan and local primary care Workforce Plan agreed 7 May 2024 sets out ambitions for primary care, Level 2 and secondary care service collaboration NHS England Long Term Workforce plan published June 2023 Clinical expertise provided by NHSE through the Regional Chief Dental Officers and Managed Clinical Networks extended for 2024/2025 NHSE Recommendations for secondary care services in East of England 2024 published Suffolk and North East Essex ICB (SNEE) lead in region for East of England secondary care work programme under MOU with ICBs. Monthly OMFS meetings in place all ICBs in region 	<p>Internal: EMT, Primary Care Commissioning Committee, Dental Services Delivery Group</p> <p>External: NHS England, Norfolk and Waveney LDC, regional Local Professional Network and Managed Clinical Networks, Healthwatch Norfolk/Suffolk, NHS Business Services Authority</p>

Gaps in controls or assurances

<ul style="list-style-type: none"> The level of the unmet need for general dental services and consequent impact on secondary care service referrals and waiting lists for oral surgery and orthodontic services is unknown The financial consequence given the transfer for funds was based on 2022-23 current expenditure which are below budget required to meet population need Lack of access to NHS dentistry services is an area of quality concern resulting in higher numbers of referrals into secondary dental care, urgent and emergency and planned care with waiting lists.
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- Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning, training and education of whole dental workforce
- Lack of knowledge about the resilience and stability of existing secondary care dental services
- Lack of ICB resources to manage and monitor secondary care contracts and the impact for primary and community care referral pathways
- Lack of understanding and management of waiting lists in secondary care by commissioners
- Unable to implement the NHSE East of England recommendations for collaborative working between secondary care providers to support patient care and management of waiting lists across Trusts
- Lack of support for workforce plans and succession planning, understanding of impact for primary and community dental services
- Lack of ICB resources to implement the East of England recommendations for secondary care dental services
- Lower priority in operating theatres for GA extractions led by Community Dental Services
- Inappropriate referrals for cancer treatment in secondary dental care
- Primary care/secondary care interface could be improved

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
May 2024	<ul style="list-style-type: none"> • Suffolk and North East Essex ICB (SNEE) lead for East of England (EoE) ICBs in relation to secondary care matters that rely on collaboration and wider impact across EoE and for escalation., MOU agreed by Primary Care Directors. • Proposals to prepare an ICB business case to establish a provider collaborative discussed but no resources to take forward in ICB. • To draw up an Equality Impact Assessment and Clinical Quality Risk Assessment with support from Quality team • Medical Needs pathway under development by ICB 		30/9/2024
July 2024	<ul style="list-style-type: none"> • MOU signed with SNEE ICB supported by programme management resources • Paper re Shared Care Pathway (previously known as Medical Needs Pathway) to Dental Services Delivery Group for approval July 2024. Mobilisation plan to be drawn up. • ICB resources to be identified to take forward discussions for JPUH notice to terminate orthodontic provision, currently provided by NNUH on behalf of JPUH 		31/10/2024
August 2024	<ul style="list-style-type: none"> • Paper presented to EMT relating to the emerging risk with NNUH as lead provider for both JPUH and NNUH patients for secondary care orthodontic services following JPUH notice to terminate. Paper to be presented to ICB Performance and Commissioning Committee in September. • Shared Care Pathway approved for mobilisation. • Trauma pilot in primary care ceases end September 2024. Discussions under review to consider if to extend pending review of pilot. If not extended, more patients will be seen in secondary care including Emergency Departments. 		30/9/2024
September 2024	<ul style="list-style-type: none"> • Regional ICB agreement to extend the Trauma pilot to end March 2025, subject to ICB governance arrangements, to enable evidence based informed discussion to take place re future of the service and links to urgent treatment pathway and OOH services 		30/09/2024

Visual Risk Score Tracker – 2024/25

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

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

PC1								
Risk Title	General Practice – Workforce (GPs and Nurses)							
Risk Description	Lack of general practice GPs and Nurse workforce due to vacancies and impending staff retirements. The impact on the service delivery to patients.							
Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date				
Sadie Parker	Primary Care Committee Commissioning (PCCC)	Jayde Robinson	01.06.2020	31.03.2025				
Risk Scores								
Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	4	8
Controls					Assurances on controls			
<ul style="list-style-type: none"> Workforce team recruited in ICB structure. Primary Care Workforce Transformation Team supported by Clinical Fellowships and Secondments Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS). PCN ARRS Workforce – online portal for 2024/25 for PCNs to update and draw national funding down to NHSE to inform Training Hub spending. National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). Primary Care Health & Wellbeing Fellow recruited. Primary Care Equality, Diversity and Inclusion Fellow recruited. Wide range of initiatives in place to support GP retention. Advanced Practice Forum established. <li style="color: red;">Primary Care Workforce Strategy 2024-2027 Communication Engagement strategies updated to reflect PCN development updates and post pandemic environment. Workforce data to measure trajectory levels against actual recruitment. <li style="color: red;">AI software mapping and reports provided for vacancy levels for primary care Succession planning lead recruitment to support practice and PCN with demand vs capacity requirements. <p>Training Needs Analysis completed for 24/25. Coastal and Rural project to support geographical areas facing greater challenges in recruitment, e.g. West and East</p>					<p>Internal: Reporting to Primary Care Commissioning Committee (PCCC).</p> <p>Reporting to the Norfolk & Waveney People Board.</p> <p>External: NHSEI returns monthly as part of the NHSE Primary Care Oversight Board KPI's and quarterly assurance meetings.</p>			

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Gaps in controls or assurances			
<ul style="list-style-type: none"> Lack of national or regional plans to increase GPs and Nurses in training. ICS level working required to support Nurse recruitment and retention throughout their career pathway from Trainee Nurse Associates to senior level roles. Understanding general practice resilience as work challenges increase may lead to higher numbers of the workforce leaving/retiring during 2024 and 2025. Cost of Living crisis impact on workforce yet to be fully understood. Ability to attract new workforce to Norfolk and Waveney and can be mitigated by system level action. Impact of financial controls on ability to utilise SDF funding for workforce recruitment and retention schemes. Extension of national training hub contract has only been renewed for a further year (up to 31st March 2026) rather than the 2-year extension expected. GPN lead position and GPN Mentor not filled to support Primary Care Workforce development. 			
Updates on actions and progress			
Date	Action	RAG	Target completion
July 2024	<p>Latest NHSE workforce data illustrates the following:</p> <ul style="list-style-type: none"> -0.7% decline in Nursing workforce roles across N&W during the period of May 24 vs May 23. 439 WTE are in place across the system. 1.5% growth in GP workforce roles (excluding training GPs) during the same period. 521 WTE are in place across the system. 6.6% growth in GP Trainees across N&W during the same period. 135 FTE are in place across the system. <p>As of 22nd July 2024, the following positions currently advertised for recruitment within general practice, linked to this risk (PC01) are:</p> <ul style="list-style-type: none"> 5 x Advance Nurse Practitioners 5 x Practice Nurse 1 x GP Partner 14 x Salaried GP's positions <p>We have increased the number of approved primary care educators and supervisors across the system that supports placement capacity for multi-professional learners by creating a rich training environment to grow and retain a skilled primary care workforce, now and for the future.</p>		August 2024
August 2024	<p>Latest NHSE workforce data illustrates the following:</p> <ul style="list-style-type: none"> -2.8% decline in Nursing workforce roles across N&W during the period of June 24 vs June 23. 437 WTE are in place across the system. 1.7% growth in GP workforce roles (excluding training GPs) during the same period. 521 WTE are in place across the system. 5.6% growth in GP Trainees across N&W during the same period. 134 FTE are in place across the system. <p>As of 20th August 2024, the following positions currently advertised for recruitment within general practice, linked to this risk (PC01) are:</p> <ul style="list-style-type: none"> 6 x Advance Nurse Practitioners 6 x Practice Nurse 17 x Salaried GP's positions <p>We have launched our newly qualified GP incentive programme across the system in which we can support 17 practices within Q1 – Q3. This is recognition of the success we had during 23/24 for this</p>		September 2024

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	<p>programme, in which we have been awarded the national finalist status from the HSJ 2024 awards.</p> <p>A number of the team have been successfully recruited to new roles in the ICB restructure, as such this will have an impact on the capacity in the workforce transformation team.</p>		
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Visual Risk Score Tracker												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	12	12	12	12	12	12						
change	→	→	→	→	→	→						

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	PC6							
Risk Title	Learning Disability (LD) Annual Physical Health Checks							
Risk Description	<p>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 by NHSE. ICB is at risk of not meeting the national target (75% uptake) set by NHS England designed to tackle health inequalities associated with this population group.</p> <p>All practices in Norfolk and Waveney have signed up to deliver LD Health Checks (apart from UEA Medical Centre), but there are significant challenges in relation to workforce and resources. Last year (2023/4), the ICB via practices has successfully delivered up to 74% of LD Health Checks. There is a risk for the 26% remaining without checks being done.</p>							
ICB priority								
Risk Owner	Responsible Committee		Operational Lead		Date Risk Identified		Target Delivery Date	
Sadie Parker	Primary Care Commissioning Committee		Shepherd Ncube		01.07.2022		31.03.2025	
Risk Scores								
Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	3	9	2	3	6
Controls					Assurances on controls			
<ul style="list-style-type: none"> LD Health Checks (HC) is one of the national priorities for general practices and one of only two IIF Indicators for 2024/25. All practices signed up to the LD HC DES apart from UEA as the practice covers university student population and the numbers have been assessed as low. If checks are required alternative arrangements will be made by the ICB. CQC inspections usually include review of LD health checks performance. The Health Improvement Team for Learning Disabilities supports practices with training around delivering high quality LD Health Checks, as well as increasing take up and promoting the service to LD patients. Regular assurance reports to NHSE/I & PCCC. N&W ICB LD Health Check Working Group meets monthly to review performance and implement projects which increase quality and delivery. 					<p>Internal: Primary Care Commissioning Committee, Learning Disabilities & Autism Programme Board</p> <p>External: NHSE Checkpoint and Assurance Framework, Health Overview and Scrutiny Committee Reports to NHSE/I</p>			
Gaps in controls or assurances								
<ul style="list-style-type: none"> Lack of verified data on LD Health Check delivery. This is something which N&W ICB BI team are working on as a key priority using the new Primary Care Data Warehouse. No consistent method of gathering service user feedback on experience of LD Health Check delivery, though patients can access their practice's Friends & Family Test. 								
Updates on actions and progress								
Date	Action					RAG	Target completion	

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June 2024	<p>ICB CQRS local data (for payment purposes to practices) shows an achievement of 74%. A total of 5,525 LD Health checks have been carried out in 23/24 – an increase of 500 checks compared to the same period in 2022/23. This is the highest percentage achieved by Norfolk & Waveney practices in the last three years, and the greatest number of LD patients receiving their annual health checks. Please note NHSE national figures for 2023/24 are yet to be published and unfortunately not all the activity will be captured in the national figures. Q1 2024/25 data for April is yet to be published.</p> <p>Awaiting confirmation from NHSE on the draft delivery plans for 2024/25 while also finalising a plan for the year. Additional clinical capacity continues in Q1 24/25 to support practices with hard-to-reach patients who didn't have an LD HC in 23/24. Targeted work is being provided in 24/25 to address the low take up of LD HCs for the 14-17 year olds and to support Practices experiencing significant resilience challenges.</p>		31/03/25
July 2024	<p>Good progress against Q1 targets is being made. N&W ICB's aim is to achieve a minimum of 12% delivery in Q1 24/25 as part of the trajectory to deliver at least 75% by the end of March 2025.</p> <p>A total of 609 LD Health checks have been carried out in April & May 2024 (555 captured automatically & 54 submitted manually) - an increase of 199 checks compared to May 2023. The greatest number of LD HCs were provided in Great Yarmouth & Waveney in April & May 2024, with the other localities demonstrating delivery patterns seen in previous years, other than the West who have done considerably more so far this year than 23/24.</p> <p>The current LD register for Norfolk & Waveney has increased significantly to 7,601 as of May 2024. There appears to be significant monthly fluctuations in the LD registers. We saw a reduction from March 2024 – April 2024 of 706 and then an increase of over 800 more patients on the register in May 2024. We are working with N&W BI team to understand and resolve the data issues.</p> <p>Targeted support for practices continues, in addition to ongoing support and training from the Health Improvement for LD team.</p>		31/03/25
August 2024	<p>Delivery of LD health checks in N&W practices has got off to a strong start, showing an achievement of 13.2% delivery in Q1 24/25. Practices delivered 925 LD Health Checks (867 captured automatically & 58 submitted manually). This is 193 more than June 2023. Great Yarmouth & Waveney continue to deliver the most LD Health Checks (302) - with every locality showing increased delivery compared to 23/24. West practices have seen the largest increase in delivery as they completed 19.1% in Q1 24/25 compared to 13.5% in 23/24. The LD register is now 6,993 as of June 2024.</p> <p>Further work is being done with the BI team to identify individuals who have never received an LD Health Check. An initial report has been received which is going through the validation process.</p> <p>In Q1 the Health Improvement for Learning Disabilities team have continued to provide support and training for practices around LD HCs and also supported patients in accessing their checks. They have also led on promotion & engagement work – with a particular focus on 14-17 year olds as take up is particularly low in this age group. The ICB attended 11 events in Q1 in order to promote LD HCs to patients and health care professionals; a number of these were done in conjunction</p>		31/03/25

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	with the WoW bus to encourage CYP to experience some desensitisation around accessing a clinical environment.		
September 2024	<p>By the end of July 2024, practices delivered 1,382 LD Health Checks (1,317 captured automatically & 65 submitted manually). This is 358 more than July 2023.</p> <p>This means that practices had delivered Health Checks to 18.4% of the total LD register.</p> <p>Delivery by locality:</p> <ul style="list-style-type: none"> - Great Yarmouth & Waveney (GYW): With the largest LD register size (1,966), GYW have made good progress to date with 21.3% of their register having received an LD HC by the end of July¹. - West Norfolk: Have delivered the highest percentage of HCs for their register size (26.8%¹). This is their highest delivery recorded by month 4 and is due to the additional projects which have been funded in the West to support with LD HC delivery and the PCN delivery model implemented at Kings Lynn PCN. - Norwich: While Norwich have delivered 18.1%¹, this is an improvement on provision compared to the last 3 years at month 4, and all practices in Norwich have delivered HCs since April 2024 (note: 6 practices across other localities have not claimed for LD HC delivery from April – July 2024. This could be for a number of reasons.) - North Norfolk: North practices historically deliver the bulk of their LD HCs in Q4 and this trend continues to followed in 24/25. Though the North have only delivered 9.8% of their LD HCs, this is in keeping with previous years and it's expected that they will continue to deliver the majority of their LD HCs before the end of the financial year (delivered over 80% in 23/24). - South Norfolk: Delivery in the South has been mixed across the PCNs, which has meant that the locality as a whole has delivered 16.6% by the end of July. Detailed discussions are taking place with locality colleagues to target support where needed. 		31/03/25

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

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PC9								
Risk Title		Hypnotics and anxiolytics prescribing						
Risk Description		High prescribing rate of hypnotics and anxiolytics in primary care – improved to 4th nationally on volume per 1,000 patients. These medications have negative side effects on patients and should not routinely be used long term.						
ICB priority								
Risk Owner		Responsible Committee		Operational Lead		Date Risk Identified	Target Delivery Date	
Dr Frankie Swords		Primary Care Commissioning Committee (PCCC)		Michael Dennis		28.07.2020	30.09.2024	
Risk Scores								
Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	4	3	12	3	3	9
Controls				Assurances on controls				
Practices have been encouraged to review their use of hypnotics/anxiolytics however not all practices have taken decisive action to reduce this. The Prescribing Quality Scheme (PQS) incentivises work to reduce prescribing.				Internal: Review Open Prescribing data each month, report progress to PCCC. Identify practices with the highest prescribing rates. External: NHS England				
Gaps in controls or assurances								
This workstream is supported by the prescribing quality scheme but practices need to have capacity to deliver. NICE have also issued patient decision aids on stopping them. Practices that are above 90 th percentile are highlighted on the GPCPDG report. Outlier practices are offered support.								
Updates on actions and progress								
Date	Action					RAG	Target completion	
Jan 2024	Oct 23 data 97 th percentile 4 th nationally						31 3 24	
Mar 2024	Dec 23 data 97 th percentile 4 th nationally						30 9 24	
Jun 2024	March 24 data 97 th percentile, 4 th nationally– outliers are being focussed on through targeted PQS audits. Extend target to September.						30 9 24	
July 2024	April 24 data 96 th percentile, 5 th nationally – our linear trajectory is decreasing faster than other national outliers – see trend chart						30 9 24	
Aug 2024	May data 97 th percentile, 4 th nationally						30.9.24	
Sept 2024	June data 96 th percentile 4 th nationally						31.12.24	

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

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PC14 (BORR XX)

Risk Title	The resilience of general practice								
Risk Description	<ul style="list-style-type: none"> • There is a risk to the resilience of general practice due to several factors including workforce pressures and increasing workload (including workload associated with secondary care interface issues). • There is also evidence of continuing poor behaviour from patients towards practice staff, leading to retention and recruitment issues. • There is an increasing risk of collective action following the BMA referendum where the GP contract and associated uplift was rejected. Writing referral letters (rather than using standard forms) and applying working limits of 25 face to face appointments per day per clinician appear to be the most common actions adopted in the early weeks of action. • The national GP contract price uplift does not cover the required increase in meeting the minimum wage. The DDRB recommendation has been accepted and will be paid in September payments. • The LMC has written to practices to cease uncommissioned work associated with MGUS monitoring and Advice and Guidance. Further communications are likely. • Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. • This will have a wider impact as neighbouring practices and other health service partners take on additional workload which in turn affects their resilience. • This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services. 								
Risk Owner	Responsible Committee			Operational Lead		Date Risk Identified		Target Delivery Date	
Mark Burgis	Primary Care			Sadie Parker		01/09/2020		31/03/2026	
Risk Scores									
Unmitigated			Mitigated			Tolerated (Target in 12 months)			
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total	
5	4	20	4	4	16	3	4	12	
Controls					Assurances on controls				
<ul style="list-style-type: none"> • Locality teams and strategic primary care teams structured around supporting the resilience of general practice—All practices have previously been supported to review business continuity plans. • PCN ARRS (additional roles reimbursement scheme) funding has provided additional capacity but has not grown in this contract year. • Primary care workforce and training team working closely with locality teams to ensure training available to support practices and PCNs in setting up and maintaining services. • System interface group with representation from primary, community and secondary care system partners established. • Standard contract requirements on interface – gap analysis and action plans, including monitoring being reviewed by contracts team. • New national requirement for providers to self-assess using national toolkit 6-monthly • Commencement of LMC General Practice Alert System sitreps 					<p>Internal: Executive Management Team, workforce steering group, primary care strategic planning meetings, establishment of new general practice and community pharmacy delivery group, Primary Care Commissioning Committee, risk is on the Board Assurance Framework</p> <p>External: NHS England via delegation agreement and assurance framework, Health Education England, Norfolk and Waveney Local Medical Committee, Health Overview and Scrutiny Committee meetings</p>				
Gaps in controls or assurances									
<ul style="list-style-type: none"> • Practice visit programme tested but not yet implemented, CQC inspections focused on where there is a significant risk or concern. 									

- Significant number of vacancies within primary care commissioning, workforce, quality, and locality teams impacts the level of support which can be provided to practices. Organisational change is impacting on support available due to vacancy controls. **Most vacancies have now been recruited but not everyone is in post.**
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position.
- Progress on interface action planning process across Trusts impacted by ongoing pressures and national strike action.
- Reporting process for inappropriate transfers of workload from community and secondary care providers to general practice not fully utilised by practices, leading to under-reporting of issues. Alternative approaches being considered with the LMC.
- 50% overall response rate to LMC General Practice Alert System, meaning full picture is not available.
- Workforce and capacity shortages across community pharmacy and dental practices, and ongoing drug shortages, are having an impact on general practice and the rest of the system.
- **Referrals to Pharmacy First services from general practice remain relatively low.**
- Pressure on and unavailability of primary care budgets due to the ICB's financial position impacting on our ability to support resilience and transformation in general practice.
- Resilience policy in development, which will link into any bids for section 96 support.
- Five-year Primary Care Strategy has expired, new strategic framework in development.
- Primary care dashboard/ delivery report remains in development, leading to a lack of integrated performance oversight.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
May 2024	<ul style="list-style-type: none"> • All provider trusts completed the new interface monitoring tool and this was submitted to NHS England. National data appears to be in line with our local reporting. • The new ICB interface manager role is currently being advertised internally. This role will provide additional capacity into the system to develop the work programme and coordinate work across the system. • The BMA is going out to ballot for industrial action with a closing date of 29 July. We are modelling the potential impact of this on the system. It is thought interface areas (nationally thought to make up 20% of practice workload) will form part of the action. • 8 vacancies in the primary care commissioning team are currently being internally advertised as part of the ICB's restructure process. This will bring in valuable additional capacity to the team. • The issue of private referrals to Trusts has now been agreed and the Trusts' joint access policy updated. Trusts are working through the implementation of this policy update, noting this has been raised as an issue by the LMC for some years, due to the associated workload for GPs in having to pass on the referrals. • ICE ordering of tests for non-medical staff has been implemented in QEH and has been agreed in principle in JPUH and NNUH, which are now working through an implementation plan. Funding the additional capacity required is a particular issue to work through. The LMC has provided significant support to the task and finish group in this area. 		31.8.24
June 2024	<ul style="list-style-type: none"> • The ICB has successfully recruited to the vacant interface manager role and some other vacancies within the team have also been filled. Unfortunately some roles will have to go to external advert, which will take time. • A draft MGUS specification has been shared with the LMC and comments received, with the proposal having to go through the ICB's 		30.9.24

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	<p>new prioritisation and triple lock processes. There is no identified budget to fund the service if it is approved.</p> <ul style="list-style-type: none"> • Work to develop a vision and set of principles for our primary care strategic framework is progressing well, with wide engagement across primary care. • The BMA has published potential areas for industrial action – the GP practice survival toolkit detailing these can be see on their website - https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202425-changes 		
July 2024	<ul style="list-style-type: none"> • All but 2 roles in the primary care team have been filled, the remaining two are being externally advertised. There is continued risk from the long-term absence of the head of strategic planning post, with some part time resource mitigation internally. • LMC has escalated concerns about mental health crisis support to the ICB and the Trust. • DDRB and any pay increase timetable currently unknown. • ICB has included potential for GP collective action in its system control response with weekly meetings commencing 23 July. National and regional assurance reporting framework expected imminently. Modelling of impact has been undertaken. Medical director has written to all Trust medical directors asking them to prepare. 		30.9.24
August 2024	<ul style="list-style-type: none"> • 1 remaining vacancy out to external advert. Most roles will have commenced during September. There is continued risk from the long-term absence of the head of strategic planning post, with some part time resource internally until the end of September. An application is being made to extend this through the triple lock process. • NHSE has confirmed a further uplift to the global sum. While this is welcome it will not impact the ongoing collective action. • Internal EPRR structure in place around collective action. As yet no significant impact has been felt, but this is expected to grow as practices agree what action they will take heading into the autumn. • MGUS specification is in the final stages of discussion with the LMC, funding approval has been received through the triple lock process with governance now in progress. • Interface work programme and System Group Terms of Reference due to be reviewed in September and October. Trusts have been reminded of need to undertake further self-assessments in September and NHSE is expected to write to systems in early September. 		30.11.24

Visual Risk Score Tracker – 2024/25

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	16	16	16	16						
Change	➔	➔	➔	➔	➔	➔						

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PC16								
Risk Title	Severe Mental Illness (SMI) Annual Physical Health Checks							
Risk Description	<ol style="list-style-type: none"> The ICB is at risk of failing to meet its commissioning commitment to meet the needs of its SMI population which leads to a clinical risk that patients with SMI will experience significant health inequalities and a 15-20% higher mortality when compared to their peers. There is also a performance risk identified with regards to delivering the national target of the Norfolk and Waveney system delivering 75% of SMI health checks for 2024-25. 							
Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date				
Sadie Parker	Primary Care Commissioning Committee	Shepherd Ncube	10/05/2022	31.03.2025				
Risk Scores								
Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	3	12	4	3	12	4	2	8
Controls					Assurances on controls			
<ul style="list-style-type: none"> Plan in place to increase uptake of SMI checks across N&W and regularly reviewed by PCCC and MH boards. A 2-year improvement trajectory has been agreed with NHS England taking into account the revised national target Quarterly steering group has been established with input from Mental Health and Locality colleagues to review performance, risk and to discuss any challenges or service improvements. All practices signed up to the SMI LCS with no gaps in provision identified Regular assurance reports to NHSE/I & PCCC 					<p>Internal: Primary Care Commissioning Committee, monthly steering group and Mental Health Commissioning Board</p> <p>External: NHSE Checkpoint and Assurance Framework, Health Overview and Scrutiny Committee Reports to NHSE/I.</p>			
Gaps in controls or assurances								
<ul style="list-style-type: none"> From April 2024; migration to GPES extract will have an impact on register size and overall performance; Q1 performance reports will give an indication as to what this impact looks like. General Practice resilience, specifically gaps in recruitment and staff retention, remains an ongoing challenge to SMI performance. The national target has been uplifted to 75% for 2024/25 and there is limited confidence in meeting this in the 2024/25 year. A recovery trajectory has been compiled to try and drive uptake and impact of these checks. 								
Updates on actions and progress								
Date	Action					RAG	Target completion	
May 2024	<ul style="list-style-type: none"> 2023/4 Q4 SMI performance figures have been published by NHSE. The ICB has achieved its highest achievement (68%) for SMI health checks across all six health checks- against a national target, which will be increased in 2024/25 to 75% (end of financial year). The N&W register size was 9,117 						August 2024	

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	<ul style="list-style-type: none"> ○ practices carried out 5,815 = 63.8% ○ NSFT carried out 444 = 13.5% ● Combined, 6,259 out of a possible 9,117 = 68.7% ● The ICB teams have reviewed the new national changes to reporting via GPES from 2024-25. ● The risk to performance remains relatively high due to workload pressures in general practice and workforce challenges. ● Performance figures for 2024/5 are yet to be published as these are quarterly. ICB BI are working on a local dashboard to allow more contemporaneous data interrogation. ● For 24/25; the SMI stakeholder group will focus on the missing checks required to achieve full compliance. We will also review the upcoming change to register/performance sizes based on GPES extract and share the findings with GP colleagues to ensure everyone understands their impact. ● We will also continue to work with Mental Health colleagues to ensure communication and support is provided where required. 		
June 2024	<ul style="list-style-type: none"> ● Q1 SMI performance figures are yet to be published by NHS England. ● From the 1st of April 2024 there will be changes to our reporting measures due to the retiring of the Strategic Data Collection Service (SDCS) collection and move to a General Practice Extraction Service (GPES), which extracts directly from primary care systems. ● The primary change to this will be that the GPES extract will only include checks delivered to those with a diagnosis of schizophrenia, bipolar and other psychosis (MH_COD) and will not include those without such a diagnosis but who have been prescribed lithium. It is anticipated that this will lead to a 14% reduction to overall register sizes. ● Additionally, the national performance metric has now been changed to 75%; resulting in the ICB being required to put forward an improvement trajectory. This is currently still being reviewed; however, it is expected that a trajectory of 60% will be submitted to NHSE to reflect current challenges in primary care (once achieved this can then be increased incrementally). ● The ICB Mental Health team as part of the ICB restructure has had the impact that the 2 key staff members working on SMI PHC are leaving the mental health team. 		August 2024

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August 2024	The national reporting for SMI Health Checks continues to be delayed. Further updates will follow once national reporting has been received and reviewed.		September 2024
September 2024	Due to the change in the reporting process, the national reporting for SMI Health Checks via General Practice Specification and Extraction service (GPSES) continues to be delayed. Further updates will follow once national reporting has been received and reviewed.		October 2024

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

PC17									
Risk Title	General Practice – Allied Health Professionals Workforce including PCN Additional Roles								
Risk Description	Lack of general practice (GP) Additional Roles (ARRS) and Direct Patient Care roles in the workforce due to vacancies and recruitment and retention challenges. The impact on the service delivery to patients.								
Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date					
Sadie Parker	Primary Care Committee (PCC)	Jayde Robinson	30.06.2022	31.03.2025					
Risk Scores									
Unmitigated			Mitigated			Tolerated			
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total	
4	4	16	3	4	12	2	4	8	
Controls					Assurances on controls				
<ul style="list-style-type: none"> Workforce team recruited in ICB structure. Primary Care Workforce Transformation Team supported by Clinical Fellowships and Secondments Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS). PCN ARRS Workforce – online portal for 2024/25 for PCNs to update and draw national funding down to NHSE to inform Training Hub spending. National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). Primary Care Health & Wellbeing Fellow recruited. Primary Care Equality, Diversity and Inclusion Fellow recruited. 					<p>Internal: Reporting to Primary Care Commissioning Committee (PCCC).</p> <p>Reporting to the Norfolk & Waveney People Board.</p> <p>External: NHSEI returns monthly as part of the NHSE Primary Care Oversight Board KPI's and quarterly assurance meetings.</p>				

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<ul style="list-style-type: none"> • Wide range of initiatives in place to support GP retention. • Advanced Practice Forum established. • Primary Care Workforce Strategy 2024-2027 • Communication Engagement strategies updated to reflect PCN development updates and post pandemic environment. • Workforce data to measure trajectory levels against actual recruitment. • AI software mapping and reports provided for vacancy levels for primary care • Succession planning led recruitment to support practice and PCN with demand vs capacity requirements. • Training Needs Analysis completed for 24/25. • Coastal and Rural project to support geographical areas facing greater challenges in recruitment, e.g. West and East 	
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Gaps in controls or assurances

<ul style="list-style-type: none"> • Recruitment of mental health practitioners, community pharmacists and technicians remain challenging. Similar roles recruited into PCNs from community pharmacy. • Understanding general practice resilience as work challenges increase may lead to higher numbers of the workforce leaving/retiring during 2024 and 2025. • Ability to attract new workforce to Norfolk and Waveney and may be mitigated by system level action. • Some geographical areas facing greater challenges in recruitment, e.g. West and East • Challenges of recruitment, retention and integration can only be addressed if PCNs and commissioning bodies can understand the huge values the additional roles can bring. • Data quality discrepancies against ARRS reporting on the national reporting service is reflective across the system which is impacting trajectory targets. • Pressure of system financial controls is impacting the amount of SDF funding available for investment in workforce recruitment and retention schemes. • Extension of national training hub contract has only been renewed for a further year (up to 31st March 2026) rather than the 2-year extension expected. • GPN lead position and GPN Mentor not filled to support Primary Care Workforce development.

Updates on actions and progress

Date	Action	RAG	Target completion
July 2024	<p>Latest NHSE workforce data illustrates the following:</p> <ul style="list-style-type: none"> • 4.9% growth in Direct Patient Care workforce roles across N&W during the period of May 24 vs May 23 (651 WTE). • 1.7% growth in non-clinical roles (1746 WTE) <p>As of April 2024, the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney utilised 88% of the ARRS financial sum, however not all PCN's have submitted their claims yet. As part of the GP Contract for 24/25 a 2% of budget increase for ARRS is expected.</p> <p>As of May 24, we have a total of 594.8 WTE being claimed through the ARRS portal system by PCN's. However, the National Workforce Reporting tool is showing 547 being reported in May 24. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making significant progress. It is also important to note that many PCN's have 3rd party contracting arrangements in place, in which they are not required to report these staff members through the National Workforce Reporting tool.</p>	RAG	August 2024

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	<p>As of 22nd July 2024, the following positions currently advertised for recruitment within general practice, linked to this risk (PC17) are:</p> <ul style="list-style-type: none"> • 8 x Direct Patient Care role (Practice employed) • 4 x non-clinical roles (Practice employed) • 4 x Additional Roles Reimbursement, Direct Patient Care (Primary Care Networks) 		
August 2024	<p>Latest NHSE workforce data illustrates the following:</p> <ul style="list-style-type: none"> • 3.3% growth in Direct Patient Care workforce roles across N&W during the period of June 24 vs June 23 (641 WTE). • 1.6% growth in non-clinical roles (1747 WTE) <p>As of April 2024, the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney utilised 88% of the ARRS financial sum, however not all PCN's have submitted their claims yet. As part of the GP Contract for 24/25 a 6% of budget increase has been announced (Agenda for Change salaries) however no further detail for ARRS pay uplifts has been released.</p> <p>As of June 24, we have a total of 355.1 WTE being claimed through the ARRS portal system by PCN's. However, the National Workforce Reporting tool is showing 520 FTE being reported in June 24. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making significant progress. It is also important to note that many PCN's have 3rd party contracting arrangements in place, in which they are not required to report these staff members through the National Workforce Reporting tool.</p> <p>As of 20th August 2024, the following positions currently advertised for recruitment within general practice, linked to this risk (PC17) are:</p> <ul style="list-style-type: none"> • 1 x Direct Patient Care role (Practice employed) • 5 x non-clinical roles (Practice employed) • 4 x Additional Roles Reimbursement, Direct Patient Care (Primary Care Networks) <p>A number of the team have been successfully recruited to new roles in the ICB restructure, as such this will have an impact on the capacity in the workforce transformation team.</p>		September 2024

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

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Agenda item: 07

Subject:	Primary Care Vision & Principles
Presented by:	Sadie Parker, Director of Primary Care
Prepared by:	Amanda Sear, Senior Manager, Primary Care
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To share, and gain feedback on, the work to date around *Primary Care Vision and Principles** with a view to gaining approval from the Primary Care Commissioning Committee for adoption

*outlined under Ambition 2a Primary Care Resilience and Transformation of the Joint Forward Plan
<https://improvinglivesnw.org.uk/~documents/route%3A/download/1108/>

Executive Summary:

Following the refresh of the Joint Forward Plan earlier in the year, a commitment was made to:

- agree **principles** and develop an **overarching vision** for those receiving, delivering, or planning **primary care** services

Draft vision and principles have been developed for consideration by the Primary Care Commissioning Committee, who are asked to consider the draft document, share any feedback, and request any further information/engagement required to support the adoption of an agreed version. This is the first stage of developing a new strategic framework for primary care, following the expiry of the previous Primary Care Strategy.

The principles and vision will underpin the next stages of the primary care strategic workstreams sitting under the Joint Forward Plan, including:

- setting out a **framework** with our approach to **integrated neighbourhood working** to support a localised approach to building integrated neighbourhood teams
- developing a **long-term plan for general practice**, describing our approach to supporting resilience and enabling transformation

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A steer on what “good” engagement with the Committee would look like, within available resources, for the next stages will also be welcome

Report

Recommendation to the Committee:

PCCC is asked to:

- consider the draft vision and principles for primary care and provide feedback, and any amendments, to allow the adoption of Norfolk and Waveney Primary Care Vision and Principles
- provide a steer on engagement with them for next phases of primary care strategic workstreams

Key Risks	
Clinical and Quality:	This workstream will be a key building block to future strategic planning and provision of access to high quality services across primary care.
Finance and Performance:	Internal secondment arrangements are supporting delivery against this workstream. Interruption to these arrangements may delay progress.
Impact Assessment (environmental and equalities):	The adoption of the health inequalities framework is central to the principles for primary care commissioning.
Reputation:	Principles adopted should provide clarity on the direction of travel for primary care and allocation of resource.
Legal:	None identified
Information Governance:	None identified
Resource Required:	Engagement resource will be required to support the ongoing primary care strategic workstreams
Reference document(s):	Joint Forward Plan
NHS Constitution:	None identified
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest.
Reference to relevant risk on the Board Assurance Framework	Risk to resilience of primary care, on BAF and monitored through PCCC. Score of 20.

Governance

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

Integrated Care Board, Executive Management Team – August 2024

An overarching system vision for primary care

Norfolk & Waveney Integrated Care System Vision for Primary Care

Primary care providers working collaboratively, embedded in their communities, at the heart of our ICS, improving health and wellbeing throughout the population of Norfolk & Waveney in a way that brings joy and meaning to the workforce

Primary Care

Community Pharmacy	Dentistry	General Practice	Optometry
<i>consistent offer available 'on the high street' for advice, services and medicines</i>	<i>access to NHS dentistry for those who need it preventative and urgent care universal oral health promotion</i>	<i>access to expert generalist care from 'cradle to grave'</i>	<i>first point of call 'on the high street' for eye related screening, advice and treatment</i>

Enablers

Digital	N&W Digital Transformation Strategic Plan and Roadmap for creating a secure and safe system to deliver better care
Estates	N&W ICS and GP Primary Care Estates Strategies to realise service development, expansion and transformation to modernise care and improve access
Workforce	N&W Primary Care Workforce Strategy with a clear focus on Train, Retain and Reform
Data & Insight	N&W Population Health Strategy to support delivery of proactive, targeted care to help people and communities live healthier lives
Interface	Consensus on primary and secondary care interface across Norfolk and Waveney providers
Community	Connected communities, working in partnership to support and build on local assets to help improve health outcomes and wellbeing

Principles to serve as our foundation for what we do

A commitment to place primary care first, at the heart of our ICS - enhanced, accessible primary care is the foundation of any health and care system in providing preventative, curative, rehabilitative and palliative services

Workforce wellbeing is prioritised

Adoption of N&W health inequalities framework and population health approach through joint planning for primary care

Making the best use of **all** estates and community assets alongside national initiatives in a way which supports primary care services tailored to meet the future needs of our communities

Evidence-based commissioning with a data-led approach, utilising the benefits of technology and integration that allows every contact to make a positive different

Self-care, local communities and primary care first - integrated working where there is benefit in doing so, acute only when necessary

Financial and other incentives aligned to future population need and improved outcomes - *a differential funding approach will be adopted where necessary (e.g. to support transition or tackle health inequalities; avoid destabilising services; additional activity; etc.)*

Commissioning cycles to support providers to plan, promote integration and access to holistic care at a neighbourhood level

Quality improvement approach with evaluation to capture collective outcomes

Be bold, remain flexible and recognise when there may be 'trade offs' in patient relationships, continuity of care, etc. - continually monitor the impact on patients, workforce and available resource

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Draft ICS Primary Care Vision & Principles

Principles and an overarching vision developed for all those receiving, delivering, planning and working with primary care services across Norfolk and Waveney

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ICB Primary Care Team approach for developing a draft vision and principles

Our aim has been to look at the four pillars of primary care – general practice, community pharmacy, optometry and dentistry – and consider how an overarching vision and principles could play a meaningful role in underpinning our approach for working with primary care, where 90% of care starts for our population, delivered by independent contractors

We have sought to build on national guidance and local plans for integrated working to ***enable healthy communities; provide proactive and personalised support; deliver specialist care in the community and meet local urgent care needs***

We have also recognised our ambition in the Joint Forward Plan for primary care resilience and transformation, and reflect what we have heard during ongoing conversation-led engagement

It is also an opportunity to affirm commitments made to using population health data; the goal of access to holistic and joined up care for all; alongside the adoption of the guiding principles set out in our Health Inequalities Framework for Action

We are now looking to share our work to date, to refine and agree with partners the principles and an overarching ICS vision for primary care

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Reminder of Norfolk & Waveney ICS ambition for primary care resilience & transformation

The aim for primary care resilience and transformation described in the **Joint Forward Plan** is to *integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home*

The objectives are listed as:

- *Developing our vision for providing accessible enhanced primary care services, improving patient outcomes and experience*
Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years

<https://improvinglivesnw.org.uk/norfolk-and-waveney-5-year-joint-forward-plan/our-8-ambitions-for-2023-2028/>

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Thank you

We are grateful to everyone who has given time to share their experience and knowledge with us and hope your generosity will be extended to help inform a final version, which is scheduled as an agenda item for discussion by our Primary Care Commissioning Committee in September

Our aim for the medium and longer term is to develop an ongoing conversation with anyone planning, delivering, receiving or working with primary care to help inform and shape our understanding of and response to future health care needs of communities across Norfolk and Waveney

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Engagement

Following the circulation of a discussion document to support pack and initial conversation at the briefing led by Dr Frankie Swords on 7 May conversations have taken place (or scheduled with) individuals and groups working in a variety of clinical and management roles including:

Primary Care Networks

Local GPs & Allied Health Professionals

Local Dental Group

Next Gen GP

Acutes

ICB Clinical & Care Professionals

ICB Locality Teams

Place Board

Community and Secondary Care Dentistry

N&W ICS EMT

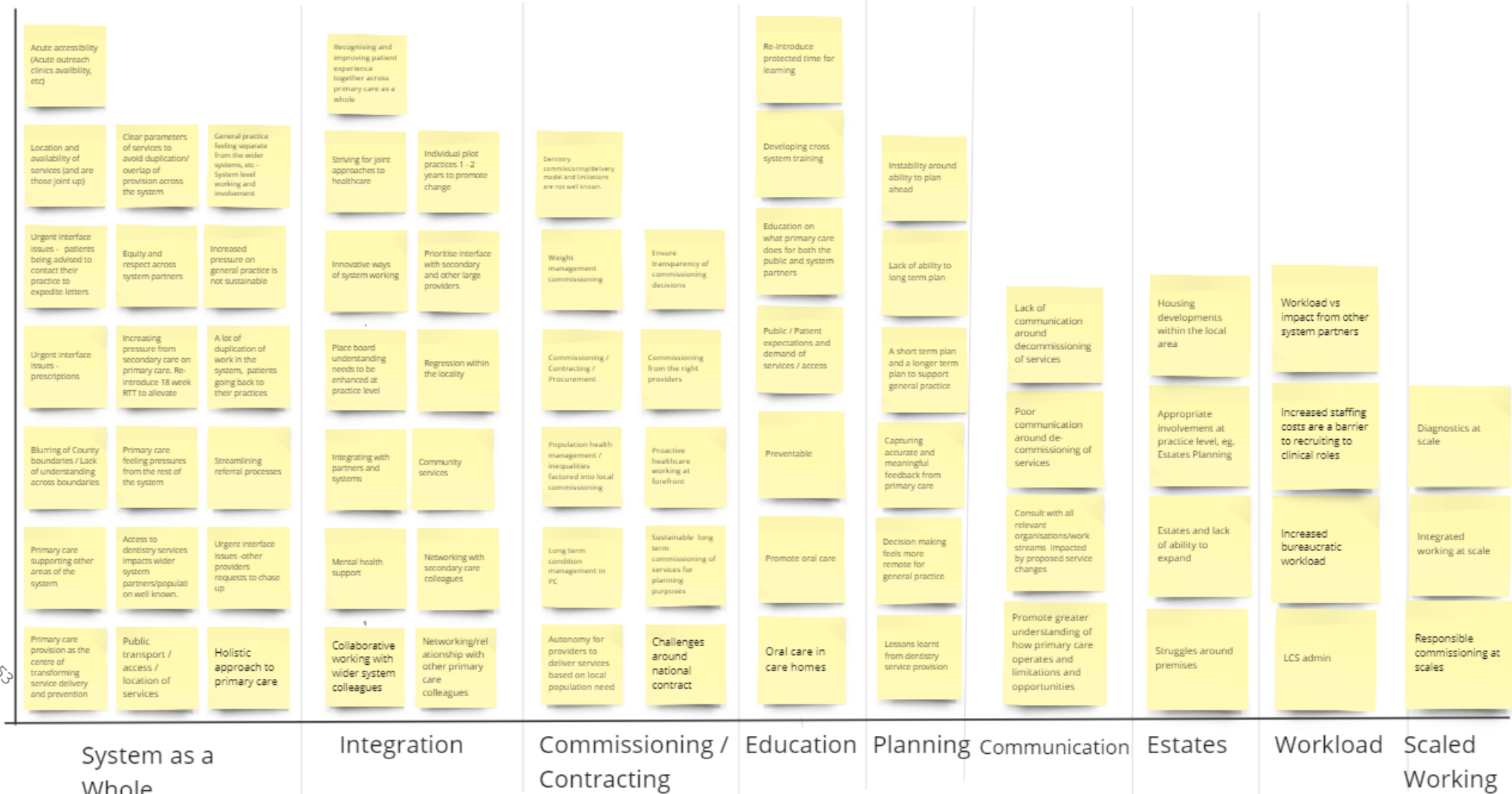
N&W Local Dental, Pharmacy, Medical and Optometry Committees

N&W Primary Care Commissioning Committee

We continue to welcome input from anyone with an interest in sharing their experience, challenges or hopes for primary care across Norfolk and Waveney in the future

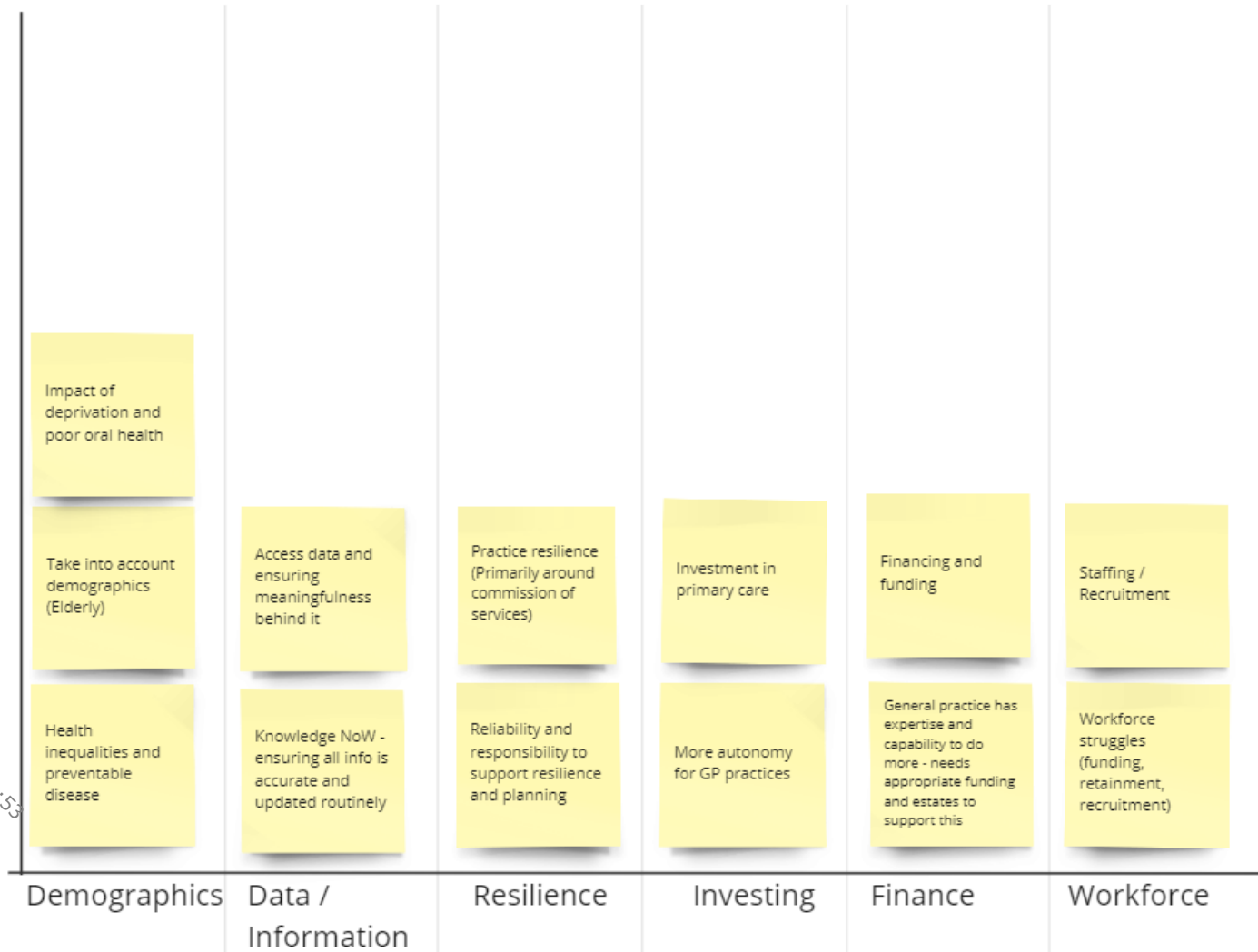
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All feedback continues to be captured and sorted to identify themes using Miro



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All feedback continues to be captured and sorted to identify themes using Miro (2)



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Word cloud generated by Miro from feedback



Webb, Sarah
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Primary care is the front door to the NHS

90% of healthcare starts with primary care
we must listen to primary care and connect our system thinking and services to them



Approx 1.57 million prescriptions dispensed

(June 24)



3,588 Pharmacy First consultations

(June 24)



143,782 sight tests

(June 24)



13,000 new NHS dental patients

(March – July 24)

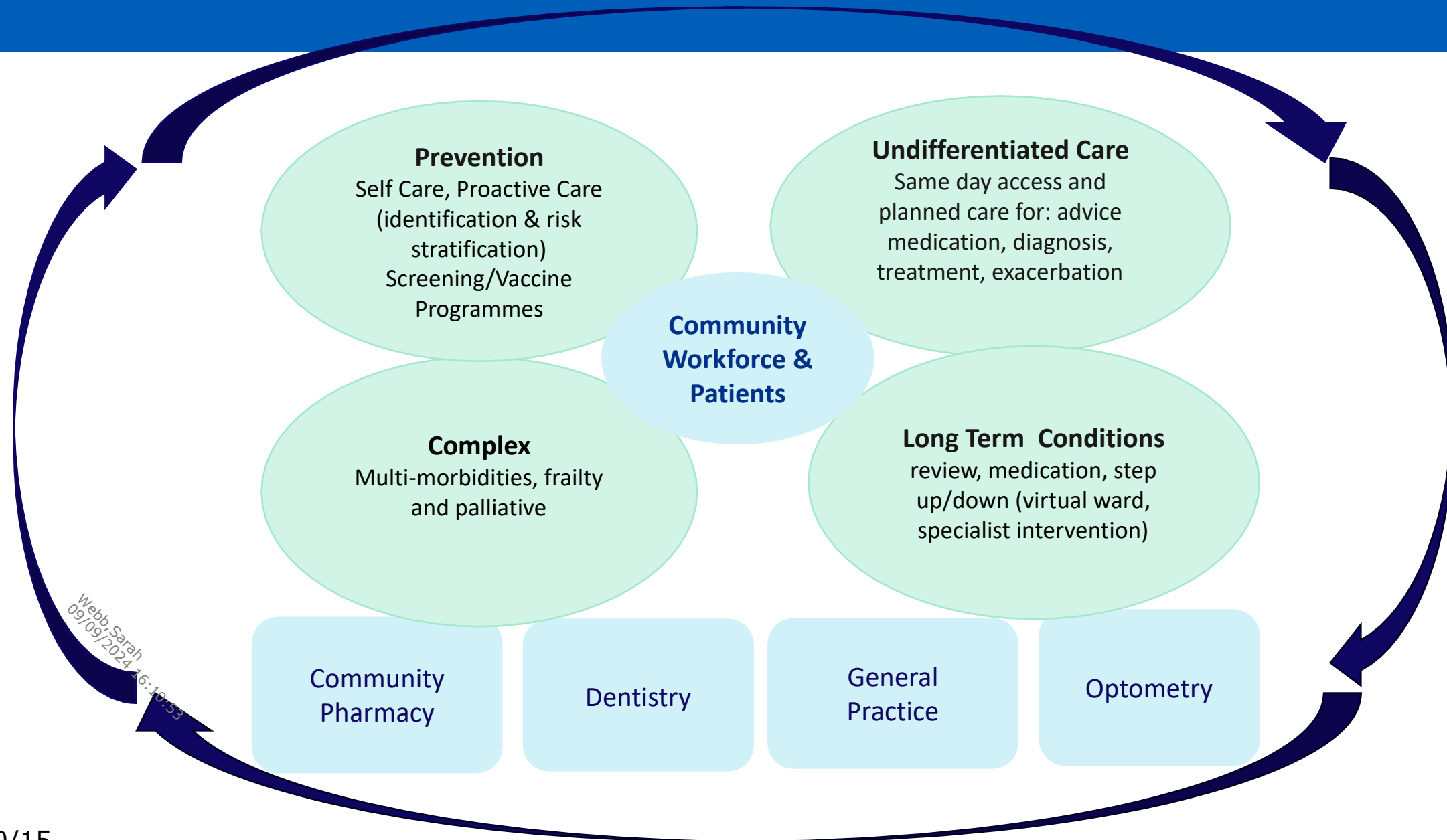
572,887 GP appointments during June 24



216,530 of which were 'same day'

(

Start with Local Communities and Primary Care



Primary Care Resilience

Primary care resilience is recorded as a significant risk on the ICB Board Assurance Framework

To realise ICS ambitions and improve outcomes for our population we will need the innovation and agility that sits within primary care - resilient primary care providers who can work as equal and confident system partners will be crucial to this

Increasing resilience will need to be a multi-layered approach, aligned to ICS strategic delivery requirements including The Fuller Stocktake, Pharmacy First, Norfolk & Waveney Clinical Strategy, New Models of Care, etc. and underpinned by plans, developed with primary care, to enable the identified needs of our population to be met wherever possible in their neighbourhood

Primary care leadership and culture will need to be embraced throughout the ICS to influence the change required, underpinned by an approach to planning and resource allocation to realise ambitions, improve outcomes and increase resilience across primary care

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Key Limitations, Challenges & Opportunities for Primary Care

Challenges and opportunities within primary care and across our wider system require a collaborative response

Health care and behaviours together make up around 50% of the 'building blocks' for good health outcomes – around 90% of all patient health care starts in primary care, alongside advice, support and signposting to positive health behaviours – ***the real opportunity to make a difference to the long-term health outcomes of our population lies with primary care and our local communities***

Primary care, together with their communities, are best placed to build on their own strengths to shape integrated neighbourhood working and delivery of services commissioned at-scale which provide care that meets population need and supports health and wellbeing

It is widely accepted that primary care is facing an unsustainable combination of challenges in terms available funding, workforce and demand which they cannot manage in isolation – ***primary care resilience matters to everyone***

Stable investment and a clear direction of travel are fundamental to allow primary care contractors to plan effectively, respond to population need and address health inequalities - short-term funding decisions and availability of non-recurrent (and often late) funding are detrimental to achieving these aims but have nevertheless become *'the norm'*

Understanding mismatch between demand, clinical need and capacity across the system is complex. Simply growing capacity to meet demand is impossible, but responding to identified need is also difficult with current funding, recruitment, retention and estates challenges faced by primary care contractors (some of these areas will be impacted by national issues which where we will have limited influence)

These challenges are exacerbated when parts of the wider system do not work well together - there is a huge opportunity to improve this by bringing understanding and focus through primary care leadership to effect change

To address the challenges and embrace opportunities in primary care will require a fundamental shift in the way we think and plan - our principles are intended to support this shift and deliver long-term improvement in outcomes and resilience

What works is what counts – delivery may look different to meet local population need, and reflect the complexity of that need

Principles to serve as our foundation for what we do

A commitment to place primary care first, at the heart of our ICS - enhanced, accessible primary care is the foundation of any health and care system in providing preventative, curative, rehabilitative and palliative services

Workforce wellbeing is prioritised

Adoption of N&W health inequalities framework and population health approach through joint planning for primary care

Making the best use of **all** estates and community assets alongside national initiatives in a way which supports primary care services tailored to meet the future needs of our communities

Evidence-based commissioning with a data-led approach, utilising the benefits of technology and integration that allows every contact to make a positive different

Self-care, local communities and primary care first - integrated working where there is benefit in doing so, acute only when necessary

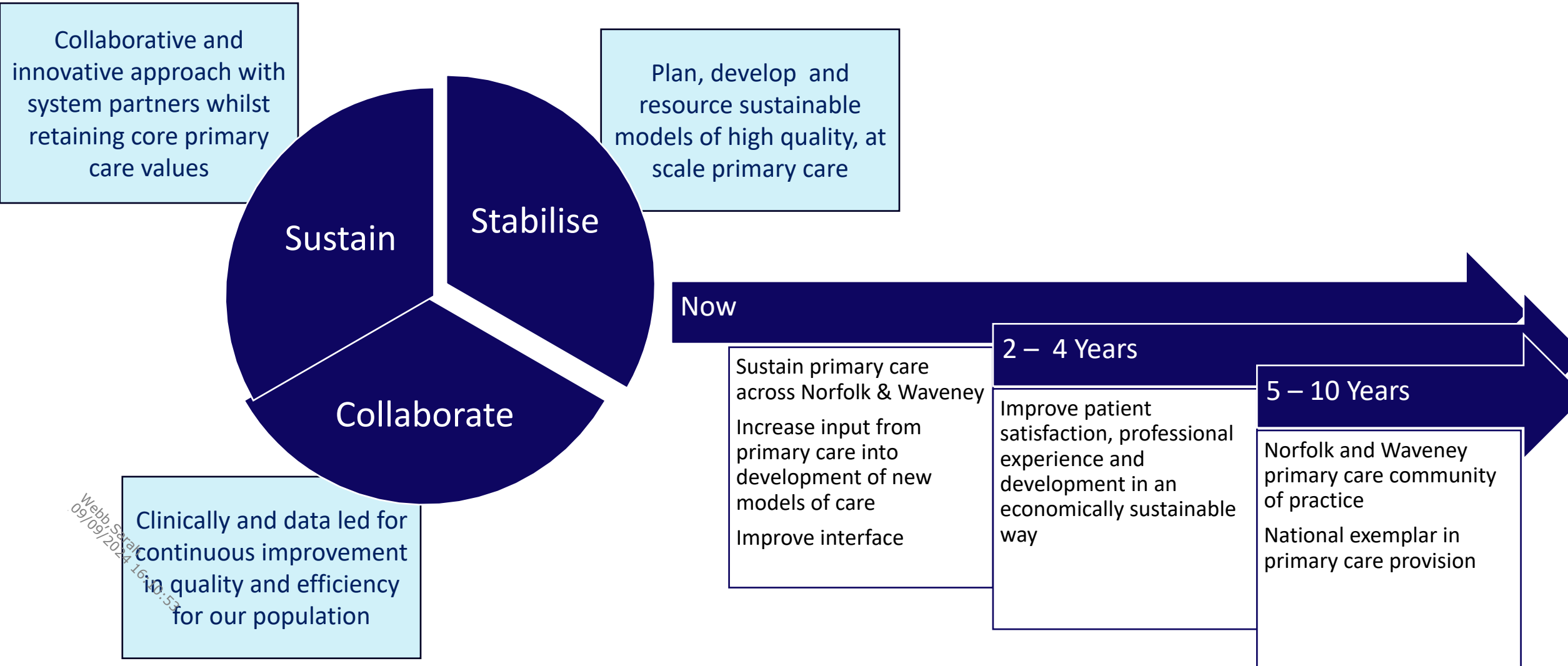
Financial and other incentives aligned to future population need and improved outcomes - *a differential funding approach will be adopted where necessary (e.g. to support transition or tackle health inequalities; avoid destabilising services; additional activity; etc.)*

Commissioning cycles to support providers to plan, promote integration and access to holistic care at a neighbourhood level

Quality improvement approach with evaluation to capture collective outcomes

Be bold, remain flexible and recognise when there may be 'trade offs' in patient relationships, continuity of care, etc. - continually monitor the impact on patients, workforce and available resource

The journey



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An overarching system vision for primary care

Norfolk & Waveney Integrated Care System Vision for Primary Care

Primary care providers working collaboratively, embedded in their communities, at the heart of our ICS, improving health and wellbeing throughout the population of Norfolk & Waveney in a way that brings joy and meaning to the workforce

Primary Care

Community Pharmacy	Dentistry	General Practice	Optometry
<i>consistent offer available 'on the high street' for advice, services and medicines</i>	<i>access to NHS dentistry for those who need it preventative and urgent care universal oral health promotion</i>	<i>access to expert generalist care from 'cradle to grave'</i>	<i>first point of call 'on the high street' for eye related screening, advice and treatment</i>

Enablers

Digital	N&W Digital Transformation Strategic Plan and Roadmap for creating a secure and safe system to deliver better care
Estates	N&W ICS and GP Primary Care Estates Strategies to realise service development, expansion and transformation to modernise care and improve access
Workforce	N&W Primary Care Workforce Strategy with a clear focus on Train, Retain and Reform
Data & Insight	N&W Population Health Strategy to support delivery of proactive, targeted care to help people and communities live healthier lives
Interface	Consensus on primary and secondary care interface across Norfolk and Waveney providers
Community	Connected communities, working in partnership to support and build on local assets to help improve health outcomes and wellbeing

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Agenda item: 08

Subject:	Primary Care Workforce Strategy 2024 - 2027
Presented by:	Keri Robinson, Primary Care Workforce Lead Planning and Governance Sadie Parker, Director of Primary Care
Prepared by:	Jayde Robinson Head of Primary Care Workforce
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To seek approval of the Primary Care Workforce Strategy 2024- 2027 (Appendix A) and to note the Operational Delivery Plan (Appendix B) . This strategy focuses on the key principles of Train, Retain and Reform within our primary care workforce, in line with the NHSE Long-Term Workforce Plan and the ICS Five Year Joint Forward Plan (Primary Care Resilience).

Executive Summary:

The NHS is facing the biggest national workforce challenge to date, particularly in Primary Care. All primary care services are facing ever greater challenges due to these shortages, particularly in terms of

- * An increasingly complex workload
- * Rising public expectations
- * Inter organisational/provider working as part of an Integrated Care System.

Norfolk and Waveney also face significant challenges to recruitment primary care professionals' groups, owing to:

- * Our unique geography
- * Aging demographic of our local workforce
- * Vacancies and the reliance of locum and short cover support
- * Reduction in numbers of learners applying for courses and universities
- * No dental school within the eastern region, limiting recruitment opportunities.

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Understanding these challenges and constraints has enabled us to develop our system plans and pivot our approach to focus on recruitment, retention and education.

In October 2022 preliminary approval of the Primary Care Workforce Strategy and Communications and Engagement Strategy was ratified by the Primary Care Commissioning Committee.

The Primary Care Workforce strategy has since been reviewed during 23/24, to reflect the transfer of responsibilities for the other primary care services (dental, pharmaceutical and optometry) from NHS England on the 1st April 2023.

In addition, the NHS Long Term Workforce plan clearly sets out the aspirations for the workforce going forward to enable individuals to develop and progress in roles, with a clear focus on Train, Retain and Reform. Primary Care will continue to work collaboratively with system partners to integrate and align relevant system plans and strategies, fully reflecting the specifics skills and education needs of our primary care workforce.

As part of the stakeholder engagement exercise undertaken during Q1 and Q2 24/25, the Primary Care Workforce Strategy has been rewritten, in line with the NHSE Long Term Workforce Plan and the ICS Joint Forward Plan, this can be found in Appendix A.

The strategy focuses on the three sectors of the primary care (General Practice/Primary Care Networks, Dental and Optometry, however, acknowledges our primary care Pharmacy Workforce). Pharmacy Workforce is now under the strategic direction of the Medicine Optimisation Team, in which a strategy is being developed for the system.

Overall, the Primary Care Workforce strategy and its components have been well received amongst stakeholders, with a particular focus on Train, Retain and Reform within primary care.

The Norfolk and Waveney operational delivery plan (Appendix B) sets out each of the primary care sectors workforce programmes, per annum. This operational delivery plan is dynamic as it reflects and responds to the workforce profile of primary care teams, recognising the important of growing our own, attracting talented individuals, and supporting people to remain in our workforce across the system.

The operational delivery programmes, have been approved through the Triple Lock Process, ICB Moderation Panel and the ICB Executive Board.

Report

To improve NHS primary care workforce recruitment and retention supply across Norfolk and Waveney as identified in the Primary Care Workforce Strategy, NHS

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Long Term Workforce Plan, ICS Training Hub Contract and Five Year Joint Forward Plan (Primary Care Resilience).

The strategy clearly sets out the aspirations for the workforce going forward to enable individuals to develop and progress in roles, with a clear focus on Train, Retain and Reform.

Nationally mandated targets, list below, have been strategically aligned to the key domain areas, which include:

Train

Increase the number of medical and dental placements within primary care settings by 50% by 2032. This will be delivered by:

- Fellowships offered to 100% of trainees, including NTP nurses.
- Education and training activity based on ICS plans to reduce health inequalities.
- Increase the number of clinical by and non-clinical apprenticeships by 16% through supporting primary care through levy transfers.
- Increase in Nursing Associate and Allied Health Professionals training places by across the system.
- Increase the number of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding.
- Increase in the number of approved educators, supervisors and learning organisations through the Aspiring Educators Programme.
- Ensure all clinical placements follow regulatory standards and HEE Quality Framework.
- Expand dentistry training placements across the system.
- Increase the generalist skill level of staff based in Rural & Coastal locations.

Retain

Improve leaver rates by 15% within primary care, this will be delivered by:

- Offering programmes that support staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership.
- Support PCN's and practices with equality, diversity, and inclusion (EDI) support programmes for recruiting and retainment.
- Develop a comprehensive health and wellbeing programme for primary care workforce, offering resources, tools, support forums and information to support their physical, mental and emotional wellbeing enhancing job satisfaction, morale, work-life balance and over quality of care.

Reform

Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care by 73% by '2037. This will be delivered by:

- Offering support on workforce planning, advice, and identification of needs for patients and populations.
- Support newly qualified health professionals with coaching and mentorship support through our Primary Care Ambassadors and mentorship programme.

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- Support PCNs to actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.
- Offer retention and workforce packages to attract general practice staff to the area.
- Support PCNs in utilising the Knowledge and Library Services (KLS) for utilisation of all the workforce and retention programmes.
- Increased participation by newly qualified Dentists and Nurses, contributing to increasing the overall numbers of Primary Care FTEs.

Recommendation to Committee:

To support the approval of the Primary Care Workforce Strategy 2024- 2027 (Appendix A) to note the operational delivery plan (Appendix B).

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Key Risks	
Clinical and Quality:	Failure to support primary care workforce resilience services will lead to reduced access to primary care services for our local population.
Finance and Performance:	Failure to invest in primary care Retention Programmes is likely to lead to higher costs in primary care and a reduction in patient access which may result in a cost pressure for the ICB in the future through secondary care services.
Impact Assessment (environmental and equalities):	N/A
Reputation:	The ICB's reputation will be negatively impacted if it is unable to deliver its commitment to primary care resilience and ICS Training Hub Contract.
Legal:	
Information Governance:	N/A
Resource Required:	Primary Care, Quality, Finance, Workforce, Local Professional Network and Managed Clinical Networks
Reference document(s):	NHS Long Term Workforce Plan (england.nhs.uk)
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	PC01 and PC17 – Primary Care Workforce Resilience

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.
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Improving lives **together**

Norfolk and Waveney Integrated Care System

Primary Care Workforce Strategy 2024-2027

(Draft)

Norfolk and Waveney Integrated Care System (ICS)

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Executive summary

- The NHS is facing the biggest workforce challenge to date, and this has never been truer for primary care. Nationally, all primary care services are facing ever greater challenges due to workforce shortages, aging workforce demographic, an increasingly complex workload, rising public expectations, and working alongside multiple health and care providers as part of an Integrated Care System (ICS).
- The vision described in the [Fuller Report](#) is for a fully integrated primary care, incorporating the four pillars: general practice, community pharmacy, dentistry, and optometry, across all systems. At the heart of this report is a vision for integrating primary care, improving the access, experience and outcomes for our communities.
- There are currently 452 primary care independent providers across Norfolk and Waveney (N&W). These services provide the first point of contact in the healthcare system, acting as the “front door” of the NHS and increasing interface impacted by extended hospital waiting times.
- The [NHS Long Term Workforce plan](#) clearly sets out the aspirations for the workforce going forward to enable individuals to develop and progress in roles, with a clear focus on Train, Retain and Reform. We will work collaboratively with system partners to integrate and align relevant system plans and strategies, fully reflecting the specifics skills and education needs of our primary care workforce.
- The Norfolk and Waveney operational delivery plan sets out each of the primary care sectors workforce programmes, per annum. This operational delivery plan is dynamic as it reflects and responds to the workforce profile of primary care teams, recognising the important of growing our own, attracting talented individuals, and supporting people to remain in our workforce across the system.



Workforce challenges

- Norfolk and Waveney (N&W) faces constraints to recruitment across all professional groups due to our unique geography.
- The ageing population profile across N&W impacts on increased patient/client needs and the availability of workforce to deliver care.
- Given the existing vacancies and the reliance of locum and short cover support, recruiting substantive staff is hugely important. This education strategy supports individuals to develop and progress into new roles, supporting recruitment.
- We have seen a significant reduction in numbers of learners applying for courses and universities.
- There is no dental school within the eastern region, limiting recruitment opportunities across the system.
- N&W primary care workforce leavers rates, which includes those moving out of the N&W system or leaving the NHS entirely are shown below:
 - General Practitioner's leavers rate is 6.3%* which equates to a loss of 40.8 WTE. This has been a significant improvement in the last 12 months, and places Norfolk and Waveney fourth in the country for GP retention.
 - Dentistry leaving N&W current rate is 8.5% which equates to a loss of 35 WTE.
 - Optometry leavers rate is not known as this data has not been published by NHSE.
 - Community Pharmacy leavers rate is not known as this data has not been published by NHSE.
- Limited funding streams for workforce retention and education pathways in primary care sectors.
- Our workforce challenges are not new. However, the scale of our challenge is increasing. No single provider can resolve this issue alone. It requires all partners within the system to collaborate and work through current and future challenges together to meet aspirations of the 'NHS Long-Term Workforce Plan' for N&W.

* Timeline December 2022 to December 2023

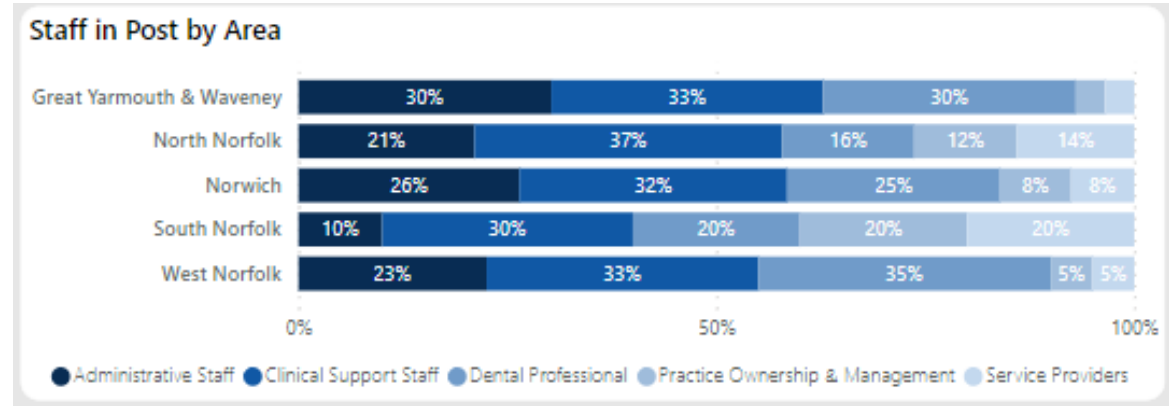
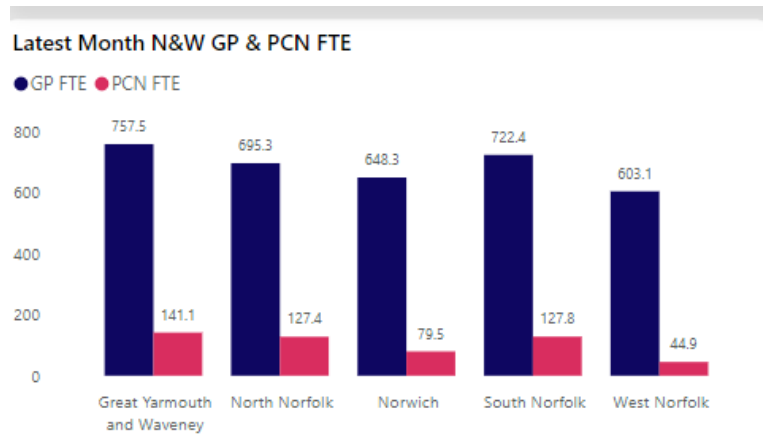


Our Primary Care Workforce – Executive Overview

Source: NHSE eProduct, NW ICB Workforce Dashboard, Date: 1/7/2024

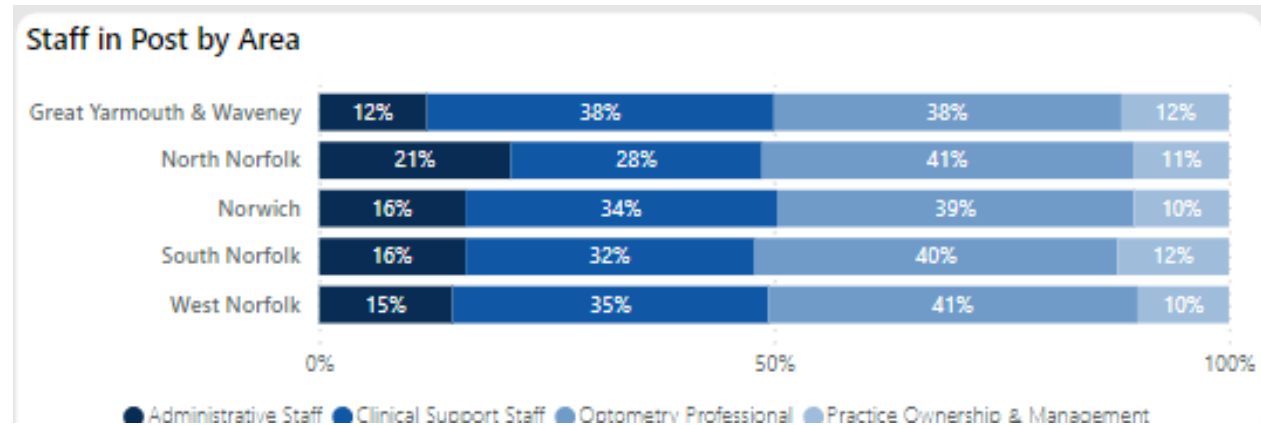
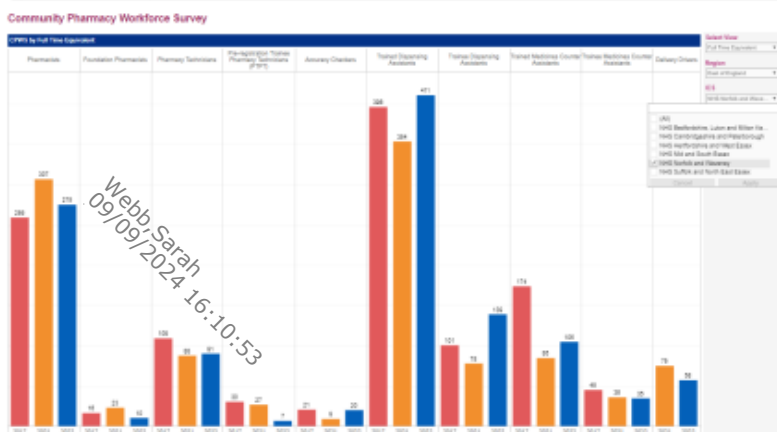
General Practice and Primary Care Networks (PCNs) – 3,426 WTE

Dental Practices – 709 WTE



Community Pharmacy – 1,151 WTE

Optometry Practices – 710 WTE



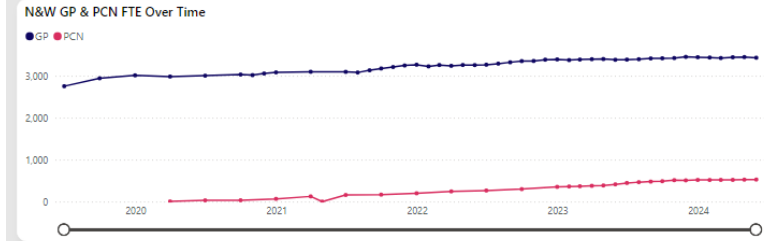
The future workforce will need to adapt and change its skillset to improve productivity. With increased focus on the preventive health agenda, a multi-skilled workforce is required to deliver healthcare, with specialist knowledge.

In Depth: General Practice and Primary Care Networks (3,426 WTE)

Source: NHSE eProduct, NW ICB Workforce Dashboard, Date: 1/7/2024

Primary Care - GP & PCN Workforce

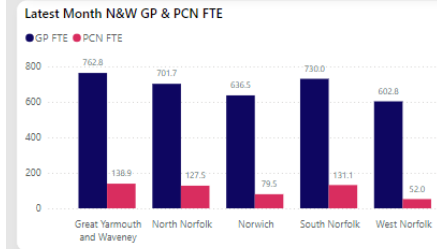
Breakdown of both PCN and GP staff in post (FTE) as at the latest month submission, and over time.



3,433.79
Latest GP FTE

528.97
Latest PCN FTE

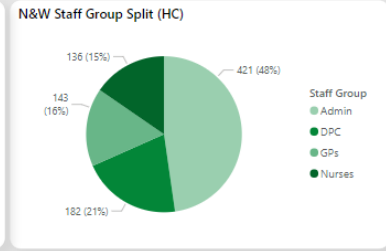
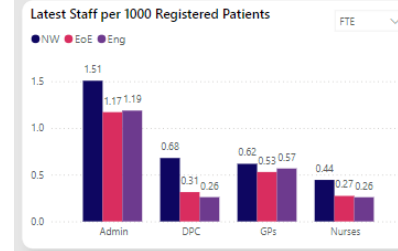
Filters applied:
Staff Group: Multiple selections
Place: Multiple selections



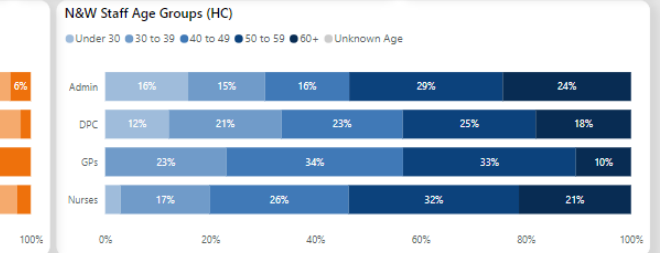
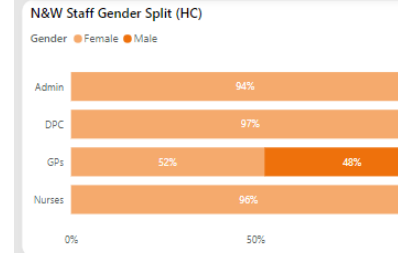
Staff Group	Latest GP FTE	Latest PCN FTE	PCN Leaver Rate	PCN Joiner Rate
Admin	1,720.58	12.00	31.4%	231.4%
DPC	636.30	507.19	25.2%	71.0%
GPs	647.28			
Nurses	429.63	6.56	47.6%	-19.0%
Other	3.22			
Total	3,433.79	528.97	25.3%	71.7%

Primary Care - General Practice Workforce

Breakdown of county level current staff in post

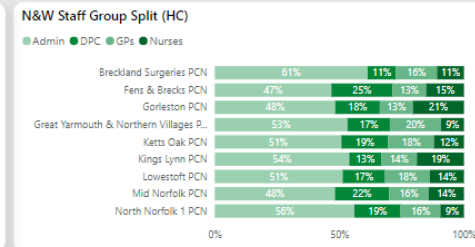
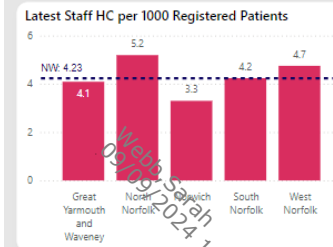


Filters applied:
Staff Group: Multiple selections
Place: West Norfolk

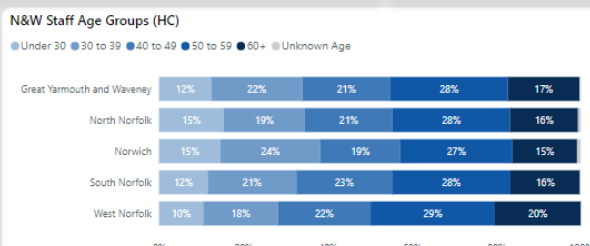
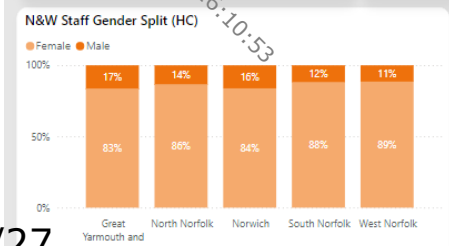


Primary Care - General Practice Workforce

Breakdown of staff in post across Place and PCN



Filters applied:
Staff Group: Multiple selections
Place: Multiple selections



Primary Care - PCN Workforce

Staff in post FTE compared to PCN workforce plan FTE



714.79
Latest Plan FTE

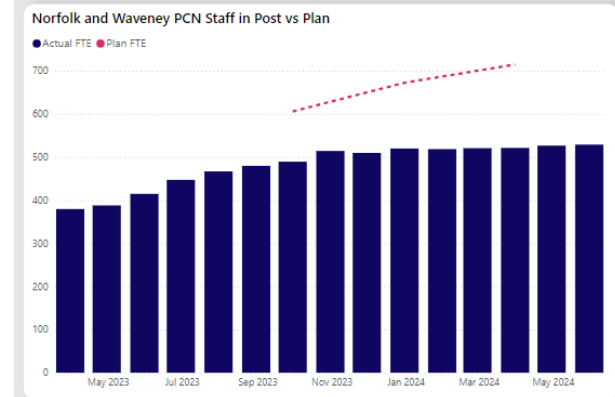
528.97
Latest Actual FTE

74.00%
Plan vs Actual

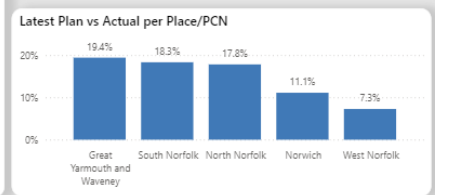
Place, PCN: Multiple selections

Staff Group, Job Role: Multiple selections

Filters applied:
Staff Group: Multiple selections
Place: Multiple selections



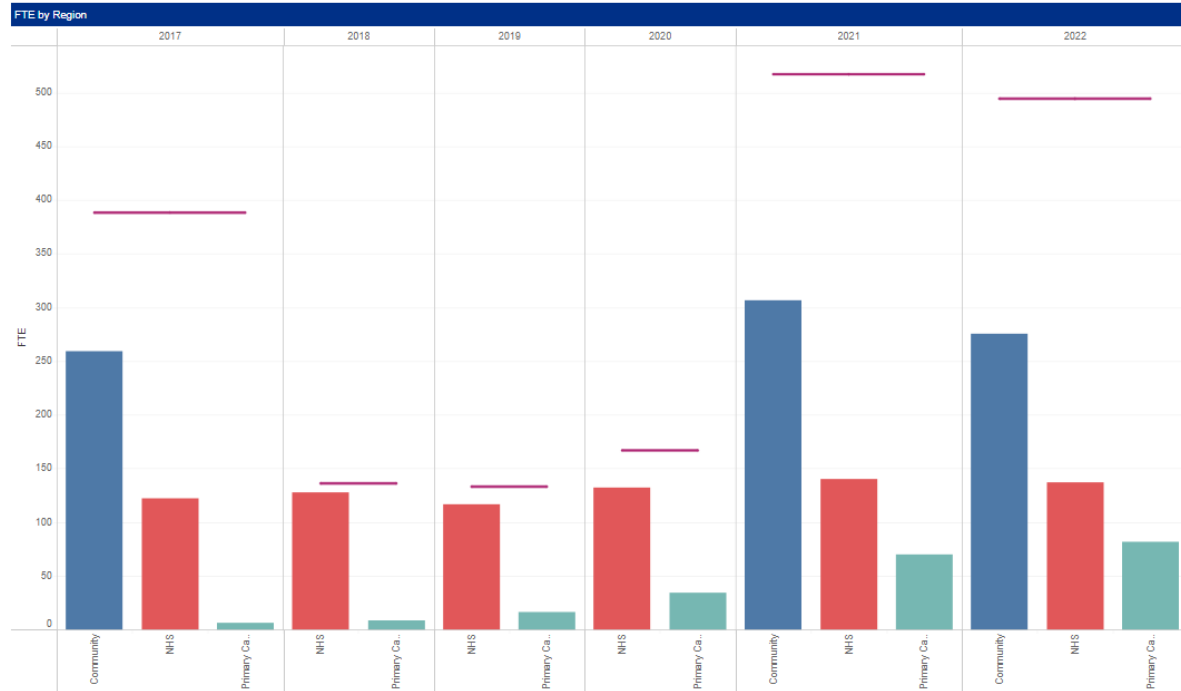
Staff Group	Plan FTE	Actual FTE	Actual vs Plan
Nurses	10.04	6.56	65.3%
DPC	694.00	507.19	73.1%
Advanced Physiotherapist Practitioner	2.70	0.43	15.8%
Advanced Paramedic Practitioner	6.80	1.79	26.4%
Mental Health and Wellbeing Practitioner (Mental Health Practitioner - Adult)	57.75	18.67	32.3%
Dietician	2.11	1.00	47.4%
General Practice Assistant	54.60	77.71	59.8%
Total	714.79	528.97	74.0%



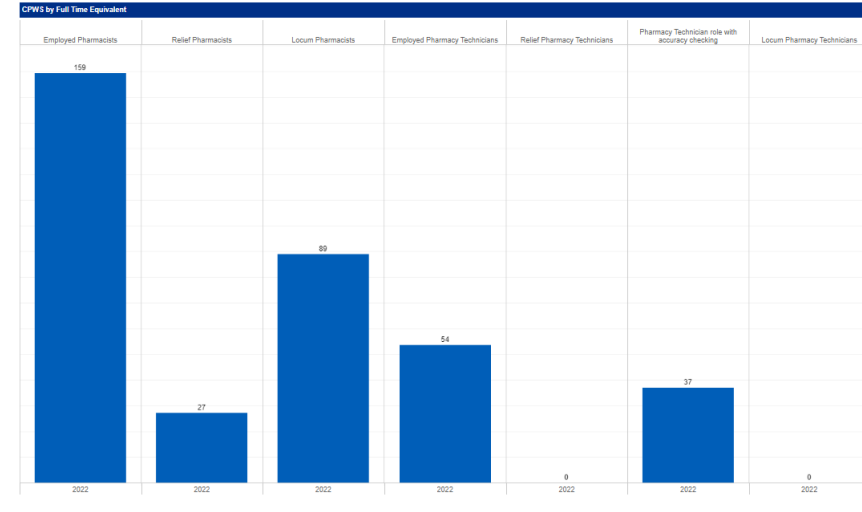
In Depth: Pharmacy (1,151 WTE)

Source: NHSE eProduct, NW ICB Workforce Dashboard, Date: 1/7/2024

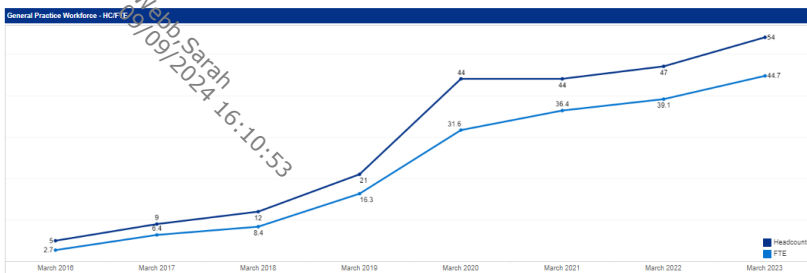
Overall Supply (All Sectors Combined)



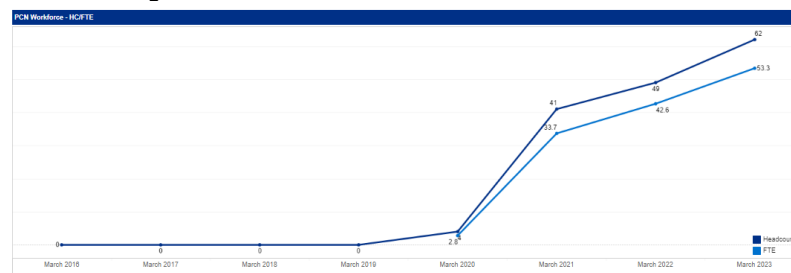
Community



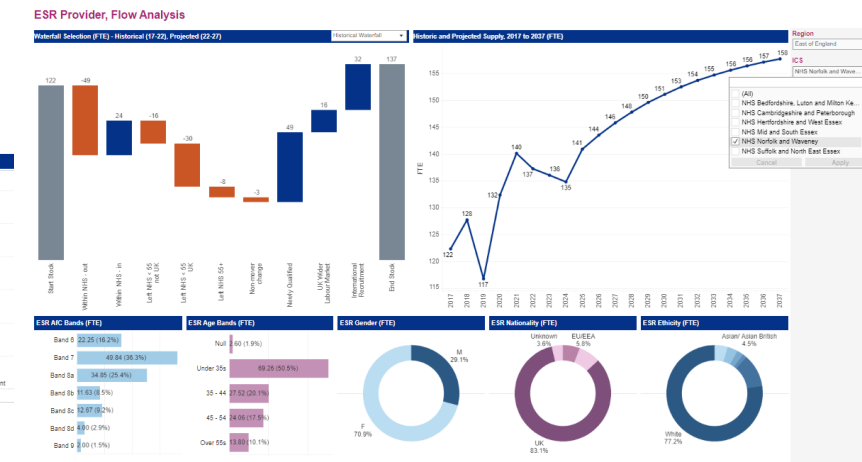
General Practice



Primary Care Networks



Secondary Care Providers



In Depth: Dental (709 WTE)

Source: NHSE eProduct, NW ICB Workforce Dashboard, Date: 1/7/2024

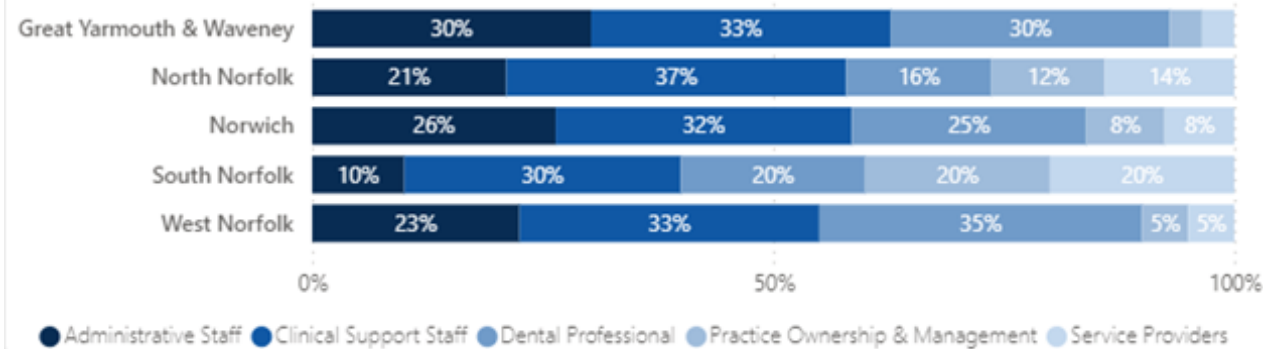
Norfolk and Waveney overall workforce position

Primary Care Training Needs Analysis

Overview page providing top level analysis of Dentistry Training Survey



Staff in Post by Area



Corporate

Staff in Post by Area



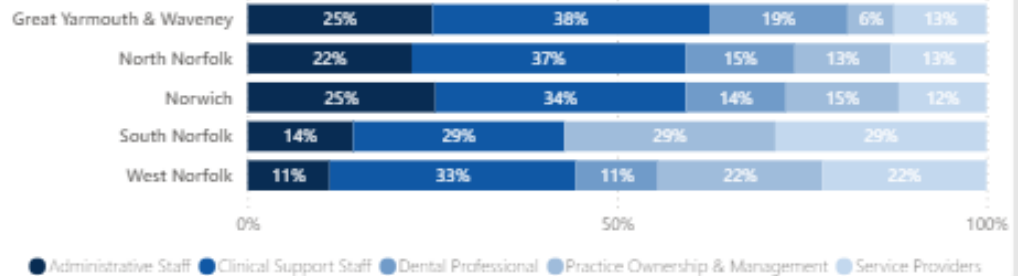
Community Practice

Staff in Post by Area



Independent

Staff in Post by Area



Note: Currently awaiting further release of national data from NHSE due in Q2, which will focus on workforce profiling by staff group and demographics

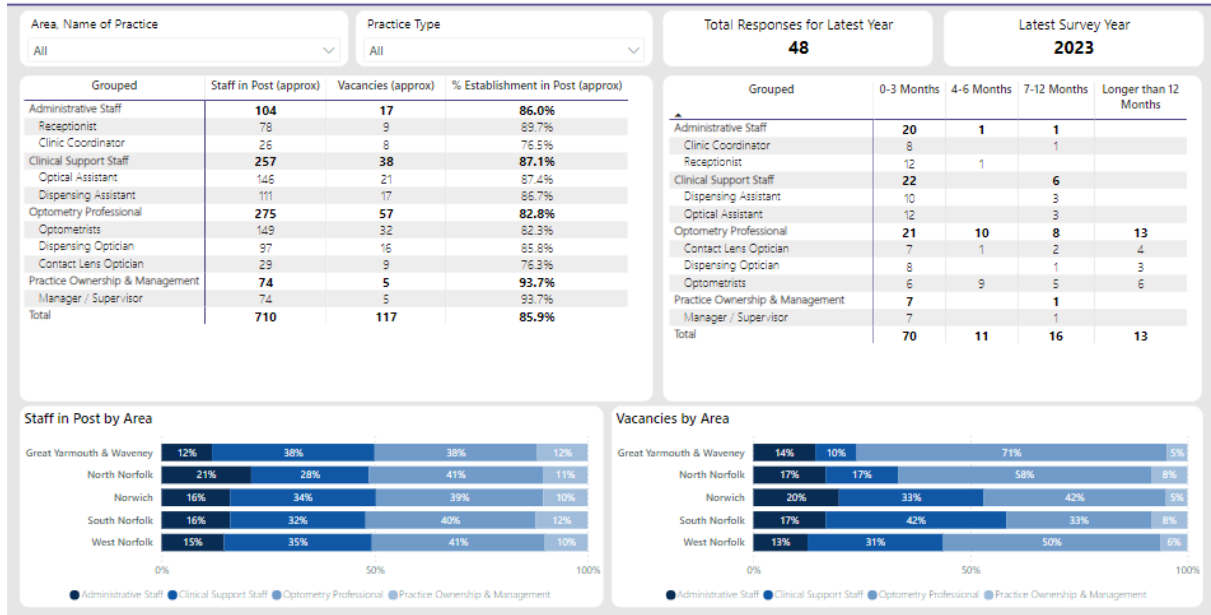
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In Depth: Optometry (710 WTE)

Source: NW ICB Workforce Dashboard
Date: 1/5/2024

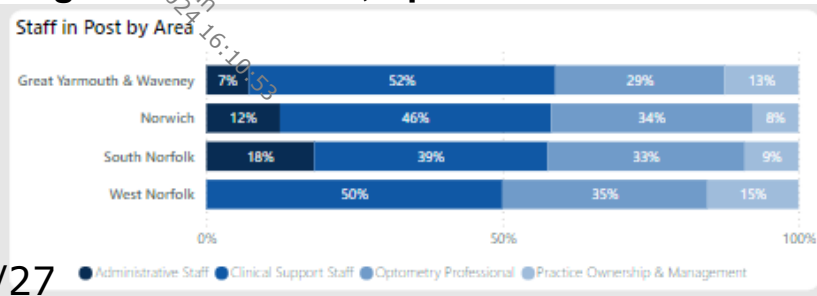
Norfolk and Waveney overall workforce position Primary Care Training Needs Analysis

Optometry workforce profile page, providing indicative staff in post and vacancy figures based on survey responses

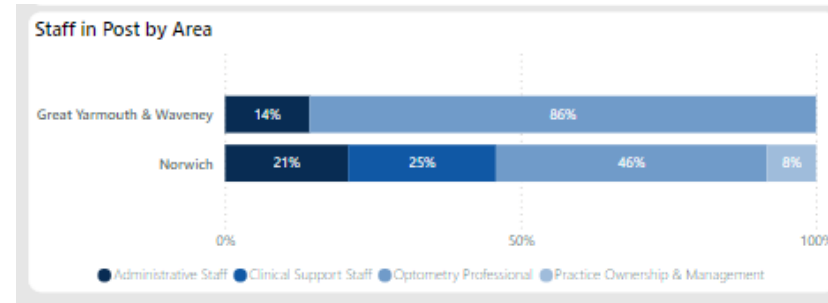


Note: No updated national workforce data published since 2019. The information provided is through local intelligence workforce profiling.

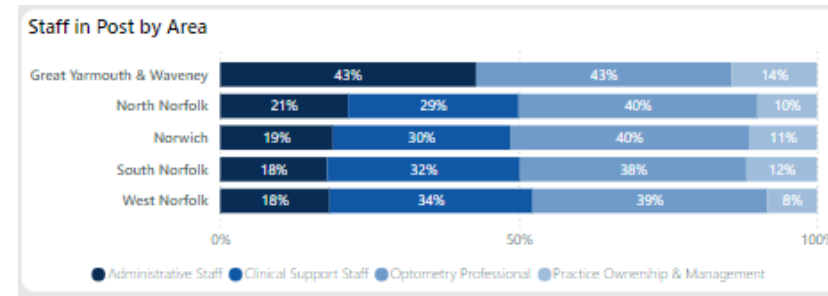
High Street – Boots, Specsavers etc



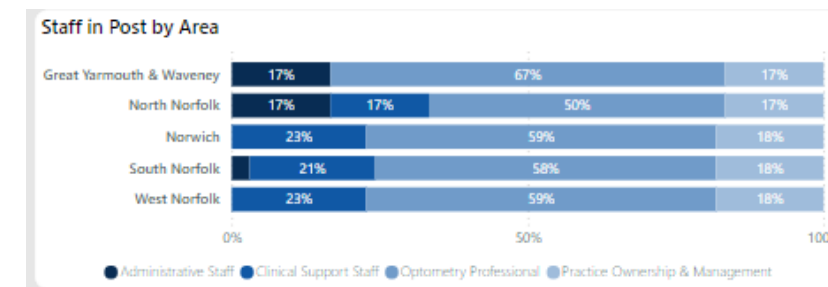
Hospital Practitioners



Independents



Small Group practices



What can we expect in the future

- A drive towards greater integration of health and social care.
- New care models with increased focus on multi-professional working and community-based care.
- Increasing funding pressures and allocations awarded annually.
- More complex service users with higher expectations.
- Significant staffing pressures arising from an ageing population and insufficient numbers choosing careers in primary care.
- Technology developments improving the quality, flexibility and cost of learning.
- Recognising variations in both career aspirations and learner needs.
- A focus on creating diversity in our staffing.
- Patients taking greater self-management and understanding of their health and care needs.
- Medical school expansion with the moving towards graduate entry and degree apprenticeships.
- A changing landscape for dental training and the increased use of expanded roles and skill mixing.

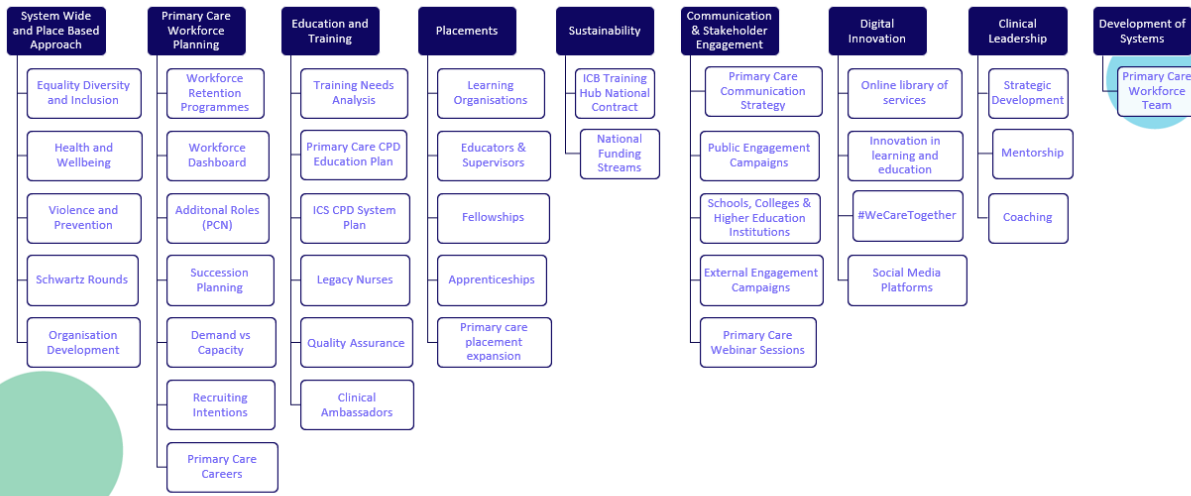
Webb, Sarah
09/09/2024 16:10:53

Our vision and pledge to our primary care workforce

- Our people are the most important resource, without our workforce there is no primary care services provision.
- We want to promote good health and wellbeing, flexible working and recognise the importance of work/life balance.
- Our vision will be supported by a data driven approach focusing on population health management. We will use and analyse our data to support localised decision making and planning.
- Our vision is to ensure all our primary care services are delivered with a sustainable workforce supply, supporting all roles through Train, Retain and Reform to meet the needs of our population.
- We want our people to remain in roles across our health and care organisations and will support people to move across these boundaries more flexibly.
- Our education vision is to equip all with the right knowledge, skills and values to deliver outstanding, evidence based, person-centred care, now and in the future. We will support by delivering education flexibly, collaboratively and embracing technology to allow you to learn in the way that best suits primary care.
- We will endeavour to create more diversity in our workforce and to support everyone to reach their full potential.
- We will unashamedly take a system-wide approach to ensure equal opportunity for all learners and make the most efficient use of resources, while embedding quality of care through consistent standards across primary care.
- This approach will be underpinned through building capacity and by supporting a highly engaged workforce through training, education and upskilling.
- We want to enable people to continue to learn new skills throughout their lifetime of their career and achieve their ambitions.

How will we do this

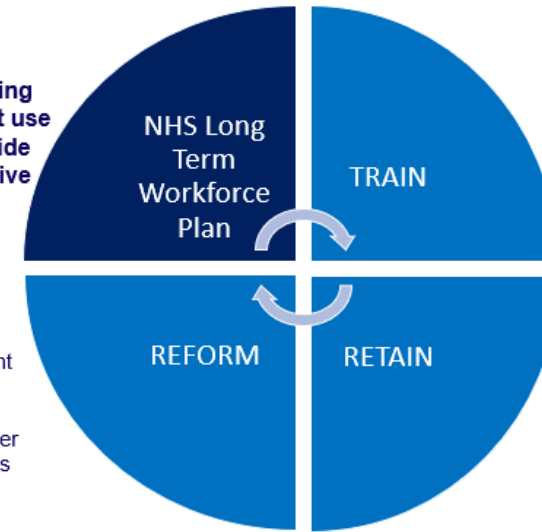
Primary Care Workforce Pillars 2024 - 2027



Enablers: Business Intelligence, People, Communication & Engagement, Estates & Digital

Putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

Improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most.



Significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles.

Ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers.

The diagram above, outlines the primary care workforce pillars to support the stabilisation of primary care services in line with our ICS Joint Forward Plan, whilst delivering the objectives and aims of the contract specification and operational guidance set for 2024/25.

This programme of work includes the three sectors of primary care (General Practice, Dental, and Optometry). Community Pharmacy will be managed by the ICB Medicine Optimisation Team.

Webb; Sarah
09/09/2024 16:10:33

How will we do this? Train: Education and Training approach

- Deliver a joined up, consistent approach to education across the system that supports workforce needs.
- Ensure staff are equipped with the skills to deliver the required care using innovative educational styles, with trust wide opportunities for the whole workforce.
- Be driven by analytical evidence and guided by a shared understanding of best practice. Systems in place to support learners across primary care.
- Work collaboratively on skills training, sharing expertise and trainers.
- Develop Governance structures across the system, with shared decision making and a unified approach.
- Foster a system wide understanding of resources and agreement to join up education provision, with agreed CPD top slicing. Coming together as a system will increase efficiencies in budgets and teaching delivery, remove duplication, support quality assurance and ensure requirements for small specialities can be met.
- Work closely with universities and other educational providers to develop system wide training and education programmes to meet service needs.
- Establish Clinical Ambassadors and Legacy Nurses within primary care, these will have a critical role in the development and retention of staff in primary care settings.

M. Abbas
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How will we do this? Train: Placement approach

- Deliver a joined up, consistent approach to primary care learning organisations across the system that supports workforce needs.
- Expand placement capacity to support multi-professional learners across their constituent practices and partners, creating a rich training environment to grow and retain a skilled primary care workforce, now and for the future.
- Increase the number of approved primary care educators and supervisors across the system that supports a culture where our workforce can draw on knowledge and learning across disciplines to identify solutions, practically or technically.
- Working closely with primary care learning organisations to increase placement capacity across the system, to deliver the future primary care workforce pipeline in sufficient numbers to meet the needs of our local population.
- Embedding Fellowship programmes within primary care settings to lead opportunities for integrated working and varied portfolio work experience.
- Widening access to primary care careers with different pathways from Princes Trust, T-Levels and apprenticeships, to more traditional routes into new roles. Ensuring the health and care academy helps young people discover what opportunities we have to offer.
- Collaborating the Norfolk and Waveney Primary Care Estates Strategy supports the expansion of primary care workforce to meet the need of placement expansion.

Webb
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How will we do this?

Retain: Primary Care Workforce Planning approach

- Utilise workforce dashboards, appointment activity and population health management approaches to analyse, forecast and plan workforce supply based on present and future demands.
- Offer all primary care practices a bespoke recruitment service to attract and recruit new staff.
- Work closely with practices in workforce and succession planning by providing tools, training and guidance on new ways of working and population health needs.
- Deliver a Primary Care Induction Programme to attract and retain professionals within primary care settings.
- Achieve a range of Workforce Retention Programmes to attract and retain primary care substantive roles into the system.
- Deliver an overseas international recruitment process to allow dental professionals to achieve their General Dental Council (GDC) certification number.
- Enable practices to achieve certification as a licensed sponsor, for the recruitment of international skilled professionals.
- Deliver a programme for emerging leaders and future change-makers by the promotion of partnership models to stabilise primary care services.
- Create a new pipeline of volunteers in primary care and provide a supported structure pathway for volunteers to join the workforce.

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How will we do this? Retain: Clinical Leadership approach

- Embedding a culture of collaborative and compassionate leadership to enable primary care workforce to do their best work which will lead to better patient care, experience and outcomes.
- Supporting primary care with future workforce succession-planning by creating or identifying opportunities for clinicians to develop leadership careers.
- Creating a flexible, supportive and trusting culture within primary care settings with a compelling and credible vision for the future.
- Providing clinicians with the opportunity to understand the breadth of available career options for inclusive talent management.
- Offer all newly-qualified GPs, newly-qualified nurses, nurses, foundation dentists and therapist, a Fellowship opportunity with an explicit focus on working across a primary care networks (PCN) and the integrated care board (ICB) to support our future system leaders.
- Supporting primary care leaders to a coach or mentor by supporting professional development through the sharing of knowledge, skills, insights and connections.
- To enhance the retention of healthcare professionals in the workforce by providing coaching that can help refine skills, foster leadership, and promote well-being.

Webb, Sarah
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How will we do this? Reform: System wide and based placed approach

- Ensure Equality, Diversity and Inclusion is embedded to improve the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to Norfolk and Waveney primary care services.
- We will provide equitable access to education, training and workforce programmes for all our people, ensuring clear communication about these opportunities. Additionally, we will continue to assist our people in maximising their skills by offering ongoing continued professional development (CPD) and learning through appropriate courses, shadowing experiences, coaching opportunities, and ongoing careers conversations to accelerate progression, improve retention and inspire people to come and work in Norfolk and Waveney.
- Raise the voice of rural and coastal communities, highlighting not only the challenges faced, but also capitalising on the unique benefits of a rural & coastal lifestyle for our primary care workforce.
- Develop a comprehensive health and wellbeing programme for primary care workforce, offering resources, tools, and information to support their physical, mental and emotional wellbeing. Ultimately this will enhance job satisfaction, work-life balance and the quality of care.
- Establish a network of dedicated Primary Care Network (PCN) Community Pharmacy Integration leads within N&W to facilitate seamless collaboration and communication among primary care providers, specialists, and community resources.
- Deliver an ICS Schwartz Rounds programme which will offer a safe and confidential group reflective practice forum for staff, that will help to combat isolation within primary care thus improving morale and increasing workforce retention.
- To raise the awareness of ICS organisational development programmes such as 'Restorative and Just Culture' and 'Civility and Respect', which will grow with the workplace, modelled by leaders.
- Supporting our primary care workforce teams with violence and prevention programmes as part of our commitment to support health and wellbeing, recognising the negative impact that poor staff health and wellbeing can have on patient care.

How will we do this? Reform: Development of systems approach

- Support staff throughout their careers, helping them stay in work through flexible working and improving culture, diversity, inclusion and leadership.
- Improve the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to N&W primary care services.
- Supporting PCNs to actively engage in promoting new roles and explore new ways of working that can support population health needs.
- Strengthen collaboration and communication among primary care providers, specialists, and community resources, thereby enhancing patient centred care, improving health outcomes, and optimising the healthcare delivery system.
- Working with system partners to provide a range of integrated health and wellbeing approaches that are accessible for all.
- Creating a safe and confidential group environment to enable reflective practice for staff, to combat isolation within primary care and improve morale and workforce retention.

Webb, Sarah
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How will we do this? Reform: Sustainability approach

- Maximising all national available funding opportunities to support primary care workforce retention programmes.
- Widening primary care access to system wide resources and agreement to support clinical professional education top slicing.
- Committed in working together to meet the targets outlined in the ICS 2022-2025 Green Plan, sharing best practice and innovation, and holding each other to account. Key areas of carbon emissions have been identified, and primary care is taking responsibility for planning and delivering programmes that will reduce emissions, improve efficiencies, and support the sustainable delivery of health services.
- Enabling access to primary care careers through apprenticeships levy transfers from system partners, where possible.

Webb, Sarah
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How will we do this?

Reform: Communication and Stakeholder engagement approach

- To access a 'one stop shop' digital platform for primary care colleagues. This platform will provide a library of services in the areas of "Train, Retain and Reform" for our workforce.
- To develop a range of external engagement campaigns for primary care, showcasing case studies and videos that can bring to life the plethora of roles within the system, as well as "selling" the Norfolk and Waveney lifestyle.
- Use a range of engagement approaches and tools to build strong relationships with primary care settings and evaluate the outcomes of workforce and retention programmes.
- Working with ICS to develop a range of public engagement campaigns, which "Support's Primary Care" services within our system.
- Deliver a range of communications to support cascading messages and brand identity, at all levels in organisations across the primary care sector, being ambassadors of our workforce programmes.
- Proactively engage with schools, colleagues, and higher education institutions to support workforce sustainability.

Webb, Sarah
09/09/2024 16:10:53

How will we do this? Reform: Digital Innovation approach

- Establishing robust learning packages to support the development of our workforce with new learning strategies to maximise the use of available resources. Using technology to support the development of learners by improving access to resources and appropriate IT infrastructure for all.
- To pilot new ways to increase access and use of the NHS app within Coastal Communities with a focus on supporting GPs & Community Pharmacies.
- To have a presence on social media across Norfolk and Waveney and to reach primary care staff showcasing workforce programmes and incentives.
- Utilise business intelligence platforms to support strategic workforce planning, education programmes and retention programmes
- Understand all primary care sector vacancy levels through Artificial intelligence software mapping across the system.
- Ensure there are enough people working in the NHS to support patients, through the procurement of innovative staff matching technology using digital solutions for deployment of sessional clinical capacity.

Webb, Sarah
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How will we do this? Reform: Development of systems approach

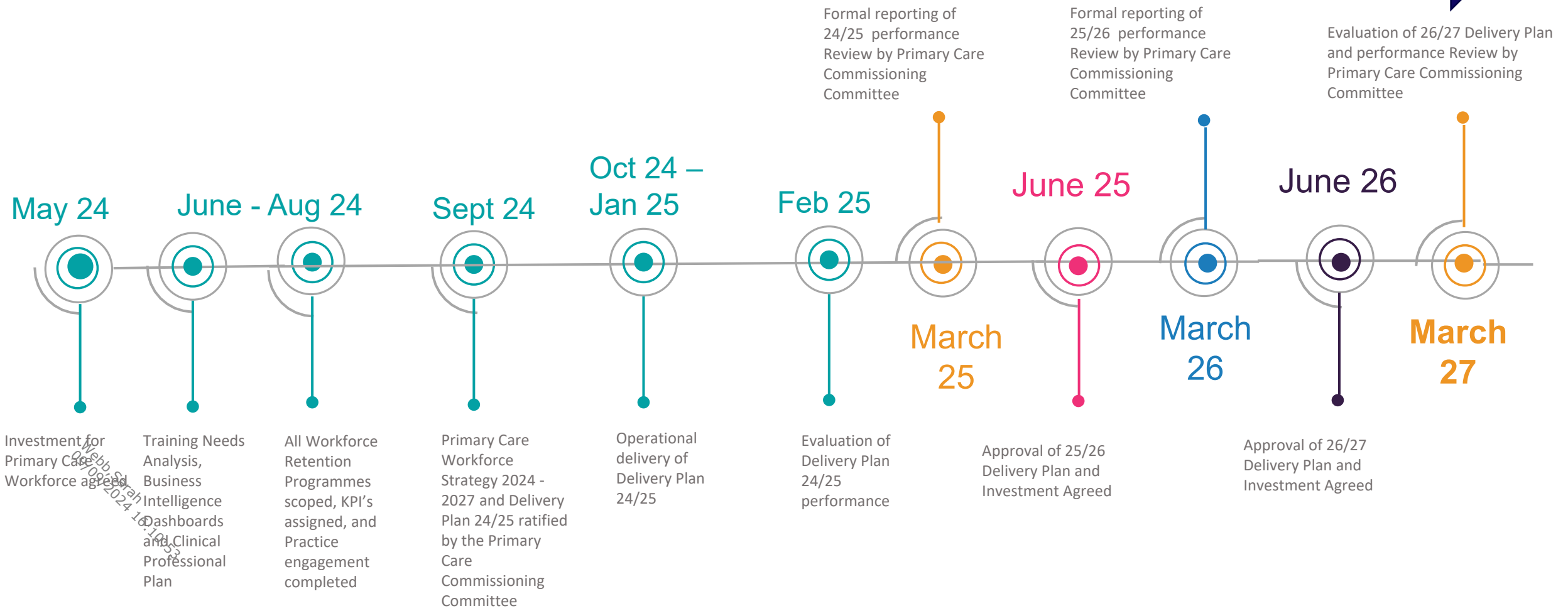
- By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture, diversity, inclusion and leadership.
- Improve the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to Norfolk and Waveney primary care services.
- Supporting Primary Care Networks to actively engaged in promoting new roles and how new ways of working in can support population health needs.
- Strengthen collaboration and communication among primary care providers, specialists, and community resources, thereby enhancing patient centred care, improving health outcomes, and optimising the healthcare delivery system.
- Provide a range of integrated health and wellbeing approaches that is accessible for all.
- Raise the voice of Rural and Coastal Communities as a whole, highlighting not only the challenges faced, but also capitalising on the unique benefits of a Rural & Coastal lifestyle for our primary care workforce.
- Supporting a safe and confidential group reflective practice for staff, to combat isolation within primary care and improve morale and workforce retention.

Webb, Sarah
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Strategic Timeline

Continuous improvement in "Train, Retain and Reform" for our Primary Care Workforce

Primary Care Workforce Strategy and Delivery Plan – Reviewed and Updated Annually



Executive overview of strategic timeline

24/25

- **System wide approach for primary care workforce programmes offerings** exploring consistency to education, workforce retention programmes the development of a student placement management system and clinical leadership.
- **Business Intelligence Modelling** for education, workforce supply, demand vs capacity, health and wellbeing, workforce profiling for Dental and Optometry and succession planning.
- **Increasing Learning Organisations and Educators** across the system to increase medical and dental placements.
- **Artificial intelligence** software mapping for vacancies across the system for primary care.
- **Expansion of the Coastal and Rural Communities programme** with the introduction of the Generalist Enhanced School, Volunteer to Career.
- **Introduction of Primary Care Optometry Workforce Retention Programmes** across the system.
- **Expansion of the Dental Workforce Programmes** across the system which includes national offerings.
- **Introduction of Norfolk and Waveney Primary Care workforce strategy** which defines our vision and pillars for delivery.

25/26

- **Equality, Diversity and Inclusion** within primary care for a consistent joined up offering clearly communicated.
- **Health and Wellbeing Offering** expanded to support all the sectors of primary care.
- **Career enhancing education** development of careers faculty, development of health and care academy.
- **Leveraging technology** increased use of technology in training and promotion of education, workforce support programmes and online teaching materials for student placements.
- **Development of systems** through flexible working models, culture, compassionate leadership and integration of neighbourhood teams at place.

26/27

- **Expansion of the use of Artificial Intelligence**, virtual health care and upskilling education in relation to the use of technology across the system.

Summary

- The Long-Term Workforce Plan, recognises the huge growth in workforce required to deliver health care going forward. This increase involves new ways of encouraging individuals into primary care through:
 - **Train:** significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
 - **Retain:** ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
 - **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.
- As part of the ICS Joint Forward Plan, "Ambition 2: Primary Care Resilience & Transformation", is critical to stabilise primary care services in line with our ICS strategic objectives for our population.

Webb Sarah
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Alignment to strategic plans

N&W's **Clinical strategy** sets out what public, patients, and staff should expect from the NHS: see me as a whole person, be one high quality resilient service, reduce waiting times and act early to improve health, be reliable and tackle health inequalities

Norfolk and Waveney **ICS Education Strategy** sets out how we will equip all with the right knowledge, skills and values to deliver outstanding, evidence based, person-centred care, now and in the future.

The Integrated Care Partnership promotes close collaboration of the health and care system, bringing together health & social care providers, local government, voluntary, community and social enterprise and other partners

Norfolk and Waveney ICS **Green Plan** sets out how we will focus on The areas focussing on carbon reduction include:

- Medicines, medical equipment, and other areas of the supply chain such as construction and freight, and food and catering.
- The carbon footprint from our buildings and materials.
- Personal travel (including patient and staff travel, as well as visitors).
- Commissioned health and care services

Norfolk and Waveney ICS **Health and Wellbeing Strategy** sets out how we will ensure healthy work environments and providing relevant and timely wellbeing support to our workforce to enable them to be as well at work as possible, to feel valued and have a sense of belonging.. This includes promoting and maintaining good physical and psychological wellbeing and supporting those who need additional help.

NHS Long Term Workplan 2023 identifies 3 priorities: train, retain and reform. Improve leavers rates by 15%, grow the number & proportion of NHS staff working in primary by 73% by '36/'37, Increase training placements by 50%

Norfolk and Waveney **Joint Forward Plan 2023-2028** identifies our ambition to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home.

Norfolk and Waveney ICS **Estates Strategy** sets out how the NHS estate across Norfolk and Waveney will be transformed to support new models of care, deliver better outcomes to patients, and provide best value for money.

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Alignment to Local Landscape

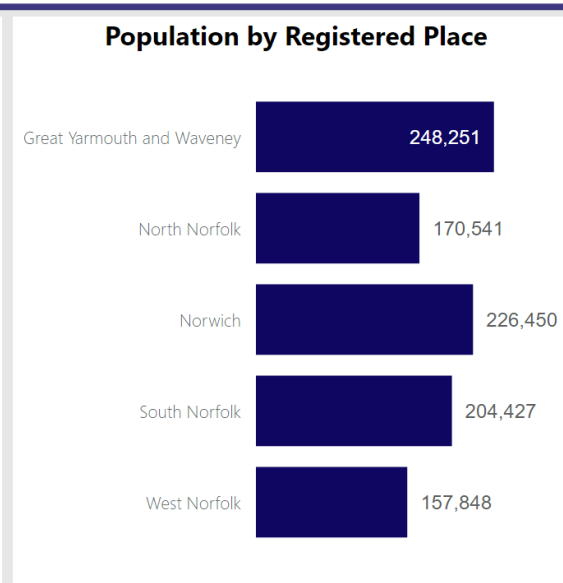
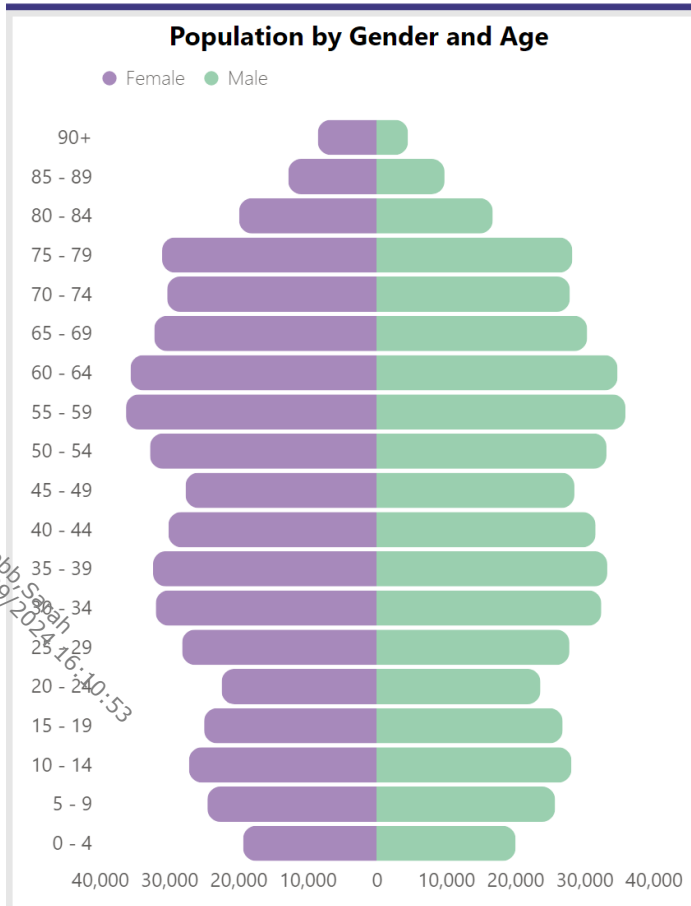
Source: ICB Population Insights Dashboard,
Date: 1/5/2024

Norfolk & Waveney Registered Population Explorer




Registered Population

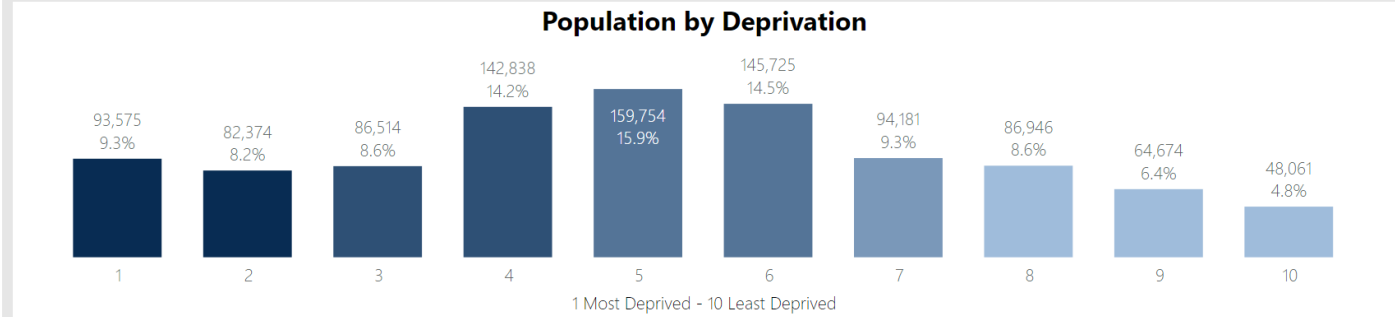
Registered Population 1,007,517	Female 506,940	Male 500,516	Child - 18 & Under 187,516	Adult - 19+ 820,001	BAME - 66.2% Populated 53,299	Core 20 175,949
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Community - MSOA | LSOA | Min Max



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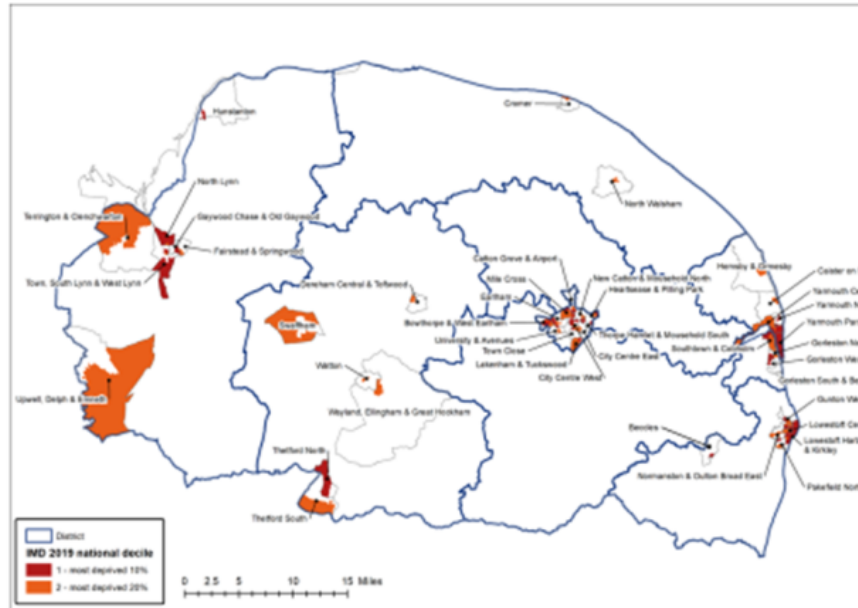
Alignment to Local Landscape (2)

- **Deprivation** - around 163,800 people live in areas that are among the 20% most deprived in England
- **Geography Coastal Areas Situation**
Norfolk and Waveney has over 100 miles of coastline, 171,000 people live in the higher deprivation coastal towns of Caister-on-Sea, Cromer, Gorleston, Great Yarmouth, Hemsby, Hunstanton and Lowestoft.
- In Norfolk and Waveney, the leading causes of death for males and females are:

Heart disease

- Dementia
- Stroke
- Lung cancer

Deprivation & Wider Determinants of Health



There are 42 communities across Norfolk and Waveney where some or all the population live in the 20% most deprived areas in England. However, none of these communities are in Broadland or South Norfolk.

Approximately 40% of the populations of Great Yarmouth and Norwich live in the most deprived 20% of areas in England compared to 16% for Norfolk and Waveney as a whole.

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	2,500	12,300	126,500	14,700
Broadland	0	0	131,900	0
Great Yarmouth	26,900	12,800	59,500	39,700
KLWN	12,100	11,200	127,900	23,300
North Norfolk	0	2,800	102,400	2,800
Norwich	27,400	28,100	86,700	55,500
South Norfolk	0	0	143,100	0
Waveney	16,000	11,800	90,700	27,900
Norfolk and Waveney	84,900	78,900	868,800	163,800
England	5,603,900	5,697,200	45,249,000	11,301,100

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	1.7%	8.7%	89.6%	10.4%
Broadland	0.0%	0.0%	100.0%	0.0%
Great Yarmouth	27.1%	12.9%	60.0%	40.0%
KLWN	8.0%	7.4%	84.6%	15.4%
North Norfolk	0.0%	2.6%	97.4%	2.6%
Norwich	19.3%	19.7%	61.0%	39.0%
South Norfolk	0.0%	0.0%	100.0%	0.0%
Waveney	13.5%	10.0%	76.5%	23.5%
Norfolk and Waveney	8.2%	7.6%	84.1%	15.9%
England	9.9%	10.1%	80.0%	20.0%

Agenda item: 09

Subject:	Bank Holiday Commissioning Christmas 2024
Presented by:	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry
Prepared by:	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To build on the report brought to the Committee in September 2023 and to seek approval for the expenditure of £30,000 to commission the opening of Community Pharmacies for the Christmas and New Year period 2024/2025 to support ICB winter resilience plans.

Executive Summary:

Community Pharmacy regulations do not require pharmacy contractors to provide pharmaceutical services on public holidays.

In the past, the ICB (and previously NHS England) relied on the goodwill of Community Pharmacies to open on Bank and Public Holidays but, due to financial viability issues of pharmacy contractors, this is no longer a reliable option.

This approach could leave significant gaps in provision and affect access to pharmaceutical services for our local population, plus adding additional pressure onto out of hour providers and urgent and emergency care departments.

It is to be noted that in relation to Christmas and Easter Sunday, regardless of any ICB financial position, the pharmacy regulations require the ICB to ensure there is “reasonable/adequate” cover for people to access pharmaceutical services on these days. We would need to commission some form of service on these days as a minimum.

Through the ICBs commissioning of pharmacy bank holiday provision throughout 2023 and 2024 the ICB can provide evidence of the number of patients accessing these services on these days and in turn confirming the need for future commissioning.

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Background

A report brought to PCCC in September 2023 (which can be referenced below) highlighted the ICBs intended approach to the commissioning of pharmaceutical bank holiday services and sought approval to commission bank holidays up to and including August 2024.

In this report the ICB advised of its intentions to continue this commissioning of this service on a recurrent basis. However, the finances needed to support this had to be explored.

Norfolk and Waveney have been able to secure a further £30,000 in funding to enable the commissioning of 10 pharmacies to provide pharmaceutical services over winter 2024 on Christmas Day, Boxing Day and New Year's Day 2025. We continue to explore options to enable us to support this commissioning on a more long-term agreement, but currently this is not an option available to us.

The format of commissioning will remain the same with the pharmacies being selected through an expression of interest process which will remain in line with the current Provider Select Regime (PSR) regulations. The selected pharmacies will be commissioned to be open for a four-hour period over the course of the day with the selection process ensuring that we have good geographical coverage and patient accessibility across the whole of the Norfolk and Waveney ICB footprint.

Activity figures

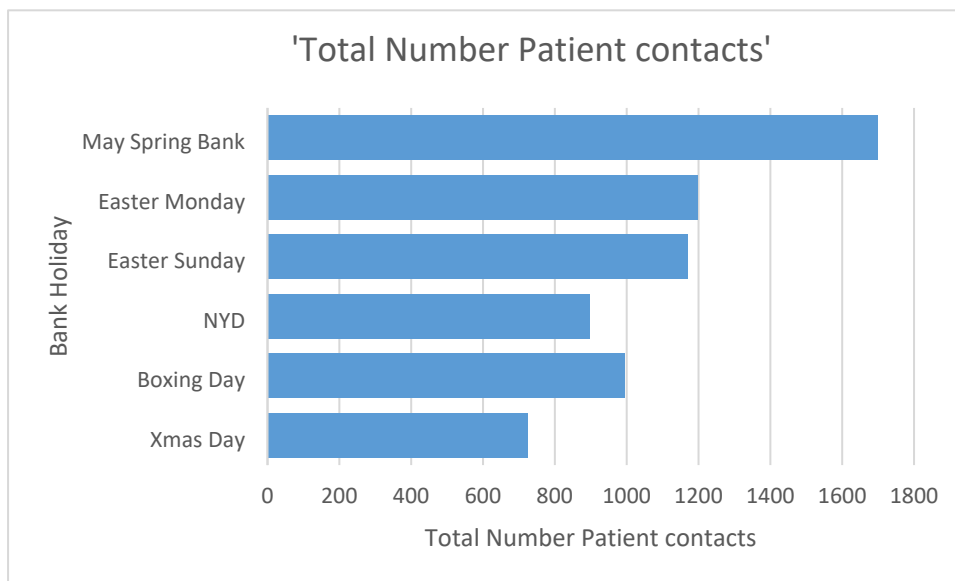
Due to the commissioning of pharmaceutical services over the bank holidays we have been able to gather activity data on not only the type of activities that occur during these days, but importantly the number of patient contacts that occur during those days.

To date we have managed to secure data on six bank holidays over the course of 2023 and 2024 as shown below. Since the introduction of the Pharmacy First service in February 2024, where not only can pharmacists assess minor ailments and supply emergency medication, but they can triage and potentially prescribe medication for seven common conditions, we have seen almost a 100% increase in the number of contacts happening over the course of the day.

The May Spring Bank holiday, 1699 patients contacted the pharmacy in some form, either in person or over the phone. This is potentially 1699 patients that have not had to access NHS 111 or present at our A&E departments for their healthcare needs. As we continue to work with our partners on the Pharmacy First service, we would expect the numbers of patients not only themselves presenting at the pharmacy but also being referred from NHS 111 to be assessed under this pathway, to naturally increase.

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It is to be noted that this activity data is only from our 10 commissioned pharmacies and does not include activity from any pharmacies that voluntarily open on these days so the 'actual' figures will be significantly higher than these reported.



Finance

Cost will remain consistent to regional East of England remuneration at £1,000 per 4-hour session.


The funding has already gained approval through the NHS England triple lock process on 30th August 2024.

We continue to explore funding options to be able to provide coverage on all bank holidays in the 2024/2025 and 2025/2026 financial years on a recurrent basis.

Recommendation to Primary Care Commissioning Committee:

- To agree funding of £30,000 to enable the ICB to commission ten community pharmacies to provide pharmaceutical services on Christmas Day, Boxing Day and New Year's Day in Norfolk and Waveney to ensure patient accessibility across the ICB footprint.
- To acknowledge the aspiration of the ICB is to provide coverage on all public bank holidays on a recurrent basis and that other funding options continue to be explored to accommodate this.

Webb, Sarah
09/09/2024 16:10:53

Key Risks	
Clinical and Quality:	Failure to provide a minimum level of access to community pharmacy will increase the risk of individuals not being able to pick up prescriptions or access services or receive advice from a pharmacist.
Finance and Performance:	Funding is available to commission services for winter 24/25 but the ICB continues to explore financial options to ensure that all public holidays are commissions on a recurrent basis
Impact Assessment (environmental and equalities):	A wide geographical spread of community pharmacies open over bank and public holidays will reduce health inequalities
Reputation:	Failure to provide bank and public holiday opening impact the ICB's reputation if insufficient community pharmacy opening is available for patients and members of the public to access services
Legal:	In relation to Christmas and Easter Sunday, regardless of any ICB financial position, the pharmacy regulations require the ICB to ensure there is "reasonable/adequate" cover for people to access pharmaceutical services on these days.
Information Governance:	N/A
Resource Required:	Pharmacy Primary care commissioning team N&W ICB contracting team
Reference document(s):	 Paper%20PCCC%20-%20Commissioned%;
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest.
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care.

Governance

Process/Committee approval with date(s) (as appropriate)	Triple lock approval 30/8/24 Prioritisation approval 05/03/2024 ref P&CPE05
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Webb Sarah
09/09/2024 16:10:53

Agenda item: XX

Subject:	Commissioning Community Pharmacies to open on Bank and Public Holidays
Presented by:	Catherine Hedges, Primary Care Commissioning Manager Sharon Gardner, Community Pharmacy Clinical Lead
Prepared by:	Catherine Hedges Primary Care Commissioning Manager Sharon Gardner Community Pharmacy Clinical Lead
Submitted to:	Primary Care Commissioning Committee
Date:	12 September 2023

Purpose of paper:

To seek approval for funding of £40,000 to extend commissioned opening of Community Pharmacies for Christmas and New Year period 2023/2024 to support ICB winter resilience plans. Our aim is to commission services across all Bank and Public Holidays subject to funding up to £80k being available for 2024/2025.

The proposal is to extend from the current two days where historically services were only commissioned to operate on Easter Sunday and Christmas Day. This funding would support the resilience of participating Community Pharmacies and allows them to open on Bank Holidays when it would otherwise not be financially viable. By commissioning Bank Holiday opening of Community Pharmacies, the ICB will ensure a minimum level of service provision which meets the needs of our local population.

Executive Summary:

The proposal is to commission Community Pharmacies to open over the Christmas and New Year with the aim of commissioning services to cover all Bank Holidays and Easter Sunday should funding be available. Previously, Community Pharmacy have opened on bank holidays on a voluntary basis only in addition to the current two days commissioned services for Easter Sunday and Christmas Day. The aim of this commissioning is to ensure our patients, members of the local population and visitors have access to Community Pharmacy services on Bank and Public Holidays.

Community Pharmacies advise they are struggling to remain financially viable nationally and seven of our Community Pharmacies here in Norfolk and Waveney have already closed since 1st April 2023. The challenges were highlighted in a

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recent report to Norfolk's Health Overview and Scrutiny Committee in May 2023 and in ICB reports around the transition of services to the ICB under the Delegation Agreement.

In the past, the ICB (and previously NHS England) relied on the goodwill of Community Pharmacies to open on Bank and Public Holidays but due to financial viability issues this is no longer a reliable option on Bank Holidays. There is a risk that where Community Pharmacies that have initially agreed to open they will decide to close with no notice leaving significant gaps in provision and affecting access for our local population. The funding will support the resilience of these Community Pharmacies and allow them to open and provide essential services on Bank and Public Holidays when it would otherwise not be a viable option.

The proposed costs involved are £1000 per Bank Holiday for each Community Pharmacy to be commissioned to open for four hours. The total cost to provide coverage on all 8 Bank and Public holidays will be £80,000 per year. This paper seeks approval for £40k to cover Christmas and New Year 2023/2024 and Easter Sunday 2024.

The risk of not commissioning Community Pharmacies to open is that our patients will not have access to local Community Pharmacies on Bank Holidays. This will impact other service providers such as Out of Hours services and secondary care including accident and emergency departments of our local hospitals.

Report

Community Pharmacies in Norfolk and Waveney have advised the ICB that they are facing significant challenges to maintain financial viability. This is demonstrated by the number of Community Pharmacies which have already closed since 1st April 2023, this number is currently 7 and is expected to rise further. The current financial issues are compounded by workforce challenges such as recruitment and retention.

Historically, the ICB (and previously NHS England) relied on the goodwill of Community Pharmacies to open on Bank Holidays but due to the current financial viability issues and recruitment challenges this is no longer a reliable option on Bank and Public Holidays. It is to be noted 5 of the 7 pharmacies that have closed were of a supermarket format and as they would normally match the hours of the store, would be open on such days.

There is also evidence that Community Pharmacies initially say they will be open and then decide to close at very short notice meaning that Norfolk and Waveney are left with an inadequate number of pharmacies actually open on Bank Holidays to meet the local population need.

The proposal is to extend the commissioning of Community Pharmacies to open from the current two days for Easter Sunday and Christmas Day, to cover Bank Holidays over the Christmas and New Year holiday period. Christmas Day and Easter Sunday have already been commissioned to open, coverage has historically been adequate, but it is increasingly difficult to obtain coverage on these days.

Ensuring an adequate number of community pharmacies are open will support winter resilience across the system.

Geographical location of services

It is proposed that ten community pharmacies would be the very minimum number required to provide skeletal coverage across the ICB area. This number is higher than the six Community Pharmacies suggested by the regional pharmacy contracting team which used the number and location of Covid vaccination sites to determine access needs. However, Norfolk and Waveney's Covid Vaccination sites were decided in a unique way to the other ICBs and therefore this does not provide a good basis for the number of Community Pharmacies required here in Norfolk and Waveney.

The Primary Care team has therefore carefully considered the minimum number of Community Pharmacies required and held detailed discussions with the Local Pharmacy Committee to ensure a minimum level of provision which is best suited to our local population. Based on the local needs of our Norfolk and Waveney population, it is proposed that ten Community Pharmacies would meet the minimum population needs. The proposal carefully considers factors including but not limited to travel time, population density, rurality, out of hours bases, geographical coverage, access and addressing inequalities by including areas of deprivation.

Finance

Cost will remain consistent to regional East of England costs at £1,000 per 4-hour session. This gives a total cost for Bank Holiday Commissioning of £80,000 per year for the ICB.

The ICB's Finance team have confirmed that current funding allows for the provision for 10 pharmacies to be commissioned on 4 bank holidays. Our current priorities for coverage would be Christmas Day, Boxing Day, News Year's Day, and Easter Sunday.

We are currently exploring funding options to be able to provide coverage on all 8 bank holidays in 2024/2025.

The approach being taken is consistent to that being taken by the five ICBs in the East of England which are also going through their own governance processes to extend commissioning to all Bank Holidays and Easter Sunday.

Selection of Community Pharmacies

The process for selecting the Community Pharmacies to be commissioned will be based on an Expressions of Interest which will be sent out to all Community Pharmacies. The LPC (Local Pharmaceutical Committee) will work with the ICB to ensure the EOI (Expression of Interest) form contains the questions required to select the most suitable community pharmacies such as a range of opening hours and the services they offer, to ensure stock and supply of palliative care and oral antiviral medication, participation in the 111 Community Pharmacist Consultation Service and supply of

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emergency contraception for example, alongside geographic location and a mixture of independent and multiple community pharmacies. Contractor intentions will be mapped and coverage assessed for each bank and public holiday to ensure minimum level of coverage for each day.

Risks

The risk of not commissioning Community Pharmacies to open is that the local population will not have access to community pharmacy Services on Bank and Public Holidays. The impact of either no or minimal pharmacy services on these days is likely to be;

- Delayed treatment for our vulnerable patients requiring oral antiviral for the treatment of covid. This treatment MUST be given within 5 days from start of symptoms so any delays could be critical for the patient. If no pharmacies were open, then a method of allowing IC24 to hold and the supply the medication would need to be developed
- Difficulty in access to end-of-life medication which is currently stocked by selected pharmacy to ensure continuity of supply at all times.
- No ability to reduce capacity from 111 and out of hour services for the provision of emergency hormonal contraception (EHC). The accessibility of being able to get this through community pharmacy will stop the majority of request for this through the out of hour providers but if this service is not available the only option patients will have is to contact 111. If no pharmacies are open, then again there would be a supply issue and a pathway for who would stock this in the absence of any pharmacy provision would have to be developed.
- No ability for 111 to refer minor ailments or urgent supply request through the Community Pharmacy Consultation Service (CPCS.). All this workload would then have to be absorbed by the Out of hour providers including the Walk in Centre and potentially secondary care.

Data shows us that in the months of the bank holidays there are peaks in demand particular with the urgent supply element of CPCS (patients without prescribed medication) where numbers can double from standard months.

CPCS Month	Minor injury referral	Urgent supply Referral	Total
Dec 22 (2 BH plus xmas day)	397	490	887
Jan 23 (1 BH plus 1st)	314	339	653
April 23 (2 BH plus easter Sunday)	256	688	944
May 23 (3 BH)	293	654	947

- No access to the locally commissioned urgent supply scheme which allows pharmacies to provide emergency Prescription only medicine to patients without a prescription where clinically appropriate. This prevents attendance at the out of hour providers plus the walk in Centre and help support capacity reduction in these areas.

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Data also shows that we see peaks in the use of this service in any of the months which have public bank holidays within them.

Also due to ease of access to a community pharmacy we must factor in the large number of patients that pharmacists see over the counter for minor ailments. If a pharmacy is not open, then it is highly likely the patient will try to enter the system using the 111 route which will add additional pressure at times when the volume of traffic will already be maximized. This could also put additional pressure on secondary care through our accident and emergency departments which again are an accessible part of our health care system where no appointment is required.

Next steps

Subject to approval, the ICB will request Expressions of Interest from Community Pharmacy with the aim of securing a geographical spread of locations to cover the Christmas and New Year period 2023/2024 and Easter Sunday.

Recommendation to Primary Care Commissioning Committee:

- To agree funding of £40,000 to enable the ICB to commission ten community pharmacies to open on Christmas Day, Boxing Day, New Year's Day and Easter Sunday in Norfolk and Waveney to ensure minimum level of coverage.
- To acknowledge that the aspiration of the ICB is to provide coverage on all 8 public bank holidays and that other funding options are being explored to accommodate this

Key Risks	
Clinical and Quality:	Failure to provide a minimum level of access to community pharmacy will increase the risk of individuals not being able to pick up prescriptions or access services or receive advice from a Pharmacist
Finance and Performance:	Funding is available to commission services for 4 days however commissioning services to cover all 8 bank holiday would be a financial cost pressure for the ICB
Impact Assessment (environmental and equalities):	A wide geographical spread of community pharmacies open over bank and public holidays will reduce health inequalities
Reputation:	Failure to provide bank and public holiday opening impact the ICB's reputation if insufficient community pharmacy opening is available for patients and members of the public to access services
Legal:	
Information Governance:	N/A
Resource Required:	Primary Care Commissioning team
Reference document(s):	NHS England Pharmacy Manual

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NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.
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Agenda item: 10

Subject:	Pharmaceutical Needs Assessment
Presented by:	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry
Prepared by:	Sharon Gardner, Head of Primary Care Commissioning, Pharmacy and Optometry Gregg Syder, Primary Commissioning Manager, Pharmacy and Optometry
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

The purpose of this paper is to

- Provide the committee with the background of the Pharmaceutical Needs Assessment (PNA).
- Provide the committee with the information pertinent to the expected 2025 PNA in Norfolk and Waveney.
- Inform the committee of the ICB representation on the Norfolk and Suffolk PNA steering groups for the 2025 PNA.

Executive Summary:

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population. Health and Wellbeing Boards have a legal duty to produce, consult on and publish a PNA for their area.

Norfolk Health and Wellbeing Board have a statutory duty to publish a Pharmaceutical Needs Assessment (PNA) at least every 3 years, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. This is undertaken using a nationally defined set of criteria.

The PNA will become the basis for the regional Pharmaceutical Services Regulatory Committee (PSRC) to make determinations on pharmaceutical applications, it is therefore essential that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final PNA cannot be appealed.

Background

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment', the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.

. In summary the 2013 regulations

- define what is meant by pharmaceutical services (regulation 3),
- set out the minimum information requirements for a pharmaceutical needs assessment (regulation 4 and Schedule 1),
- confirm when the next pharmaceutical needs assessment is to be published, or where a new health and wellbeing board comes into being when it is required to publish its first pharmaceutical needs assessment (regulations 5 and 6), 1 NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- set out the circumstances where a health and wellbeing board may need to produce a new pharmaceutical needs assessment sooner than the usual three yearly cycle, or when a supplementary statement may/must be published (regulation 6),
- set out the minimum consultation process that each health and wellbeing board is required to undertake during the development of its pharmaceutical needs assessment (regulation 8), and
- set out specific matters that the health and wellbeing board must consider when drafting its pharmaceutical needs assessment (regulation 9)

In addition, a pharmaceutical needs assessment that does not meet the requirements of the 2013 regulations, or is poorly worded, may lead to:

- an increase in applications for premises that are not required,
- applications being granted when they should be refused, and vice versa,
- applications for new pharmacy premises being granted but which do not meet the local authority's strategic plans, and
- an increase in the number of appeals against decisions made by NHS England and NHS Improvement

The current PNA for Norfolk was published in October 2022 (which was a nationally agreed delay due to covid) and therefore a new PNA is expected to be published in October 2025. Work is already underway establishing the steering group and workflow.

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The current PNA for Suffolk was published in September 2022 with a revised publication date of September 2025. The current process has already begun within Suffolk with the initial steering group meeting having taken place on the 9th August.

Soar Beyond were commissioned to support the project management and production of the last Norfolk PNA and have also been commissioned by both Norfolk and Suffolk County Councils to conduct the PNA process for 2025 due to their extensive experience.

The production of a PNA is a complex process, requiring knowledge and skills from numerous stakeholders. To ensure the revised PNA is robust the Health and Wellbeing Board will draw upon stakeholders with local knowledge and expertise relevant to services and health needs of Norfolk with the production of a Steering group.

The recommended representation for a steering group is.

- 1) Nominated public health lead.
- 2) Consultant in Public Health
- 3) The Local Pharmaceutical Committee
- 4) The Local Medical Committee if there are dispensing practices in the area.
- 5) Healthwatch
- 6) Integrated Care Board Contract Manager Lead
- 7) Integrated Care Board Pharmacy and Medicines Optimisation Lead

It should be noted that the PNA for Norfolk only covers those practices and localities in Norfolk and does not include Waveney. These will be covered in the Suffolk PNA.

Norfolk and Waveney ICB have representation on both Norfolk and Suffolk County council PNA steering groups for 2025.

Overview of Process

There are eight key stages to developing a PNA:

- 1) Governance- it is imperative that sufficient resources, both human and financial, are identified and that there is board level support for the development of the document.
- 2) Gathering of health and demographic data- as well as data already held by public health other information from departments such as highways and planning teams should be sought for information on known housing developments, regeneration projects or transport developments that are current or will occur within the lifetime of the PNA.
- 3) Public and contractor engagement- although it is not in the regulations it is strongly recommended that the views of the public are gathered. It will also be necessary to gather information from those who are providing services that are not otherwise in the public domain.
- 4) Pharmaceutical Services Information- much of this information can be gathered from the NHS business services authority (NHSBSA)
- 5) Analysis and Drafting

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- 6) Review and sign off- Once the analysis and drafting is complete the steering group will then need to review the document, identify any gaps in provision that either currently exist or will arise within the three-year lifetime of the document and articulate these as needs for, or improvements or better access to, a pharmaceutical service or services
- 7) Consultation- The HWB must consult with certain organisations about the contents of the pharmaceutical needs assessment at least once, and that consultation must run for a minimum period of 60 days.
- 8) Review, sign-off and publication- Once the document is finalised it will then need to be signed-off by the relevant committee or the health and wellbeing board and published.

Information that needs to be contained within a PNA

In summary the regulations require a series of statements of:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services.
- the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service.
- the pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access.
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

Other information that is to be included or considered is:

- how the health and wellbeing board has determined the localities in its area.
- how it has considered the different needs of the different localities, and the different needs of those who share a protected characteristic.
- a report on the consultation.
- a map that identifies the premises at which pharmaceutical services are provided.
- information on the demography of the area.
- whether there is sufficient choice with regard to obtaining pharmaceutical services.
- any different needs of the different localities; and
- the provision of pharmaceutical services in neighbouring health and wellbeing board areas.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications.

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The regulations require pharmaceutical needs assessments to include statements of the pharmaceutical services that the health and wellbeing board has identified that are not provided within its area but which the board is satisfied:

- need to be provided in order to meet a current need,
- will need to be provided in specified circumstances in order to meet a future need,
- would, if they were provided, secure improvements or better access, or
- would, if they were provided in specified future circumstances, secure future improvements or better access.

The needs, improvements or better access could be for a particular service or for a range of services.

Where the health and wellbeing board does not identify any needs for, or improvements or better access to, pharmaceutical services within the pharmaceutical needs assessment the only types of application for new premises that could be submitted are those offering unforeseen benefits or for distance selling premises.

Supplementary Statements

The health and wellbeing board will also need to put in place a system which allows it to identify any changes to the availability of pharmaceutical services and then determine whether it needs to issue a supplementary statement.

A supplementary statement is to be published to explain changes to the availability of pharmaceutical services where:

- (a) the changes are relevant to the granting of an application or applications for inclusion in the pharmaceutical list for the area of the health and wellbeing board's area; and
- (b) the health and wellbeing board is satisfied that producing a new pharmaceutical needs assessment would be a disproportionate response to those changes or it is already producing its next pharmaceutical needs assessment but is satisfied that it needs to immediately modify the existing document to prevent significant detriment to the provision of pharmaceutical service

Supplementary statements are statements of fact; they do not make any assessment of the impact the change may have on the need for pharmaceutical services.

Once published the supplementary statement becomes part of the pharmaceutical needs assessment and will therefore be referred to by NHS England and NHS Improvement when it determines applications for inclusion in a pharmaceutical list. It will also be referred to by NHS Resolution when it determines an appeal.

Norfolk Pharmacies and Services

The landscape of pharmacy in Norfolk and Waveney has undergone significant change since 2022 with the permanent closure of eight pharmacies since April 2023. Many current owners are still raising financial viability issues due to a real terms decrease of more than 30% in national funding which could see this figure increase in the next year.

There have been multiple changes of ownership and alongside this there have been three new Distance selling Pharmacies opening noting that the application process for this type of contract does not have the same regulations linked to the PNA as for that of the bricks and mortar pharmacies as they are an online business which should cater for anyone across the whole of the UK.

It must be noted that a pharmacy is not a service, so if a gap or need is recommended the PNA would need to set out the services that are required, at what times and on what days. It is not as simple as just stating that we need a pharmacy in a set location.

It is important to consider all services including those that are nationally and locally commissioned. The services that pharmacies provide are subject to national negotiation, and it is therefore possible that during the lifetime of the pharmaceutical needs assessment new essential or advanced services will be rolled out. It is not possible for the health and wellbeing board to foresee what new advanced services may be launched (any new essential services would have to be provided by all pharmacies), so this would be something to consider as part of the ongoing duties with regard to producing new pharmaceutical needs assessments and/or publishing supplementary statements.

However, in terms of locally commissioned services as it may be possible to foresee future commissioning intentions, then consideration would need to be taken when highlighting services that may be coming to an end during the term of the PNA.

When identifying gaps and opportunity for better access the below should be considered

- 1) identifying the gaps in current provision
- 2) Current geographical gaps in the location of premises
- 3) Current geographical gaps in the provision of services
- 4) Current gaps in the times at which, or days on which, services are provided.
- 5) Current need must be articulated.
- 6) Must be able to articulate current improvements and/or better access.
- 7) Identify gaps in the future provision.
- 8) Must be able to articulate future needs, improvement or better access.

Due to the current landscape in Norfolk, there could be a possibility that the 2025 PNA could articulate gaps in provision. The PNA should not only be used for the contractual application process, but it will be important for the ICB on publication of the PNA to review the gaps presented as these could form commissioning intentions for the future.

Recommendation to the Board:

Note the PNA process and the ICB's involvement in the production of both these documentations for Norfolk and Suffolk HWB in line with the pharmacy regulations.

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Key Risks	
Clinical and Quality:	If the PNA does not reflect the current landscape, there may be a risk of potential failure to provide a minimum level of pharmaceutical services to the population will increase the risk of individuals not being able to pick up prescriptions or access services
Finance and Performance:	No funding from the ICB is required for the completion of this process
Impact Assessment (environmental and equalities):	This is a key stage within the production of the PNA where health and demographic data is gathered as part of the decision-making process
Reputation:	PNA that does not meet the requirements could lead to incorrect decision being made regarding the future commissioning of Pharmacy contracts and future services that possibly don't meet the required need of the population causing unnecessary patient concerns.
Legal:	Mandatory requirement for the HWB
Information Governance:	No risk identified
Resource Required:	Member of the commissioning team and member of the medicines optimisation team to be present and part of the steering group
Reference document(s):	Pharmaceutical needs assessments: information pack - GOV.UK (www.gov.uk)
NHS Constitution:	The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk) The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (legislation.gov.uk) Section 128A of the NHS Act 2006
Conflicts of Interest:	COI registered as part of the steering group process
Reference to relevant risk on the Board Assurance Framework	Resilience of General practice

Governance

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Process/Committee approval with date(s) (as appropriate)	
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Agenda item: 11

Subject:	GP Patient Survey Results 2024
Presented by:	Shepherd Ncube, Associate Director of Primary Care Commissioning
Prepared by:	Fiona Theadom, Head of GP and Dental Services Sharon Gardener, Head of Pharmacy and Optometry Debbie Ebenezer, GP Senior Commissioning Manager
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

- The purpose of this paper is to provide an overview of results for the GP Patient Survey and to benchmark Norfolk & Waveney ICS against national results, while also comparing results within the ICS.
- To also acknowledge the link between findings from the GP Patient Survey and the Delivery plan for recovering access to primary care.
- To outline next steps planned for approval

Executive Summary:

This paper provides an overview of the purpose of the GP Patient Survey and the metrics used across England to draw comparisons between practices and PCN areas. The paper summarises the key performance results for Norfolk and Waveney practices comparing the ICS performance with the national average. At an ICS level Norfolk & Waveney benchmark well nationally for general practice, with the majority of indicators reporting better and a few the same as the national average while none are worse than the national average. This year also provides some limited patient feedback on pharmacy and dental services. The later part of the paper describes some recommendations on taking the results forward.

Report

10 Background

The GP Patient Survey (GPPS) is an annual survey about patient experience of their GP practice and is administered by Ipsos on behalf of NHS England. The survey

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provides data at practice level using a consistent methodology, which means it is comparable across organisations. The survey also provides data at PCN, ICS and national level.

The latest survey consisted of around 2.56 million questionnaires sent out to patients aged 16 or over registered with GP practices in England, from 2 January to 25 March 2024. 699,790 patients completed and returned a questionnaire, resulting in a national response rate of 27.3%¹. In Norfolk and Waveney, 31,035 questionnaires were sent out and 11,800 returned, a response rate of 38%.

The publication of the 2024 survey results is the start of a new time series for GPPS. This means that trend data for previous years of the survey is not presented alongside the 2024 results, as it would normally be. The 2024 results are not comparable with previous years because of significant changes which have been made to the survey.

A copy of the Norfolk and Waveney ICS survey outcomes is attached as Appendix A.

2.0 Headlines:

Nationally, the results show the proportion of patients who reported that they had a good overall experience as follows (see Image 1 below):

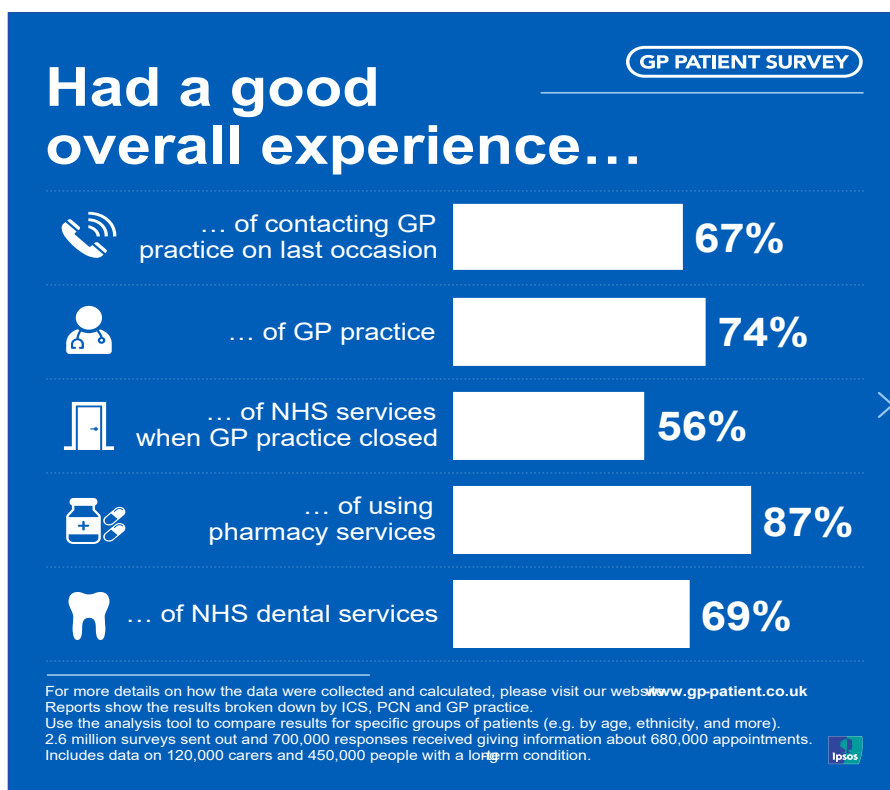


Image 1: GPPS National Results 2024

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¹ [Statistics](https://www.statistics.gov.uk) » [GP Patient Survey 2024 \(england.nhs.uk\)](https://www.gp-patient.co.uk)

In Norfolk and Waveney (N&W), the overall experience of GP practices is higher than the national average at 77%, fewer people also described their experience as poor (11% locally vs 13% nationally).

ICS results across the region vary and are shown below (see Image 2):

Overall experience: how the ICS results vary within the region

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?

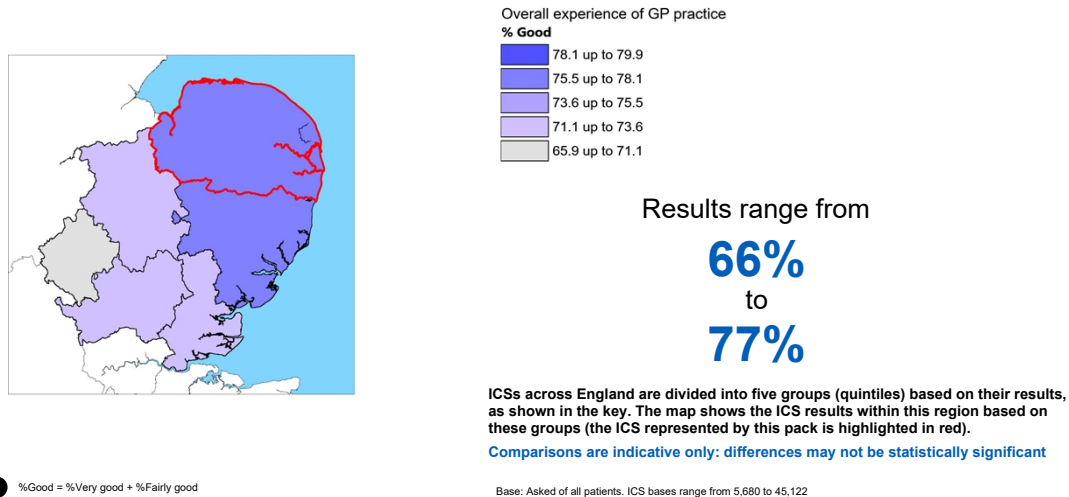


Image 2: GPPS N&W Results 2024 – Overall experience

Please note that Norwich North PCN has been referred to within the results published for N&W ICS but this is an error as the PCN was not live before 1st April 2024 and the data should be included in Norwich PCN. This has been raised with Ipsos, however the report will not be changed.

3.0 GPPS 2024 N&W ICS Results

3.1 General Practice Services

3.1.1 Overall Experience - Q32. Overall, how would you describe your experience of your GP practice?

Practice responses ranged from 48% to 96%, and at PCN level the range is between 66% (Breckland PCN, Gorleston PCN) and 87% (West Norfolk Coastal PCN). Four PCNs were below the national average of 74%, and 25 practices were below the national average.

Compared with last year's results for this survey question, results for N&W ICS have improved from 75% in 2023.

3.1.2 Access - Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?

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The ICS performed better than the national average with 55% of patients stating it was easy (compared to 50% nationally). The PCN range was between 37% to 73%. This lower end of the range has seen a gradual improvement since 2022 (lowest PCN was at 25%; 2023 lowest PCN was reporting 30%). Practice responses range from 14% - 96%. 33 practices reported less than 50% of patients stating it was easy to contact them by phone.

We are aware that number of practices were either in the process of moving to a Cloud Based Telephony system or had recently implemented one as part of the move to Modern General Practice Access Model which could have impacted on the survey results. We are triangulating these results with CBT implementation and GPIIP engagement in order to understand what additional support is needed.

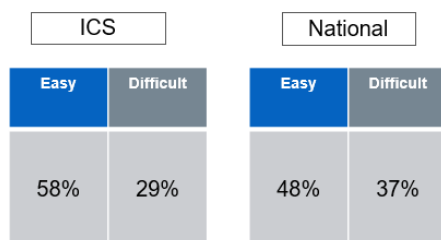
3.1.3 Access – Q2. & Q3. Generally, how easy or difficult is it to contact your GP practice using their website/ the NHS App?

For both accessing practices through their website and the NHS App, N&W ICS patients reported that above the national averages (see Image 3 below):

Website:

NHS App:

Comparison of results



Comparison of results

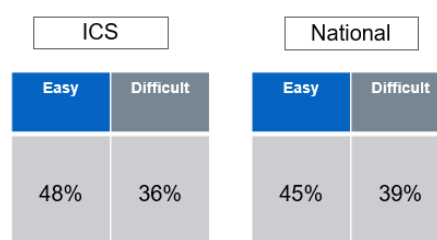


Image 3: GPPS N&W Results 2024 Vs National Results – Website & NHS App Usage

The range of responses at a practice level regarding access via the website was significant with one practice reported at 9%, while the highest % was at 94%.

Q10 (“Still thinking about the last time you contacted your GP practice, how did you try to contact them?”) ties in with Q2 and highlights that N&W ICS reported higher than the national average for patients reporting trying to contact their practice online using the practice website (N&W ICS: 19%; National: 11%).

Q3 regarding the NHS App saw a range of 15% reporting it was easy to 94%.

3.1.4 Access – Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

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72% of practices in Norfolk & Waveney ICS received a higher “good” response than the national average (more than 67% of patients responding that their experience was good).

The majority of PCNs in Norfolk & Waveney were above the national average of 67%, except for three PCNs (Breckland Surgeries, Gorleston and Ketts Oak PCN). There were also four practices which received less than 45% of patients describing their experience as good.

3.1.5 Last Appointment - Q21. How do you feel about how long you waited for your appointment?

The majority of N&W practices received higher than the national average of 66% of patients feeling that the wait for their appointment was “about right”. There were 31 practices across the ICS which received less than the national average, and the majority of these were in Norwich and the South Locality.

3.1.6 Last Appointment - Q22. How did the appointment take place?

The GP Patient Survey clearly shows that N&W practices have returned to face to face delivery as demonstrated in the response to this question (see Image 4 below).

Type of appointment

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q22. How did the appointment take place?

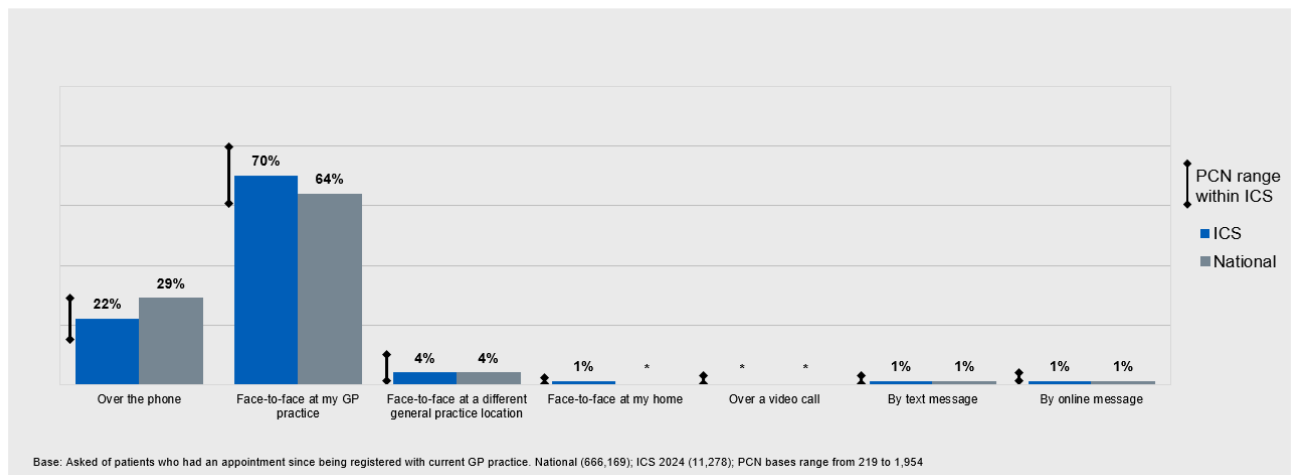


Image 4: GPPS N&W Results 2024 Vs National Results – How the Appointment Took Place

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3.1.7 Care & Concern: Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

This question provides an opportunity to look at how experience varies among different patient groups, by showing a summary result of % of patients who responded with “Very Good” or “Good”, broken down by their demographics (see Images 5 & 6).

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

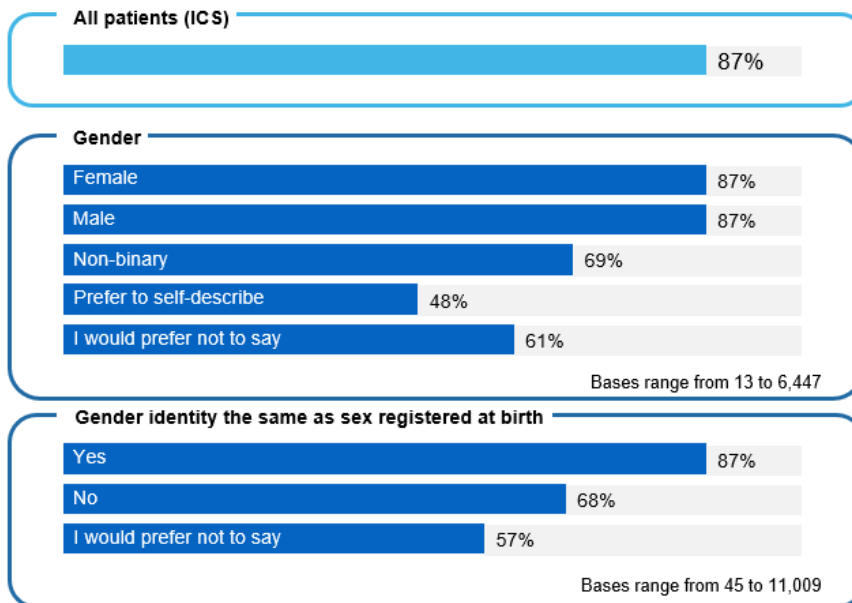


Image 5: Norfolk & Waveney ICB patient responses to Q25 (GPPS 2024)

While this only provides an indication it is worth noting some groups who stood out and where further work to increase health equity is needed. Some of those groups are:

- Non-binary patients
- Patients with a gender identity which is different from their sex registered at birth
- Patients with a Learning Disability
- Patients with a mental health condition

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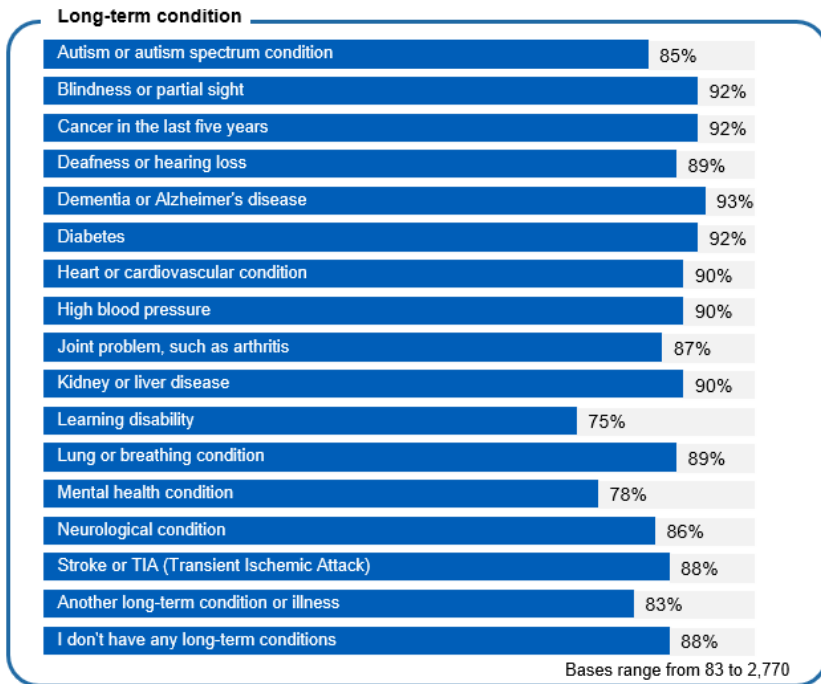


Image 6: Norfolk & Waveney ICB patient responses to Q25 (GPPS 2024)

3.1.8 When your GP practice is closed - Q34. Which of the following services did you contact or use on that occasion?

The GP Patient Survey contains four questions focused on patients' experience when their GP practice is closed when they wanted to access it. The responses to Q34 from N&W patients demonstrate the main two services which patients contact when their practice is closed is calling NHS 111 and going to A&E (see Image 7 below).

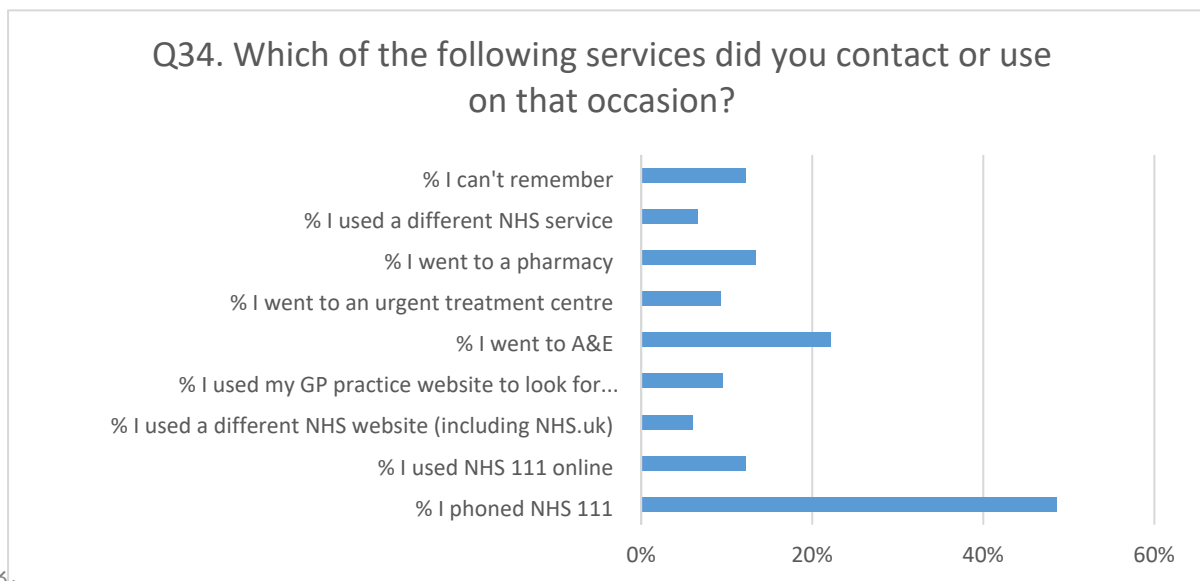


Image 7: Norfolk & Waveney ICB patient responses to Q34 (GPPS 2024)

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3.1.9 When your GP practice is closed – Q36. Overall, how would you describe your experience of NHS services on this occasion when your GP practice was closed?

The national average for patients responding with “Very Good” or “Fairly Good” is 56%, with N&W patients responding with 58%. While N&W is better than the national average, this is still quite low and corresponds with work which is planned in the near future around clarifying temporary closure procedures and auditing current opening times and service provisions for patients when practices have agreement to temporarily close.

3.2 Pharmacy

The GPPS survey for the first time has introduced questions on Community pharmacy and the 2 questions that were asked are:

- Thinking about the last 12 months, which of the following services have you used a pharmacy for?
- How would you describe your experience of using these pharmacy services?

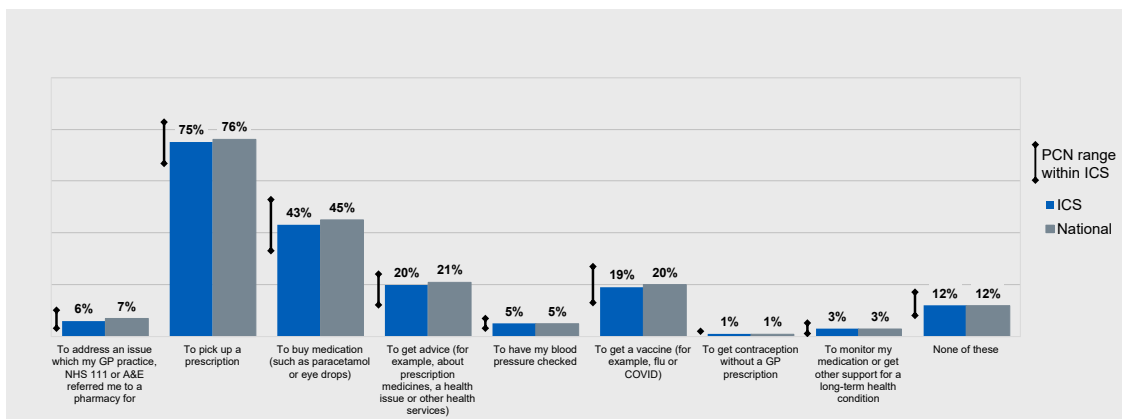
3.2.1 Pharmacy services - Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?

Pharmacy services used in the last 12 months

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?



Base: Asked of all patients. National (694,064); ICS 2024 (11,702); PCN bases range from 229 to 2,056

52 Comparisons are indicative only; differences may not be statistically significant
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Image 8: Norfolk & Waveney ICB patient responses to Q47 (GPPS 2024)

The survey results indicate that the two main services that are used by the population of Norfolk and Waveney who were surveyed are prescription services and to obtain self-care advice and treatment which results in the sale of a medicine (see Image 8 above). As above we are consistent with the national picture on the usage of services but as we have already highlighted in our Pharmacy First work, we remain below the national average for referrals to pharmacies from other

organisations to access pharmacy services. It should also be noted 19% of patients that returned a survey chose to present at the pharmacy for their vaccination services (for example flu/covid).

We remain focused on referrals into pharmacy to support with resilience across the primary care sector but particularly in line with our Pharmacy First work. We are looking to launch a soft relaunch for Pharmacy First at the end of September in the hope to gather pace ready for the winter challenges. This is also to support pharmacy contractors in being able to reach their threshold payments, which we see increase dramatically from October 2024 to 30 consultation per month to be eligible for the threshold payment.

The relaunch is primarily going to focus on the referral mechanism between general practice, NHS111, A&E front door services and pharmacies in the hope that we can build confidence in this process and see more patients accessing this service going forward. It should be noted that the survey was conducted from January 2024 to March 2024 and Pharmacy First was only launched on 31st January 2024. Therefore, the service was in its infancy and the results may not be completely reflective of current practice.

3.2.2 Patient experience – Q48. How would you describe your experience of using these pharmacy services?

Results for this question were broken down into PCN and ICS results. Norfolk and Waveney scored slightly lower than the national average with 85% of patients that returned surveys highlighting services as very good or fairly good.

9 out of our then 17 PCNs (18 in the published data) were equivalent or above the national picture with the highest satisfaction being reached with our Kings Lynn PCN at 92%.

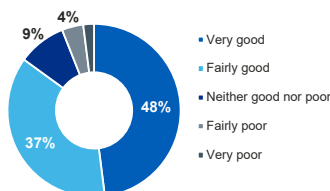
Overall experience of pharmacy services

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

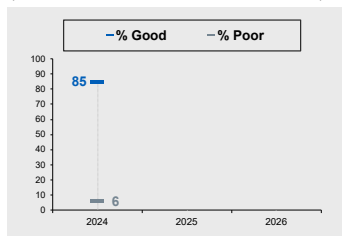
Q48. How would you describe your experience of using these pharmacy services?

ICS result

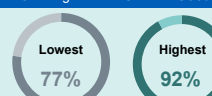


ICS result over time

(2024 results are the start of a new time series)



PCN range within ICS – % Good



Comparison of results

ICS		National	
Good	Poor	Good	Poor
85%	6%	87%	5%

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor



Base: Asked of patients who have used pharmacy services in the last 12 months. National (625,567); ICS 2024 (10,434); PCN bases range from 211 to 1,845

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Image 9: Norfolk & Waveney ICB patient responses to Q48 (GPPS 2024)

Although the survey response rate for the ICS was only a 38% rate this information could now be very insightful for pharmacy services as the contractual requirements for pharmacy contractors to undertake an annual patient satisfaction survey was removed in October 2022, so we no longer have national annual patient surveys specifically just for pharmacy.

As part of our September relaunch for Pharmacy First we will look to also conduct a three-month friends and family test for the service which will also give us some relevant data on patient's perception of the service and the use of pharmacies in general.

As part of overall service review, we have recognised the need for the breakdown of service provision across each locality which will enable us to have a more targeted approach in our support for pharmacy contractors and pharmacy pathways.

As we start to data map all our pharmacy services and to develop a pharmacy dashboard we recognise the need for geographical analysis of the data. This will enable us to share best practice across the ICB with the intention of increasing the level of activity across all our pharmacy services.

3.3 NHS Dental Services

Within the GPPS, the detailed analysis for the questions relating to NHS dental services are not included in the ICS survey outcome slide pack however more analysis will be possible from September 2024. It should be noted though that it will not identify individual dental services. The questions asked are:

- When did you last try and get an NHS dental appointment for yourself?
- Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental services?
- Were you able to get an NHS dental appointment?
- Why haven't you tried to get an NHS dental appointment in the last two years?
- Overall, how would you describe your experience of NHS dental services?

3.3.1 Patient Experience - Q52. Overall, how would you describe your experience of NHS dental services?

The ICS slide pack provides an overall outcome result only and excludes the experience of those unable to access NHS dental services. Nationally, 52% of patients responding to the survey tried to get an appointment in the last two years, of those 76% were successful and 69% said their overall experience of NHS dental services was good and 20% described it as poor.

Norfolk and Waveney compares less favourably with 56% of patients describing their experience as good or very good and 34% describing their experience as poor from a sample size of 6,211 patients.

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4.0 Delivery plan for recovering access to primary care

The GPPS provides valuable insight into patients' experience of General Practice during a year when practices were working towards the aims of the Delivery Plan for Recovering Access to Primary Care. Emphasis was placed on increasing patient engagement & communication (via local surveys, PPGs, reintroduction of Friends and Family Test etc), on making it easier for patients to use the NHS App and GP websites, on implementing Cloud Based Telephony with it's new features of call back functionality/ call queuing, and ensuring staff were trained in care navigation and able to use it effectively with patients.

PCNs based their Capacity and Access Improvement Plans on the GPPS 2022 results, identifying key deliverables which were in line with the Modern General Practice Access Model. While N&W ICB may have expected to see slight improvements in patient experience around the areas noted above, it was also understood it might take some time for new ways of working to be embedded and accepted by patients/clinicians and the 2023/24 GPPS could occur at a time when practices were in transition. Despite this, the GPPS 2024 results demonstrate improvements are being made and overall, patients in N&W ICB are generally happy with the level of care they are receiving from General Practice.

5.0 Next steps

The GPPS 2024 results will allow the ICB to triangulate the various data streams and feedback routes being received and monitor progress against the aims of the delivery plan for recovering access to primary care and identify where targeted support is needed.

Following on from reviewing the GPPS 2024 results, the Primary Care Commissioning team plan to:

1. Share results with Place teams in order to support their discussions with PCNs and Practices.
2. Use the results to guide conversations with practices about engaging in the GP Improvement Programme 2024/25 which is designed to improve patient experience in accessing services.
3. Ensure patient experience and feedback is being reviewed and acted on by practices/PCNs via APMS contract review meetings and practice visit programme.
4. Ensure results are used to inform support for practices receiving enhanced support from the ICB.
5. Conduct a 3-month project in September 2024 collecting Friends and Family Tests for the Pharmacy First service to gather relevant data on patient perception of the service and the use of pharmacies in general.
6. Triangulate GPPS pharmacy feedback results with other pharmacy data collection as part of building the new pharmacy dashboard.
7. Review the detailed analysis for dentistry once data is available (expected in Sept 2024).

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Recommendation to the Committee:


The PCCC is asked to note the survey results and approve the next steps outlined within the report.

Key Risks	
Clinical and Quality:	<p>There is a risk that there is a widening gap between practices offer of high-quality services for patients if the survey is not considered by PCNs/ individual practices.</p> <p>It is suggested that PCNs view the survey within their own local context and share best practice with a view to closing the gap between practices.</p>
Finance and Performance:	<p>Consideration may need to be given to practices consistently seeing lower patient satisfaction – this information needs to be triangulated with other metrics such as QOF, prescribing, and any local resilience issues the ICB may be aware of.</p>
Impact Assessment (environmental and equalities):	<p>There is a risk of a widening gap in care provided if some patients face greater challenges in accessing general practice than others. It is suggested that PCNs view the survey within their own local context and share best practice with a view to closing the gap between different patient groups.</p>
Reputation:	<p>There has been significant national and local media interest in access to appointments in general practice and the Delivery plan for recovering access to primary care has been highlighted as one of three national priorities.</p>
Legal:	N/A
Information Governance:	N/A
Resource Required:	<p>Primary Care Directorate, Primary Care Commissioning and Quality teams. Place teams, PCN and practice teams</p>
Reference document(s):	<p>GPPS Survey (IPSOS) Deliver plan for recovering access to primary care</p>
NHS Constitution:	N/A
Conflicts of Interest:	<p>GP practice colleagues - PCN members and Clinical Directors</p>
Reference to relevant risk on the Board Assurance Framework	<p>The resilience of general practice</p>

Governance

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

Ipsos GP Patient Survey 2024 N&W ICS Slide pack (version1)	 N&W ICS GPPS 2024 Survey Results
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NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

2024 survey results

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09/09/2024 16:10:53

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GP PATIENT SURVEY

1 Introduction, background and guidance

2 Overall experience of GP practice

3 Use of online GP services

4 Contacting GP practice

5 Last appointment

6 Perceptions of care at patients' last appointment

7 Care and concern

8 Services when GP practice is closed

9 Managing health conditions

10 Pharmacy services

11 NHS dental services

12 Statistical reliability and further information

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Introduction, background and guidance



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Introduction

- The GP Patient Survey (GPPS) is an England-wide survey, providing data about patients' experiences of their GP practices.
- This slide pack presents some of the key results from the **2024 GP Patient Survey** for **NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM**.
- In **NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM**, **31,035** questionnaires were sent out, and **11,800** were returned completed. This represents a response rate of **38%**.

The screenshot shows the 'GP PATIENT SURVEY' form. At the top, it features the Ipsos and NHS logos. Below the title, there is a section for 'Your GP practice services' with questions 01 through 07. Each question has a set of radio button options. Question 01 asks about contacting the GP practice on the phone. Question 02 asks about contacting the GP practice using their website. Question 03 asks about contacting the GP practice using the NHS App. Question 04 asks about the helpfulness of the reception and administrative team. Question 05 asks about online GP services used in the last 12 months. Question 06 asks if there is a preferred healthcare professional. Question 07 asks how often the patient sees or speaks to their preferred healthcare professional. The form includes instructions to put an 'X' in one box for each question and provides an access code field. A 'BSL' logo is also present in the top right corner of the form area.

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Background information about the survey

- The GP Patient Survey (GPPS) is an **annual** England-wide survey about **patients' experiences of their GP practice** and is administered by Ipsos on behalf of NHS England.
- The survey covers a range of topics including:
 - **Your GP practice services**
 - **Your last contact**
 - **Your last appointment**
 - **Overall experience**
 - **When your GP practice is closed**
 - **Your health**
 - **Pharmacy**
 - **Dentistry**
 - **Some questions about you (including relevant protected characteristics and demographics)**
- The survey provides data at **practice level** using a consistent methodology, which means it is comparable across organisations. The survey also provides data at **Primary care network (PCN)**, **Integrated care system (ICS)** and **National** level.
- The 2024 results are not comparable with previous years because of two important changes which have been made to the survey:
 - Significant changes were made to the questionnaire to ensure that it continued to reflect how primary care services are delivered and how patients experience them.
 - The methodology of the survey was changed to an 'online first' approach.
- The latest 2024 questionnaire and the Technical Annex with further information about the survey can be found here: <https://gp-patient.co.uk/surveysandreports>.
- It is important to bear in mind that:
 - Sample sizes at practice level are relatively small.
 - The survey is conducted annually and provides a snapshot of patient experience at a given time.
- So, data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice to identify potential improvements and highlight best practice.

The next slide suggests ideas for how the data can be used to help to improve services.

How to use this data for improvement

The data in this slide pack can be used and interpreted to help to improve GP services, in the following ways:

- **Comparison of an ICS against the national result:** this allows benchmarking of the results to identify whether the ICS is performing well, poorly, or in line with the national picture. The ICS may wish to focus on areas where it compares less favourably.
- **Comparison of PCN results within an ICS area:** this can identify PCNs in an area that seem to be over-performing or under-performing compared with others. The ICS may wish to work with individual PCNs: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.

An interactive dashboard providing more detail at PCN level can be found at: <https://www.gp-patient.co.uk/pcn-dashboard>.

Please note PCNs have been aligned to the ICS based on the Lead Sub ICB Location identified by the NHS Digital ePCN mapping file, accessed via the NHS Digital organisation data service. There were a very small number of PCNs which crossed ICS boundaries – if this is the case, this will be noted below.

Interpreting the results

- The number of participants answering each question (the unweighted base) is stated for each question.
- All comparisons are indicative only. Differences may not be statistically significant.
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Note on the presentation of the data:
 - A * represents a percentage greater than 0% but less than 0.5%
 - There are cases where percentages for each of the different responses to a question do not add to the combined percentage totals (e.g. 'Very good' and 'Fairly good', compared with the combined total 'Good'), or where results do not sum to 100%. This may be due to computer rounding, the rounding of weighted data, or where questions allow for multiple responses.
- In cases where fewer than 10 patients have answered a question, the data have been suppressed and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.
- Please note on pie charts where the results are 2% or less, these labels are not shown. Hovering over the segment on the pie chart will show the percentage.
- For further information on using the data please refer to the end of this slide pack.

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Overall experience of GP practice



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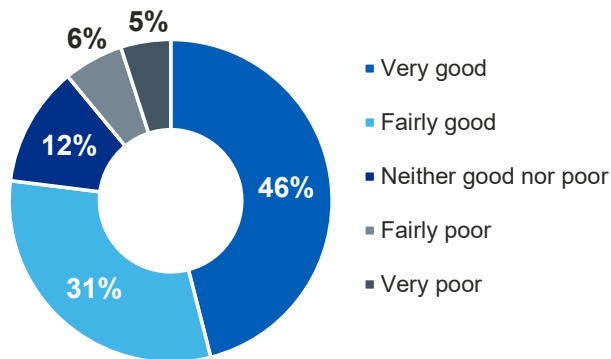


Overall experience of GP practice

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

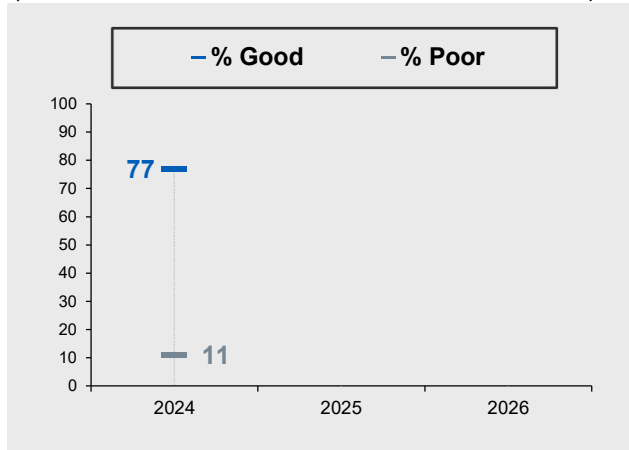
Q32. Overall, how would you describe your experience of your GP practice?

ICS result



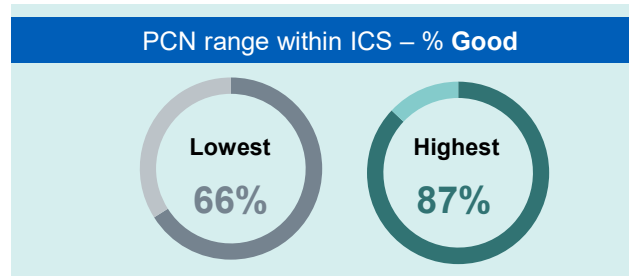
ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
77%	11%	74%	13%



Base: Asked of all patients. National (693,982); ICS 2024 (11,703); PCN bases range from 231 to 2,053

i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor

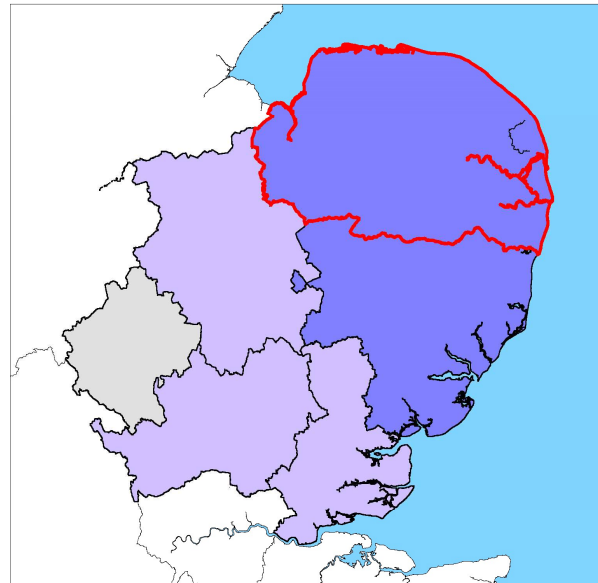


Overall experience: how the ICS results vary within the region

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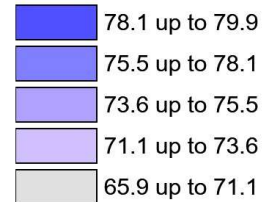
GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?



Overall experience of GP practice

% Good



Results range from

66%
to
77%

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

Comparisons are indicative only: differences may not be statistically significant

Base: Asked of all patients. ICS bases range from 5,680 to 45,122

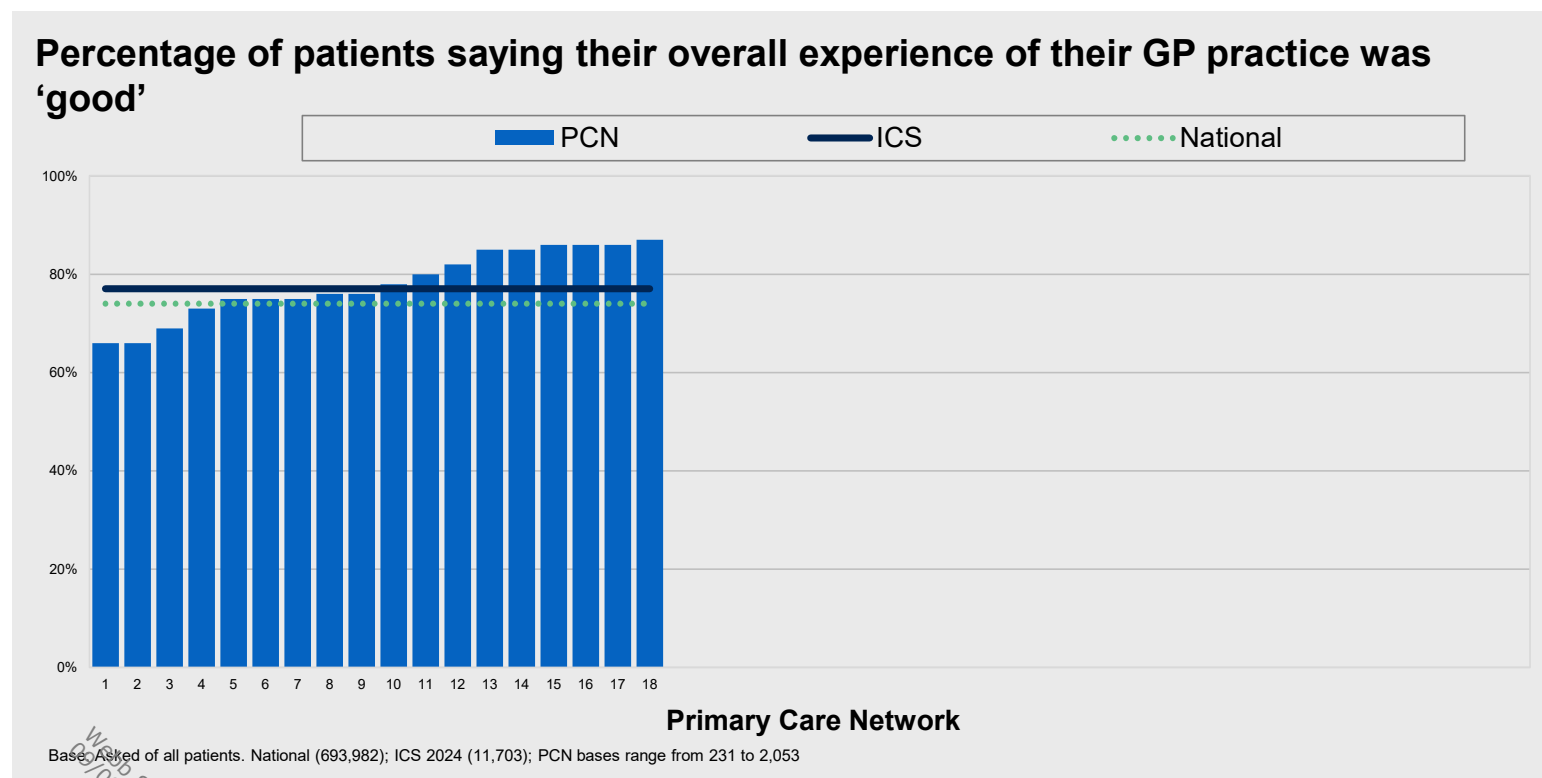
i %Good = %Very good + %Fairly good

Overall experience: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?



PCN	Name
1	BRECKLAND SURGERIES PCN
2	GORLESTON PCN
3	KETTS OAK PCN
4	NORWICH PCN
5	SWAFFHAM & DOWNHAM MARKET PCN
6	SOUTH WAVENEY PCN
7	KINGS LYNN PCN
8	SOUTH NORFOLK HIP PCN
9	LOWESTOFT PCN
10	MID NORFOLK PCN
11	GREAT YARMOUTH & NORTHERN VILLAGES PCN
12	NORTH NORFOLK 1 PCN
13	NORWICH NORTH PCN
14	NORTH NORFOLK 3 PCN
15	NORTH NORFOLK 4 PCN
16	FENS & BRECKS PCN
17	NORTH NORFOLK 2 PCN
18	WEST NORFOLK COASTAL PCN

i Comparisons are indicative only; differences may not be statistically significant

i %Good = %Very good + %Fairly good



Use of online GP services



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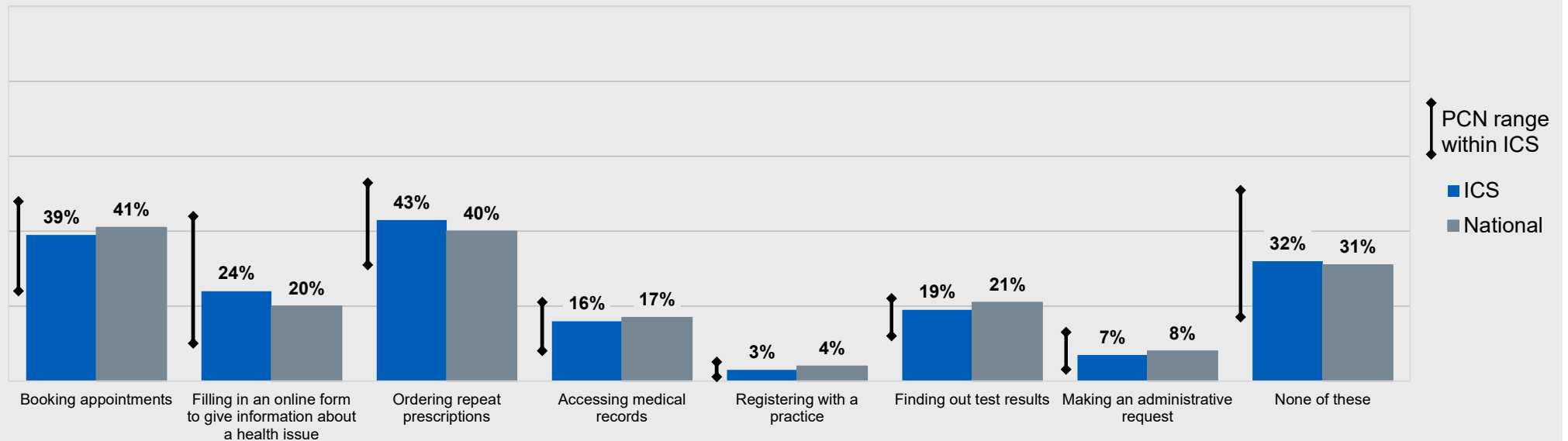


Use of online GP services in the last 12 months

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q5. Which of the following online GP services have you used in the last 12 months?



Base: Asked of all patients. National (692,068); ICS 2024 (11,629); PCN bases range from 233 to 2,042

i Comparisons are indicative only; differences may not be statistically significant



Contacting GP practice



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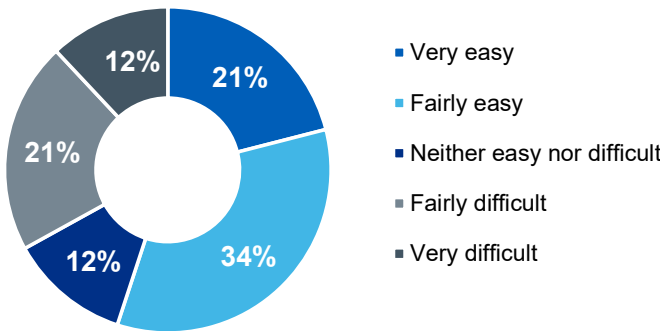
Ease of contacting GP practice on the phone

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

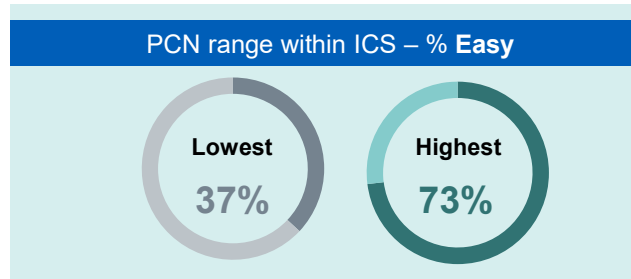
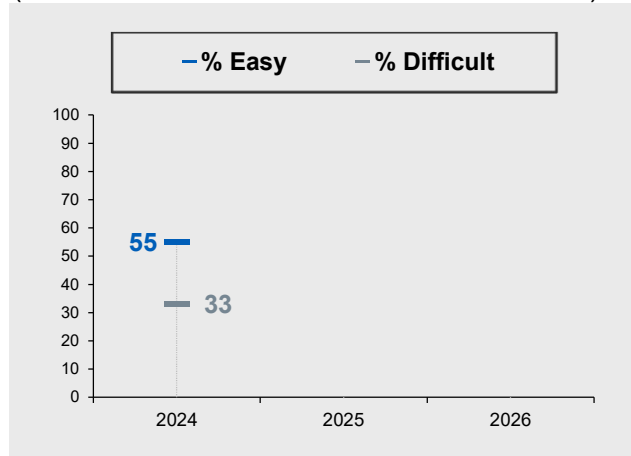
Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
55%	33%	50%	38%

i %Easy = %Very easy + %Fairly easy
 %Difficult = %Very difficult + %Fairly difficult

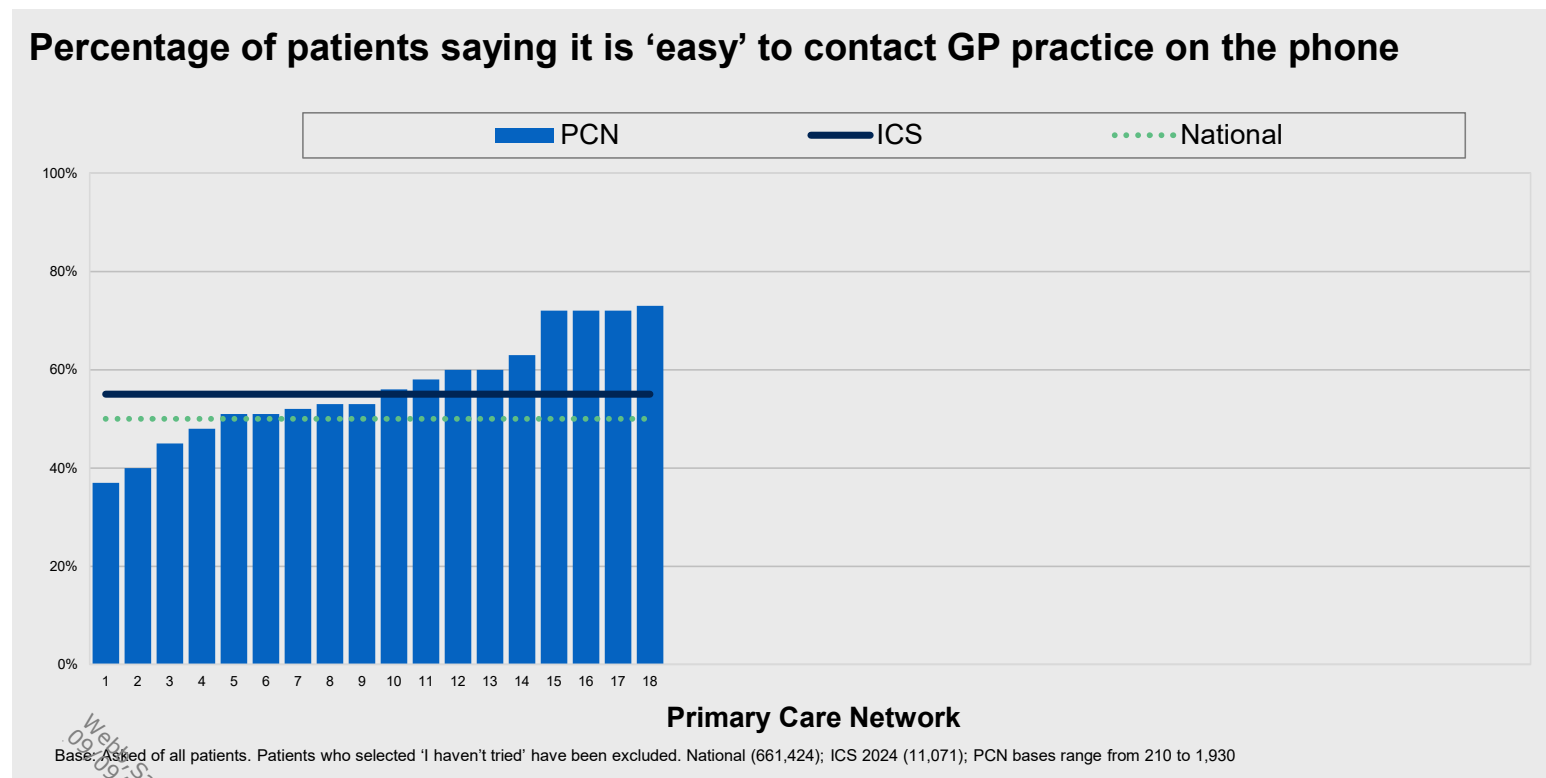
Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (661,424); ICS 2024 (11,071); PCN bases range from 210 to 1,930



Ease of contacting GP practice on the phone: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q1. Generally, how easy or difficult is it to contact your GP practice on the phone?



PCN	Name
1	GORLESTON PCN
2	KETTS OAK PCN
3	BRECKLAND SURGERIES PCN
4	MID NORFOLK PCN
5	KINGS LYNN PCN
6	LOWESTOFT PCN
7	NORWICH PCN
8	SWAFFHAM & DOWNHAM MARKET PCN
9	NORTH NORFOLK 1 PCN
10	SOUTH NORFOLK HIP PCN
11	NORTH NORFOLK 3 PCN
12	SOUTH WAVENEY PCN
13	NORTH NORFOLK 2 PCN
14	GREAT YARMOUTH & NORTHERN VILLAGES PCN
15	NORTH NORFOLK 4 PCN
16	WEST NORFOLK COASTAL PCN
17	FENS & BRECKS PCN
18	NORWICH NORTH PCN

Comparisons are indicative only; differences may not be statistically significant

%Easy = %Very easy + %Fairly easy



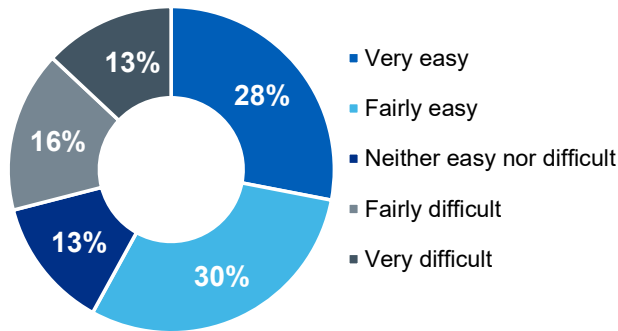
Ease of contacting GP practice using their website

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

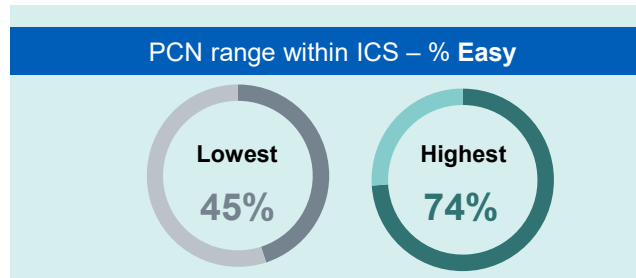
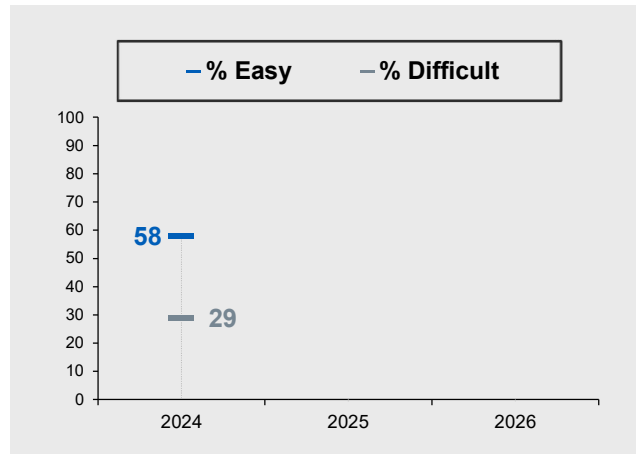
Q2. Generally, how easy or difficult is it to contact your GP practice using their website?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
58%	29%	48%	37%

i %Easy = %Very easy + %Fairly easy
 %Difficult = %Very difficult + %Fairly difficult

Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (315,087); ICS 2024 (5,991); PCN bases range from 176 to 1,206

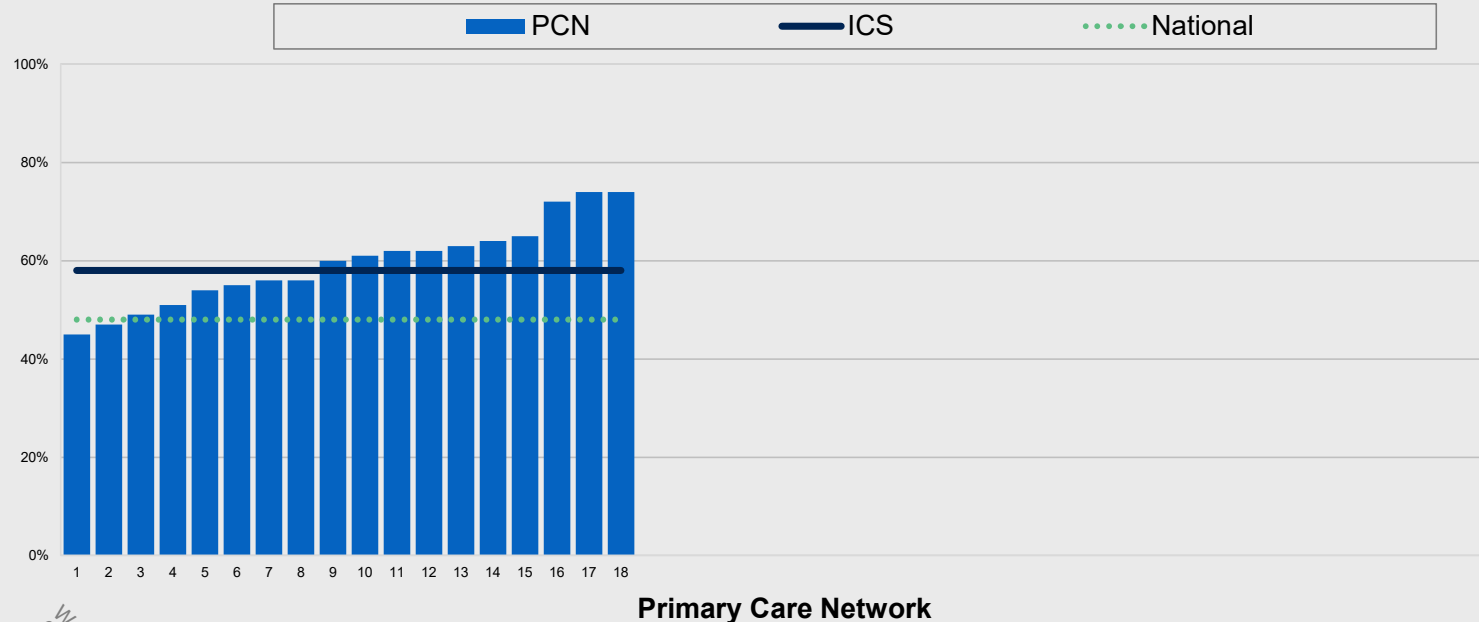


Ease of contacting GP practice using their website: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q2. Generally, how easy or difficult is it to contact your GP practice using their website?

Percentage of patients saying it is 'easy' to contact GP practice using their website



PCN	Name
1	KETTS OAK PCN
2	SOUTH WAVENEY PCN
3	SWAFFHAM & DOWNHAM MARKET PCN
4	SOUTH NORFOLK HIP PCN
5	NORTH NORFOLK 3 PCN
6	FENS & BRECKS PCN
7	NORWICH PCN
8	GORLESTON PCN
9	MID NORFOLK PCN
10	BRECKLAND SURGERIES PCN
11	KINGS LYNN PCN
12	LOWESTOFT PCN
13	WEST NORFOLK COASTAL PCN
14	GREAT YARMOUTH & NORTHERN VILLAGES PCN
15	NORTH NORFOLK 1 PCN
16	NORTH NORFOLK 2 PCN
17	NORTH NORFOLK 4 PCN
18	NORWICH NORTH PCN

Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (315,087); ICS 2024 (5,991); PCN bases range from 176 to 1,206

i Comparisons are indicative only; differences may not be statistically significant

i %Easy = %Very easy + %Fairly easy



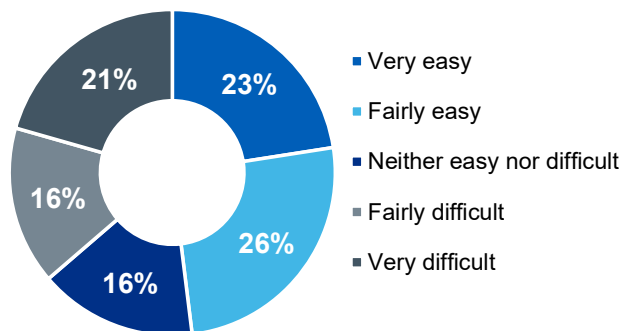
Ease of contacting GP practice using the NHS App

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

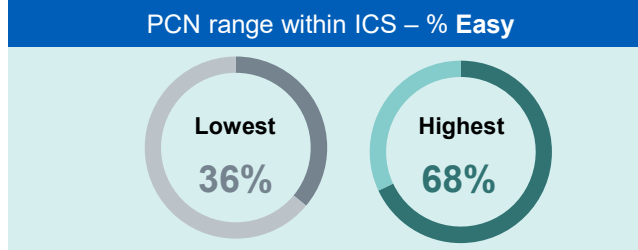
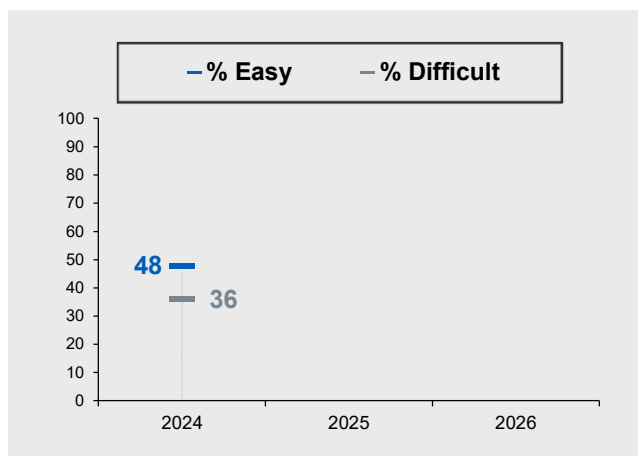
Q3. Generally, how easy or difficult is it to contact your GP practice using the NHS App?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Easy	Difficult	Easy	Difficult
48%	36%	45%	39%

i %Easy = %Very easy + %Fairly easy
 %Difficult = %Very difficult + %Fairly difficult

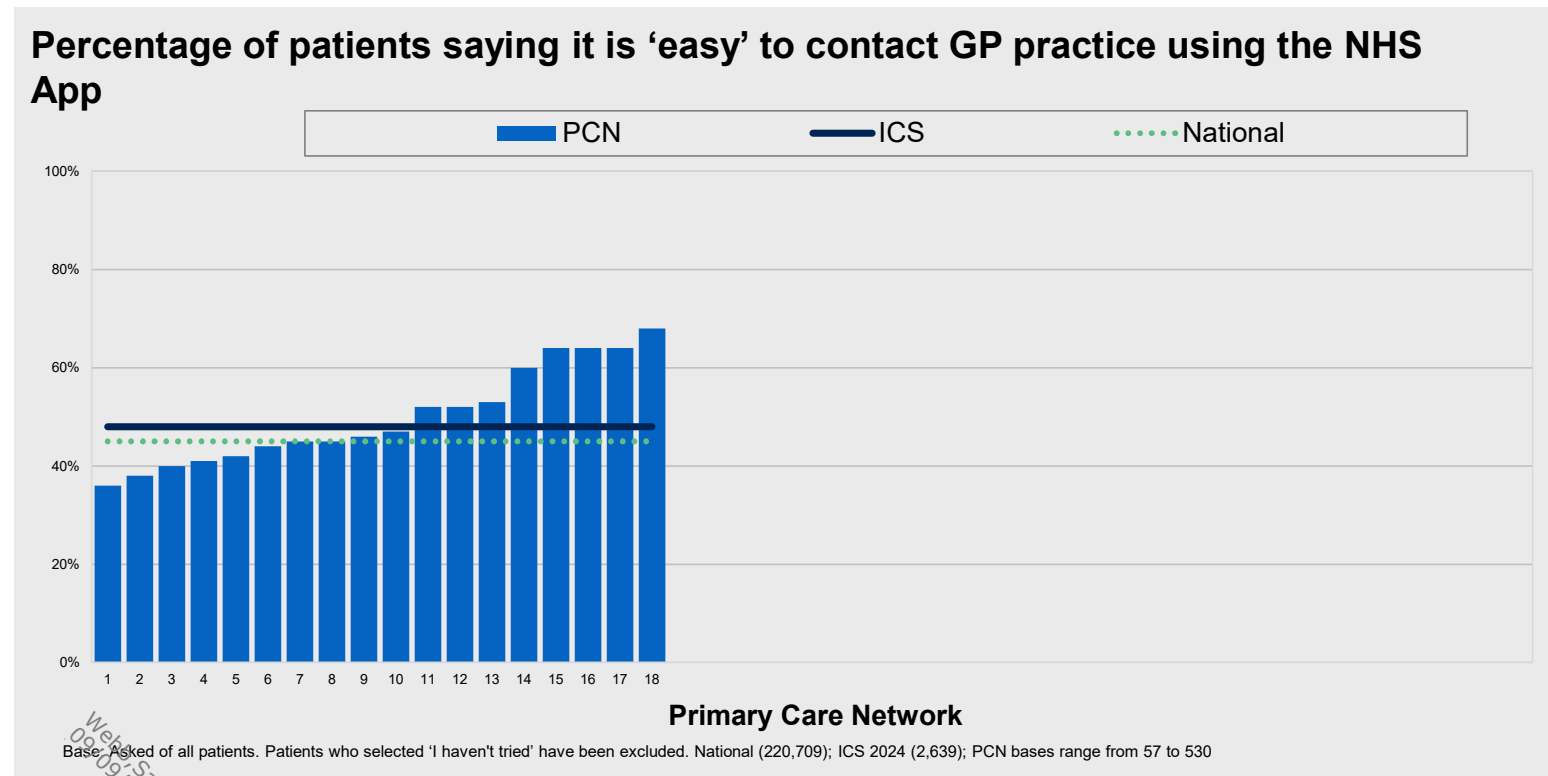
Base: Asked of all patients. Patients who selected 'I haven't tried' have been excluded. National (220,709); ICS 2024 (2,639); PCN bases range from 57 to 530



Ease of contacting GP practice using the NHS App: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q3. Generally, how easy or difficult is it to contact your GP practice using the NHS App?



PCN	Name
1	KETTS OAK PCN
2	MID NORFOLK PCN
3	SOUTH WAVENEY PCN
4	GORLESTON PCN
5	SOUTH NORFOLK HIP PCN
6	SWAFFHAM & DOWNHAM MARKET PCN
7	LOWESTOFT PCN
8	NORTH NORFOLK 1 PCN
9	NORWICH PCN
10	BRECKLAND SURGERIES PCN
11	FENS & BRECKS PCN
12	NORTH NORFOLK 3 PCN
13	GREAT YARMOUTH & NORTHERN VILLAGES PCN
14	NORTH NORFOLK 4 PCN
15	WEST NORFOLK COASTAL PCN
16	NORWICH NORTH PCN
17	KINGS LYNN PCN
18	NORTH NORFOLK 2 PCN

i Comparisons are indicative only; differences may not be statistically significant

i %Easy = %Very easy + %Fairly easy

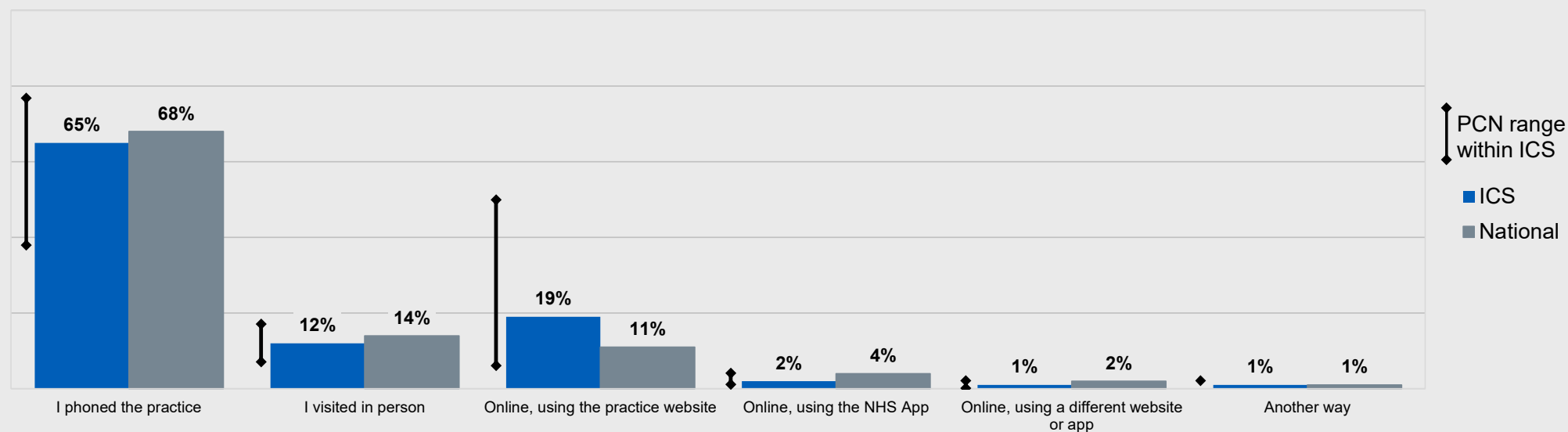


Method of contacting GP practice

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q10. Still thinking about the last time you contacted your GP practice, how did you try to contact them?



Base: Asked of patients who have tried to contact their GP practice since being registered. National (675,534); ICS 2024 (11,444); PCN bases range from 223 to 1,996

i Comparisons are indicative only; differences may not be statistically significant

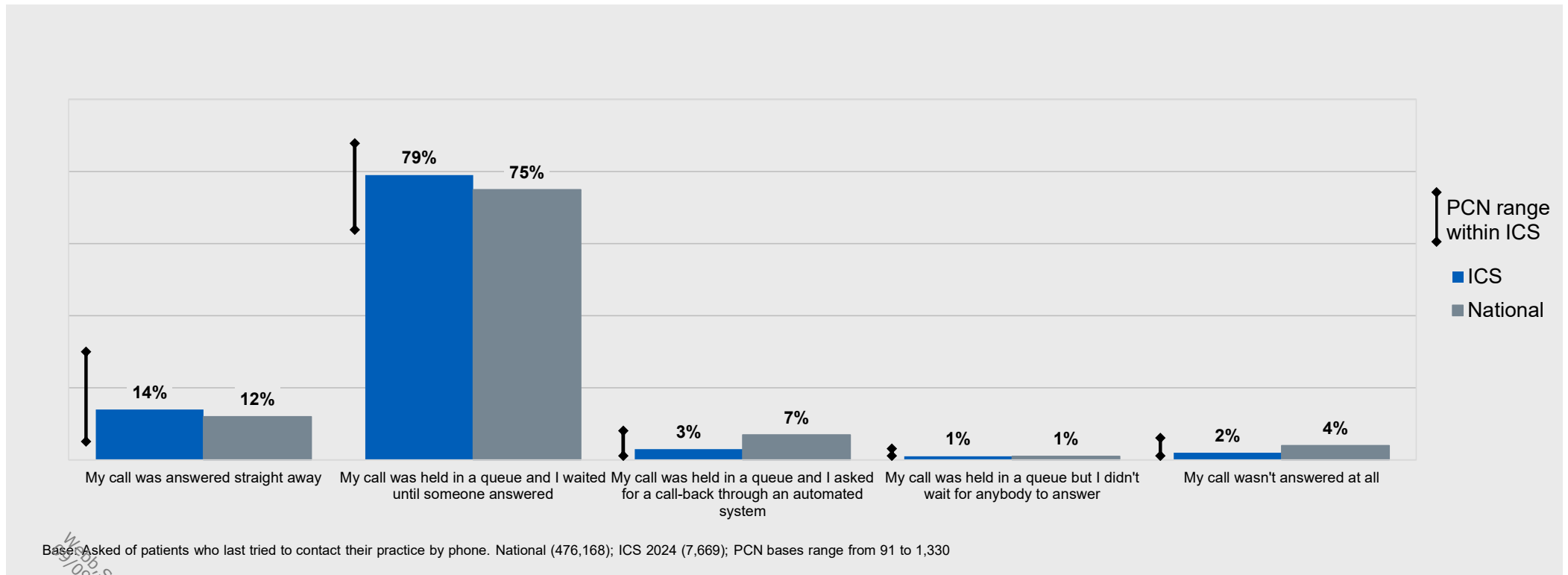


Outcome of phoning GP practice

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q11. What happened when you phoned your GP practice on that occasion?



i Comparisons are indicative only; differences may not be statistically significant



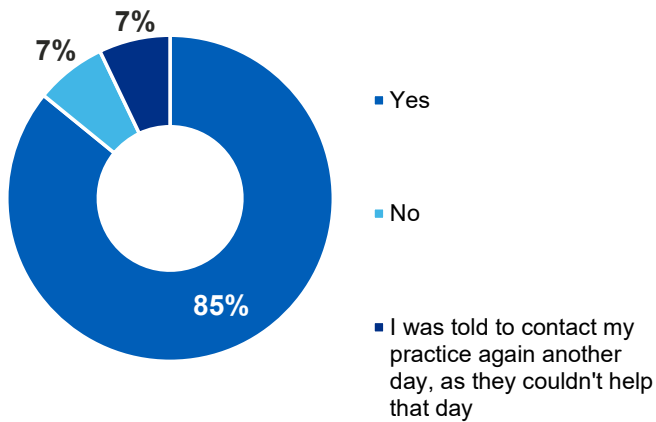
Next step in dealing with request after contacting GP practice

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

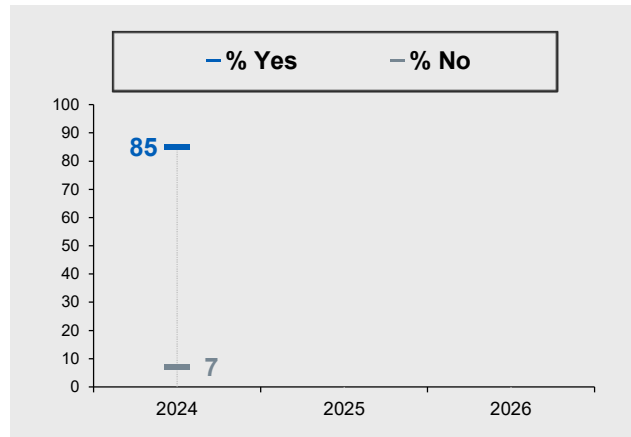
Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?

ICS result

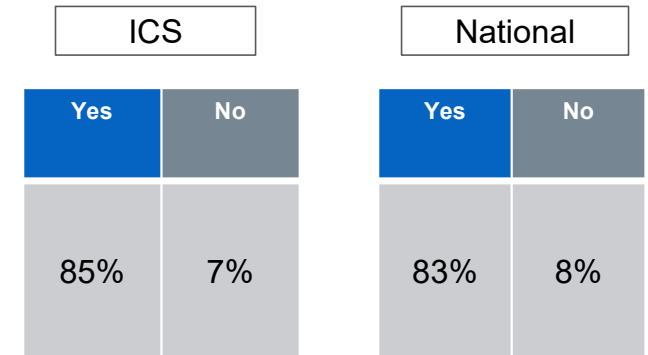


ICS result over time

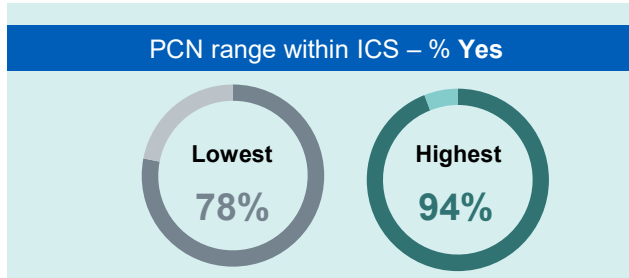
(2024 results are the start of a new time series)



Comparison of results



Base: Asked of patients who have tried to contact their GP practice since being registered, except those whose call was not answered. Patients who selected 'I couldn't contact my practice' have been excluded. National (637,717); ICS 2024 (10,978); PCN bases range from 212 to 1,908

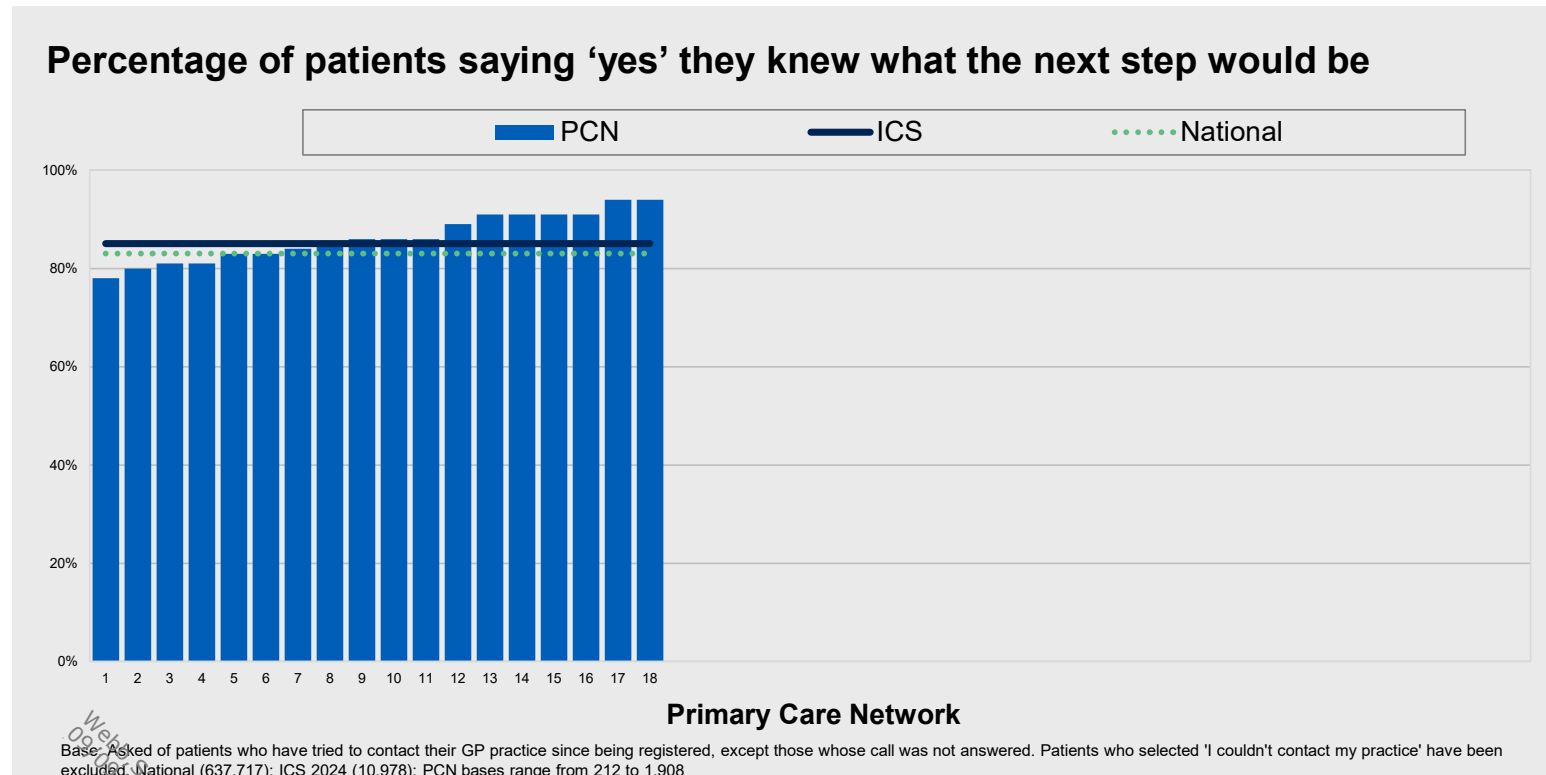


Next step in dealing with request after contacting GP practice: how the results vary by PCN within the ICS

GP PATIENT SURVEY

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q12. Once you had contacted your GP practice, did you know what the next step in dealing with your request would be?



PCN	Name
1	KINGS LYNN PCN
2	MID NORFOLK PCN
3	BRECKLAND SURGERIES PCN
4	KETTS OAK PCN
5	GORLESTON PCN
6	LOWESTOFT PCN
7	NORWICH PCN
8	SWAFFHAM & DOWNHAM MARKET PCN
9	SOUTH NORFOLK HIP PCN
10	SOUTH WAVENEY PCN
11	NORTH NORFOLK 3 PCN
12	GREAT YARMOUTH & NORTHERN VILLAGES PCN
13	NORTH NORFOLK 4 PCN
14	FENS & BRECKS PCN
15	NORWICH NORTH PCN
16	NORTH NORFOLK 1 PCN
17	WEST NORFOLK COASTAL PCN
18	NORTH NORFOLK 2 PCN

Comparisons are indicative only; differences may not be statistically significant

%Yes



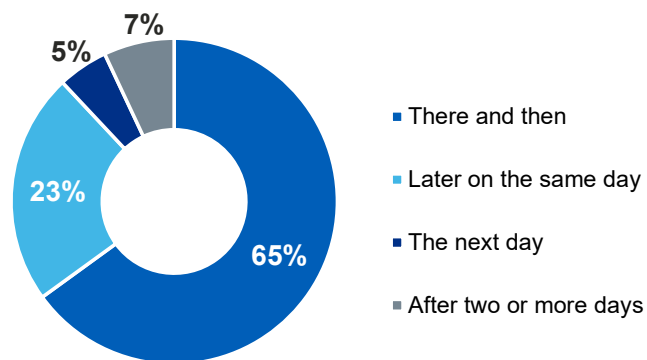
Time taken to know next step

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

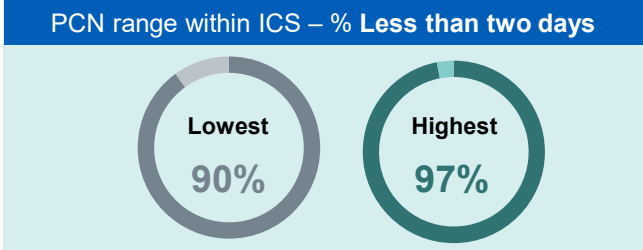
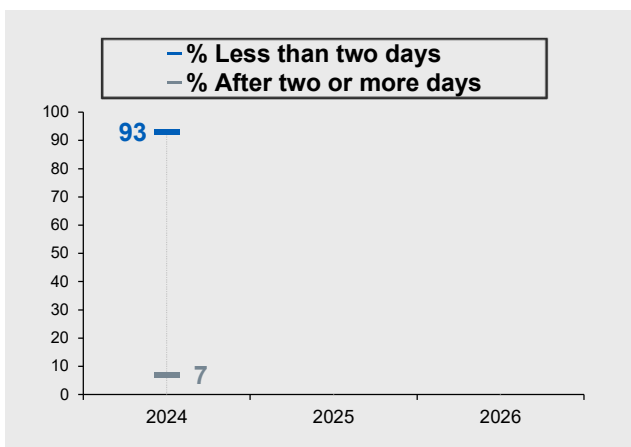
Q13. How soon after you contacted your GP practice did you know what the next step would be?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Less than two days	After two or more days	Less than two days	After two or more days
93%	7%	93%	7%

Base: Asked of patients who knew what the next step in dealing with their request would be. Patients who selected 'I can't remember' have been excluded. National (508,714); ICS 2024 (9,149); PCN bases range from 161 to 1,522

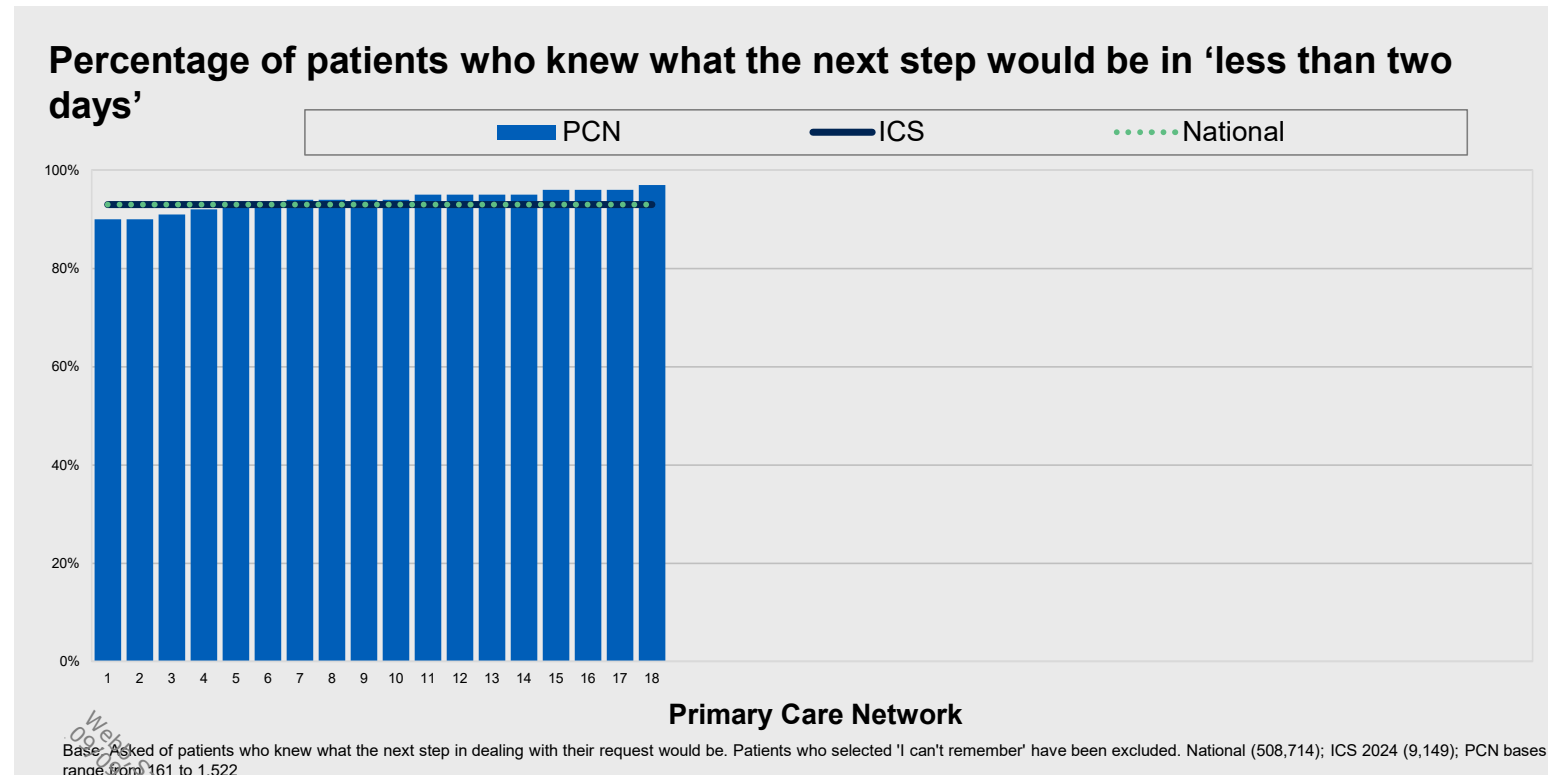
i %Less than two days = %There and then + %Later on the same day + %The next day



Time taken to know next step: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q13. How soon after you contacted your GP practice did you know what the next step would be?



PCN	Name
1	NORWICH PCN
2	KETTS OAK PCN
3	SOUTH WAVENEY PCN
4	LOWESTOFT PCN
5	SWAFFHAM & DOWNHAM MARKET PCN
6	NORTH NORFOLK 1 PCN
7	SOUTH NORFOLK HIP PCN
8	NORWICH NORTH PCN
9	KINGS LYNN PCN
10	NORTH NORFOLK 3 PCN
11	NORTH NORFOLK 4 PCN
12	BRECKLAND SURGERIES PCN
13	MID NORFOLK PCN
14	NORTH NORFOLK 2 PCN
15	WEST NORFOLK COASTAL PCN
16	FENS & BRECKS PCN
17	GREAT YARMOUTH & NORTHERN VILLAGES PCN
18	GORLESTON PCN

- i** Comparisons are indicative only; differences may not be statistically significant
- i** %Less than two days = %There and then + %Later on the same day + %The next day



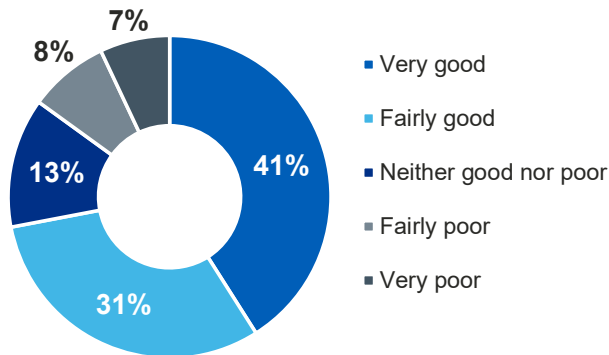
Overall experience of contacting GP practice

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

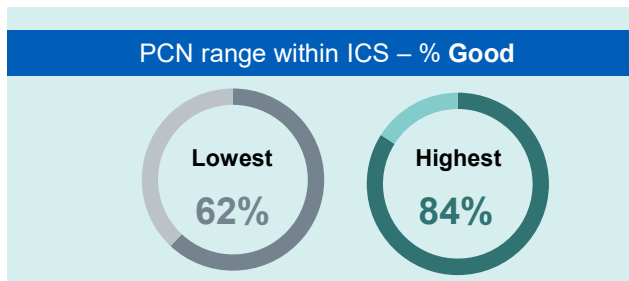
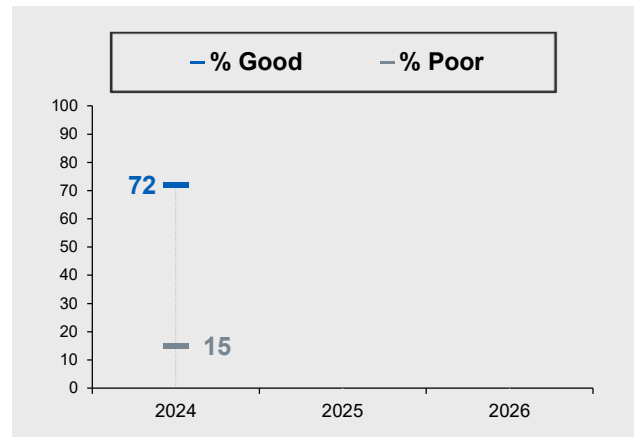
Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
72%	15%	67%	19%

i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor

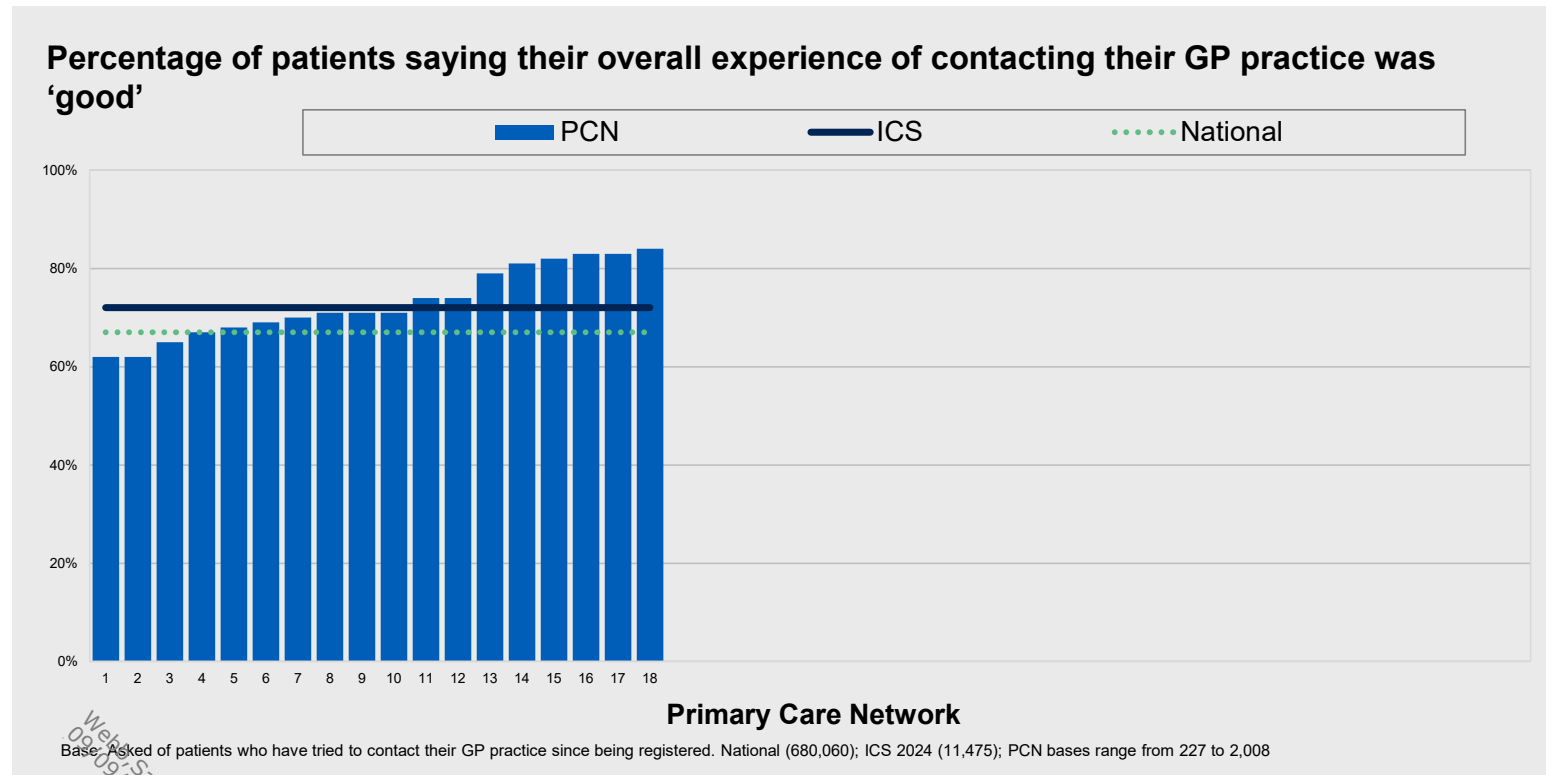
Base: Asked of patients who have tried to contact their GP practice since being registered. National (680,060); ICS 2024 (11,475); PCN bases range from 227 to 2,008



Overall experience of contacting GP practice: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q16. Overall, how would you describe your experience of contacting your GP practice on this occasion?



PCN	Name
1	BRECKLAND SURGERIES PCN
2	KETTS OAK PCN
3	GORLESTON PCN
4	SWAFFHAM & DOWNHAM MARKET PCN
5	NORWICH PCN
6	KINGS LYNN PCN
7	LOWESTOFT PCN
8	SOUTH NORFOLK HIP PCN
9	SOUTH WAVENEY PCN
10	MID NORFOLK PCN
11	NORTH NORFOLK 3 PCN
12	NORTH NORFOLK 1 PCN
13	GREAT YARMOUTH & NORTHERN VILLAGES PCN
14	NORTH NORFOLK 2 PCN
15	FENS & BRECKS PCN
16	WEST NORFOLK COASTAL PCN
17	NORWICH NORTH PCN
18	NORTH NORFOLK 4 PCN

i Comparisons are indicative only; differences may not be statistically significant

i %Good = %Very good + %Fairly good



Last appointment



Webb, Sarah
09/09/2024 16:10:53

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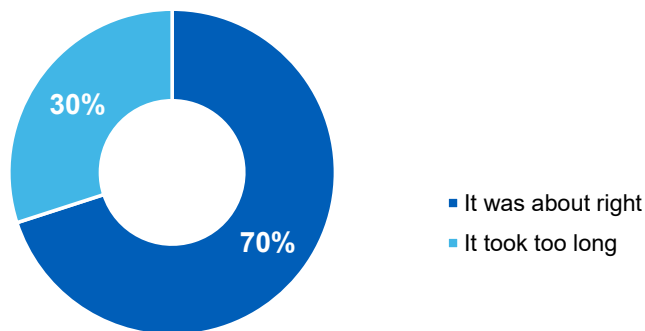
How patients felt about appointment wait time

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

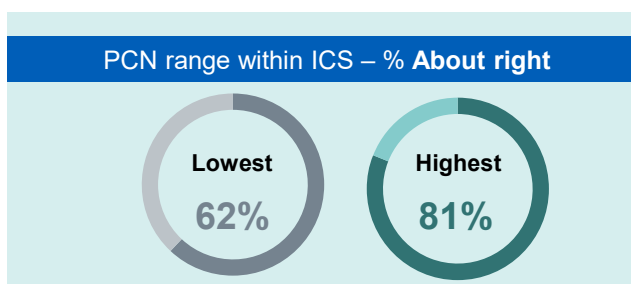
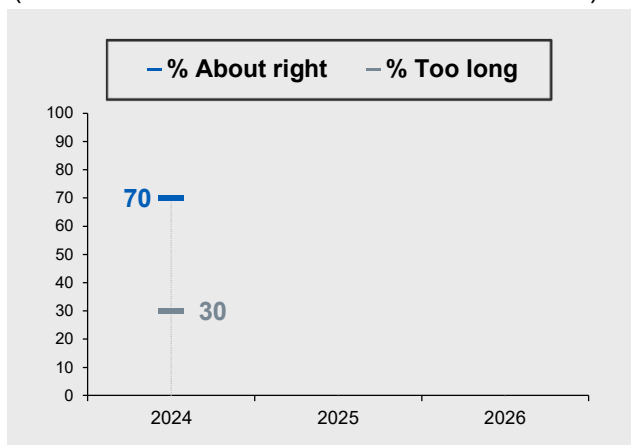
Q21. How do you feel about how long you waited for your appointment?

ICS result

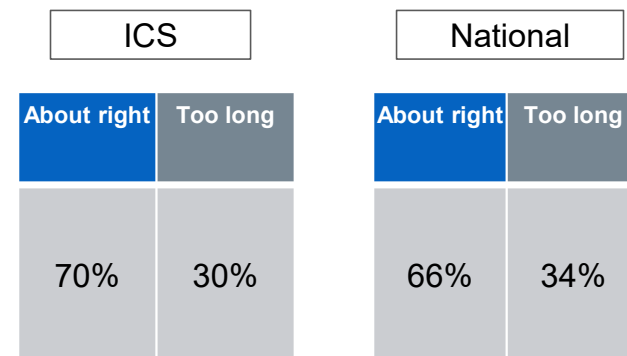


ICS result over time

(2024 results are the start of a new time series)



Comparison of results



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' have been excluded. National (610,869); ICS 2024 (10,408); PCN bases range from 198 to 1,785

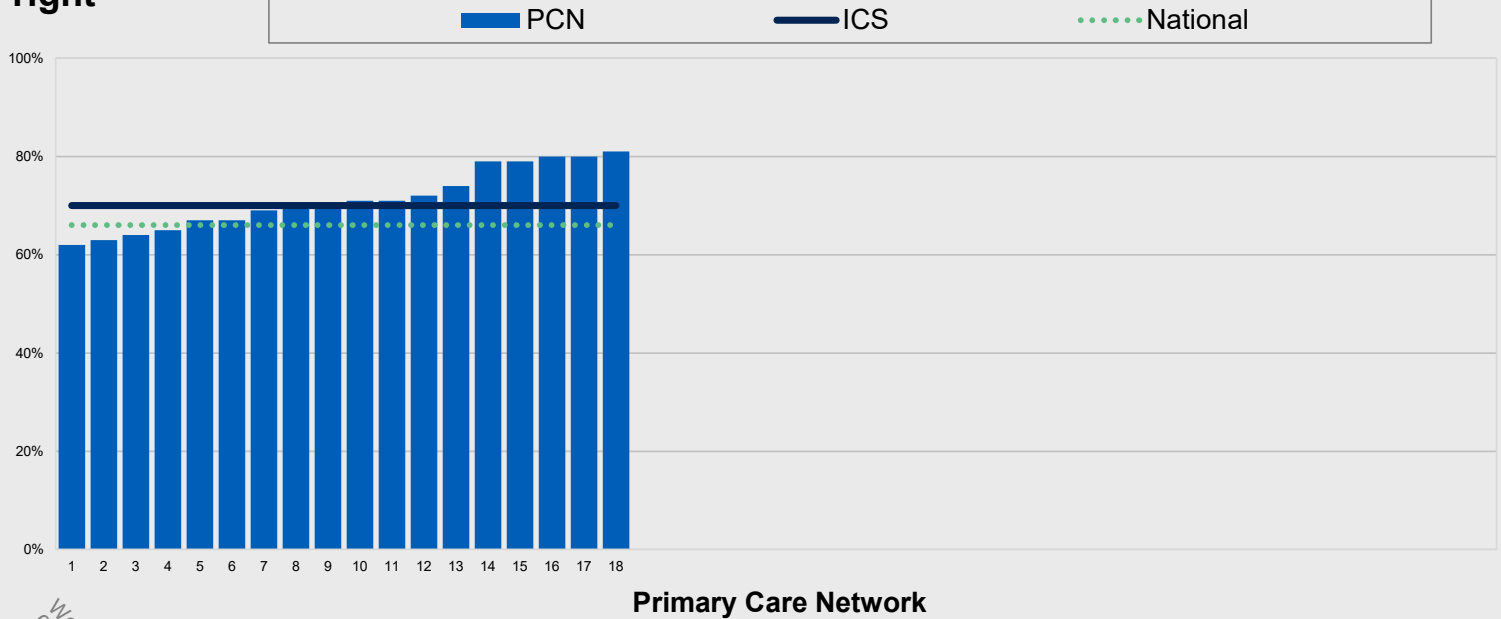


How patients felt about appointment wait time: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q21. How do you feel about how long you waited for your appointment?

Percentage of patients who felt the wait time for their appointment was 'about right'



PCN	Name
1	KETTS OAK PCN
2	NORWICH PCN
3	NORTH NORFOLK 1 PCN
4	SOUTH NORFOLK HIP PCN
5	BRECKLAND SURGERIES PCN
6	KINGS LYNN PCN
7	GORLESTON PCN
8	MID NORFOLK PCN
9	NORTH NORFOLK 2 PCN
10	SWAFFHAM & DOWNHAM MARKET PCN
11	LOWESTOFT PCN
12	SOUTH WAVENEY PCN
13	GREAT YARMOUTH & NORTHERN VILLAGES PCN
14	NORTH NORFOLK 4 PCN
15	NORWICH NORTH PCN
16	WEST NORFOLK COASTAL PCN
17	FENS & BRECKS PCN
18	NORTH NORFOLK 3 PCN

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' have been excluded. National (610,869); ICS 2024 (10,408); PCN bases range from 198 to 1,785

i Comparisons are indicative only; differences may not be statistically significant

i %About right

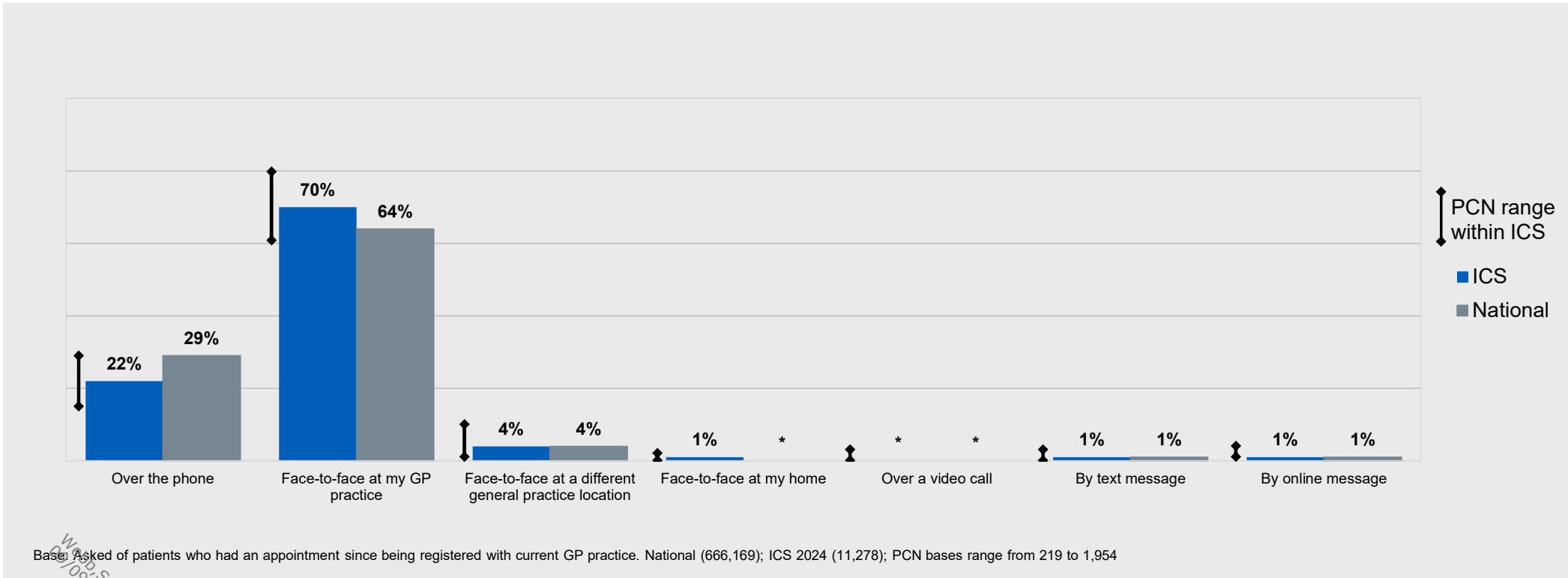


Type of appointment

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q22. How did the appointment take place?



i Comparisons are indicative only; differences may not be statistically significant



Perceptions of care at patients' last appointment



Webb, Sarah
09/09/2024 16:10:53

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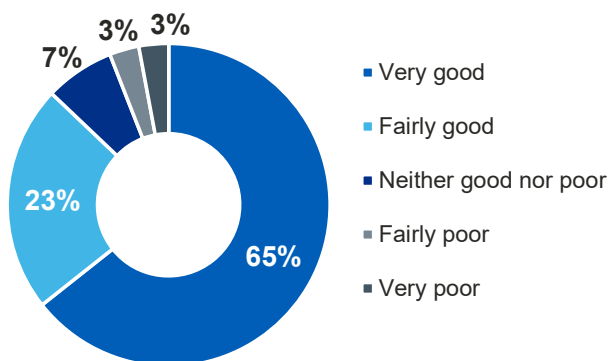
Listened to by healthcare professional

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

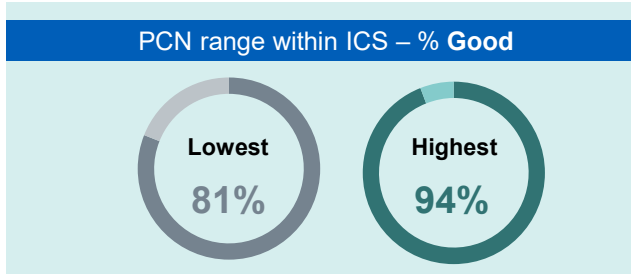
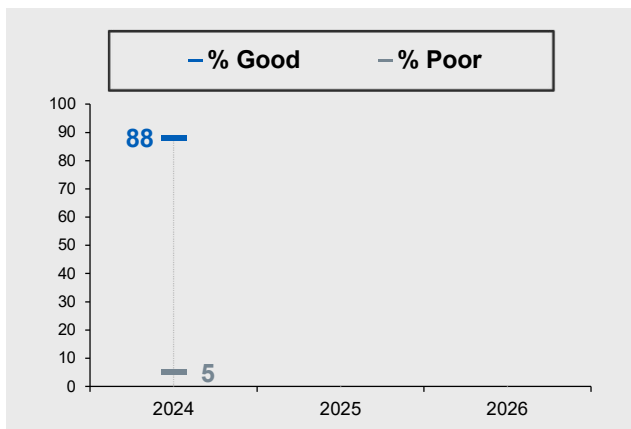
Q24. During your last appointment, how good was the healthcare professional at listening to you?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
88%	5%	87%	6%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (661,822); ICS 2024 (11,217); PCN bases range from 216 to 1,946

i %Good = %Very good + %Good
%Poor = %Very poor + %Poor



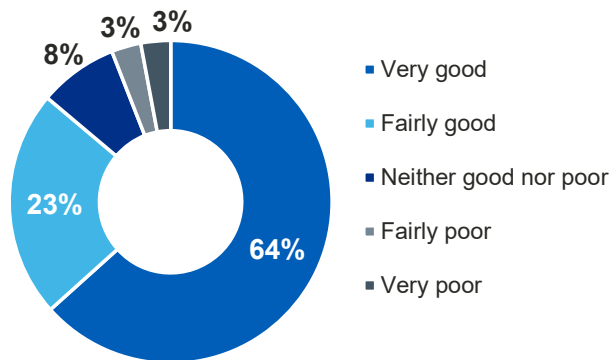
Treated with care and concern by healthcare professional

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

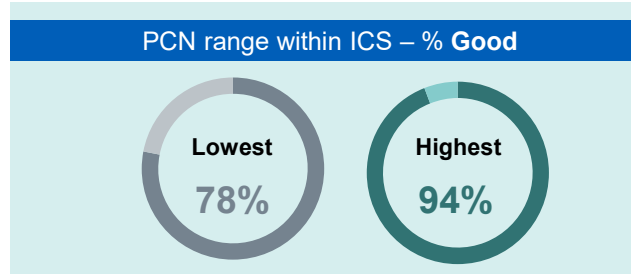
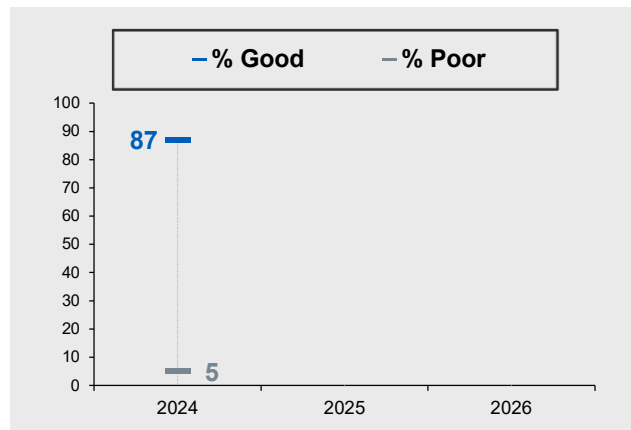
Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
87%	5%	85%	6%



%Good = %Very good + %Good
%Poor = %Very poor + %Poor

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. National (661,177); ICS 2024 (11,198); PCN bases range from 220 to 1,947



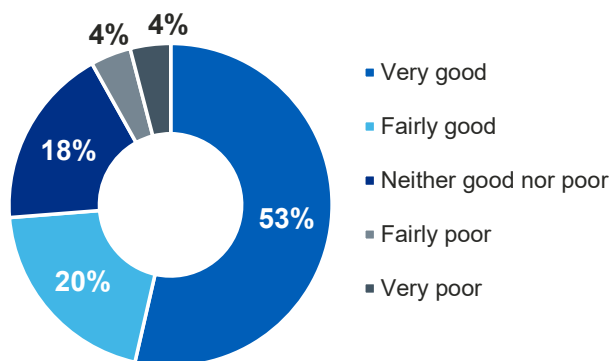
Mental wellbeing considered by healthcare professional

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

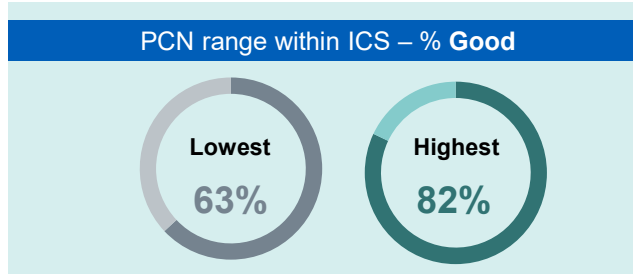
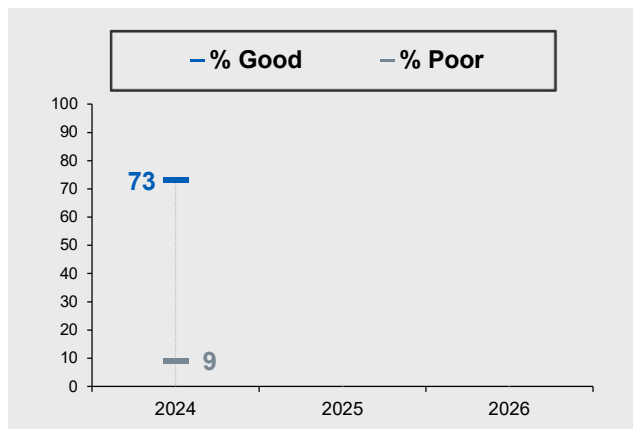
Q26. During your last appointment, how good was the healthcare professional at considering your mental wellbeing?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
73%	9%	73%	9%

i %Good = %Very good + %Good
%Poor = %Very poor + %Poor

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' or 'it didn't apply' have been excluded. National (504,435); ICS 2024 (8,163); PCN bases range from 157 to 1,479



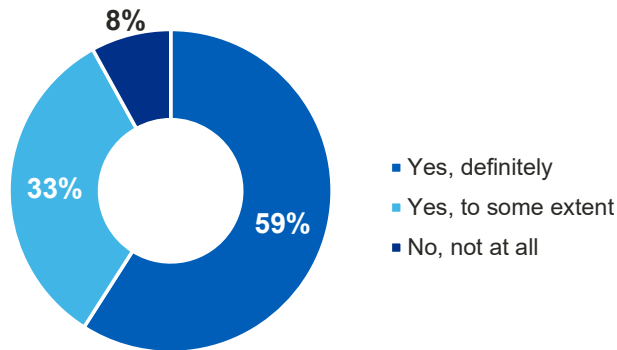
Felt healthcare professional had information they needed

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

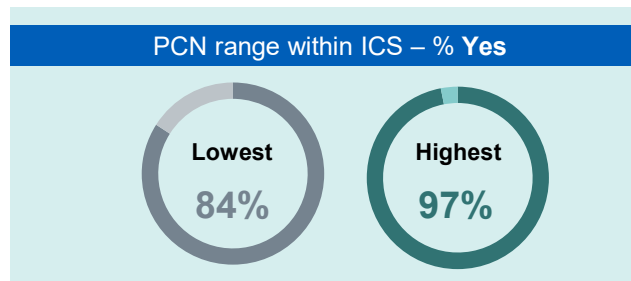
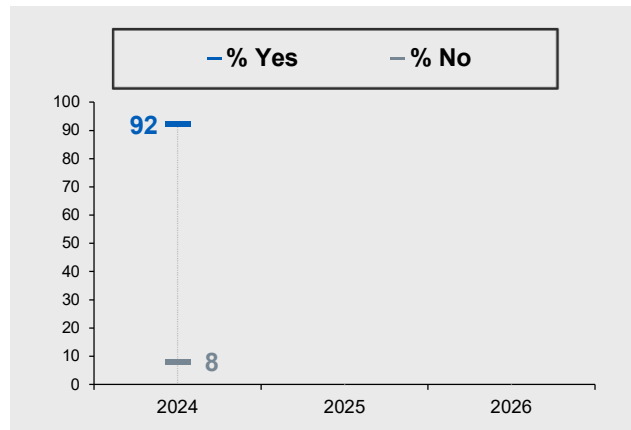
Q27. Did you feel that the healthcare professional had all the information they needed about you?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	92%	8%



%Yes = %Yes, definitely + %Yes, to some extent



Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' or 'it didn't apply' have been excluded. National (640,016); ICS 2024 (10,840); PCN bases range from 211 to 1,884

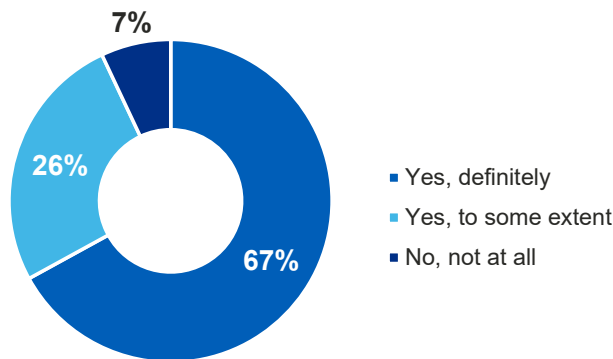
Confidence and trust in healthcare professional

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

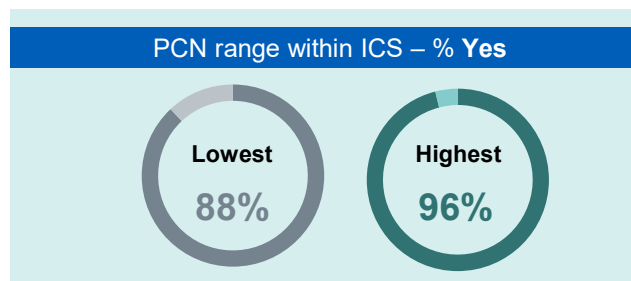
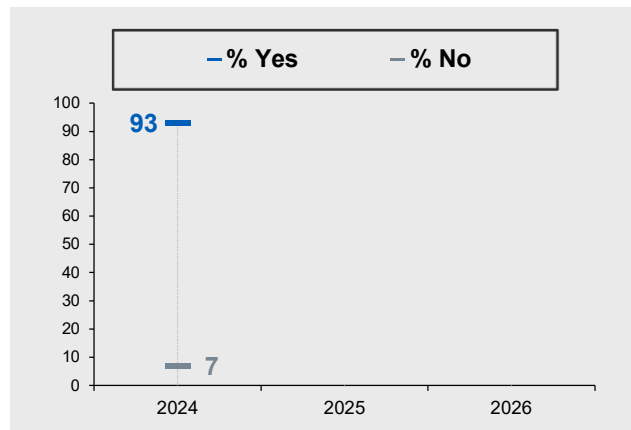
Q28. Did you have confidence and trust in the healthcare professional you saw or spoke to?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Yes	No	Yes	No
93%	7%	92%	8%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' or 'it didn't apply' have been excluded. National (656,379); ICS 2024 (11,163); PCN bases range from 214 to 1,941

i %Yes = %Yes, definitely + %Yes, to some extent



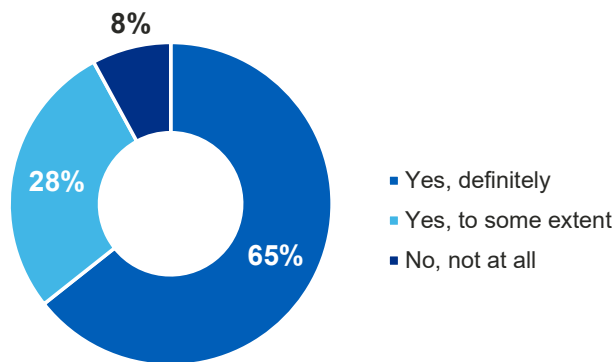
Involved in decisions about care and treatment

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

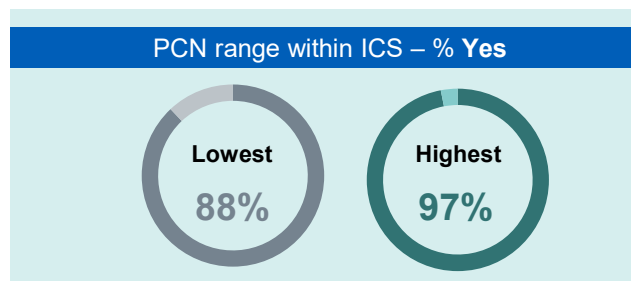
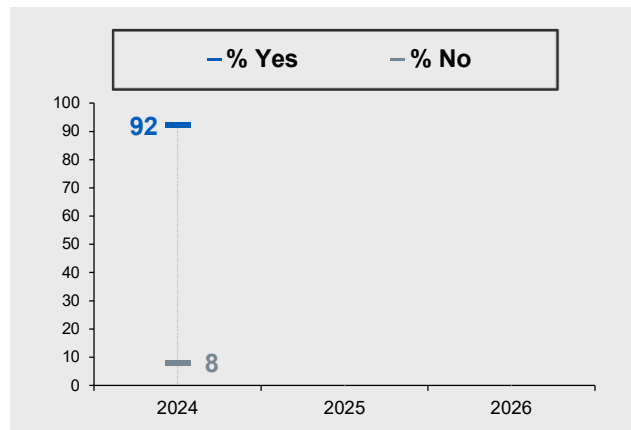
Q29. At your last appointment, were you involved as much as you wanted to be in decisions about your care and treatment?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Yes	No	Yes	No
92%	8%	91%	9%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' or 'it didn't apply' have been excluded. National (624,643); ICS 2024 (10,574); PCN bases range from 203 to 1,841

i %Yes = %Yes, definitely + %Yes, to some extent

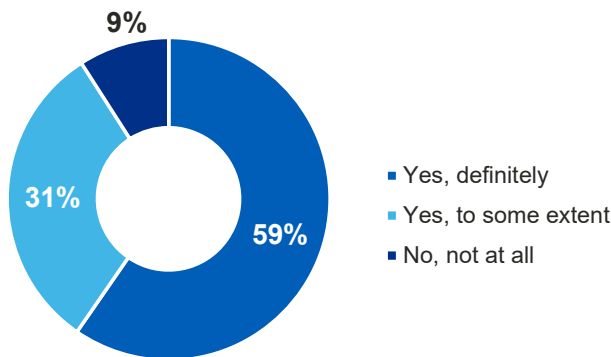


Needs met

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

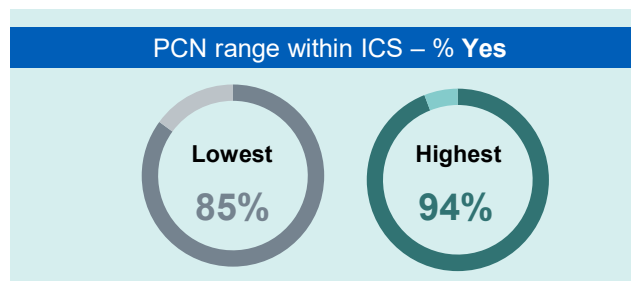
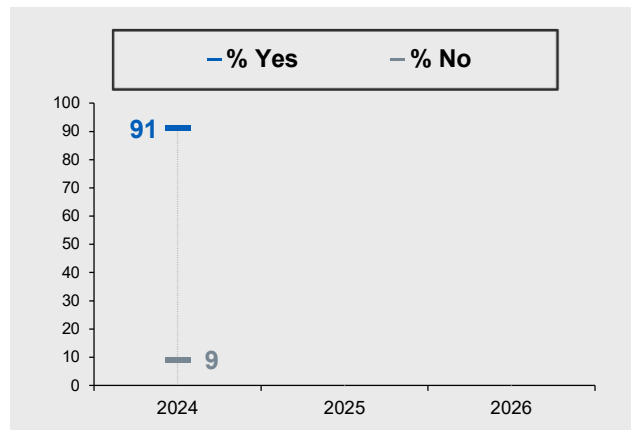
Q31. Thinking about the reason for your last appointment, were your needs met?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Yes	No	Yes	No
91%	9%	90%	10%

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know' or 'it didn't apply' have been excluded. National (657,398); ICS 2024 (11,179); PCN bases range from 222 to 1,933

i %Yes = %Yes, definitely + %Yes, to some extent



Care and concern



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Care and concern – in detail

GPPS can be used to look at how experience varies among different patient groups.

To demonstrate **one example** of this, the following three slides break down the results by a selection of key demographic variables for the question: “Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?”.

- The charts present a summary result of % Good: a combination of ‘% Very good’ and ‘% Good’.
- The answer options for each of the demographic questions are displayed in the order they appear in the questionnaire.

Please note all comparisons are indicative only. Differences in experience between different groups of patients may not be statistically significant and may be influenced by other factors.

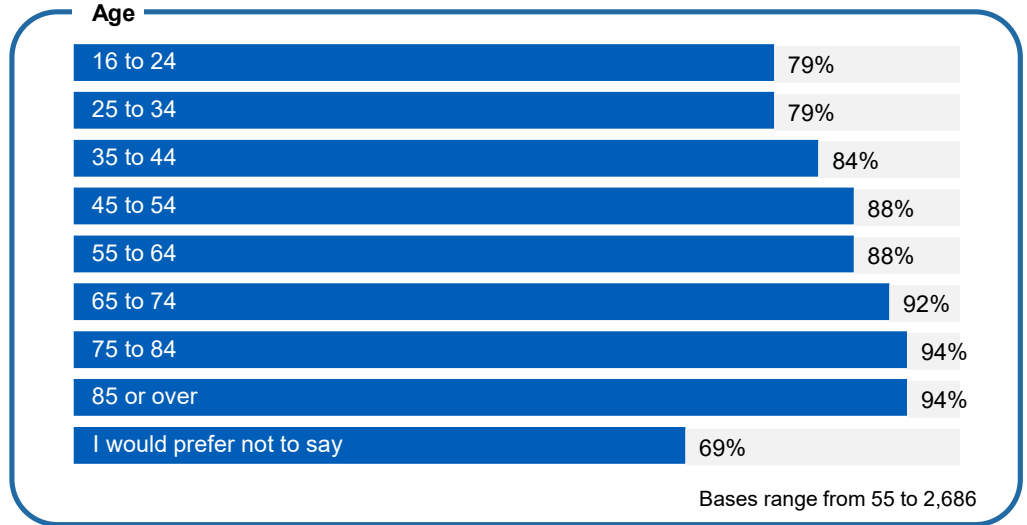
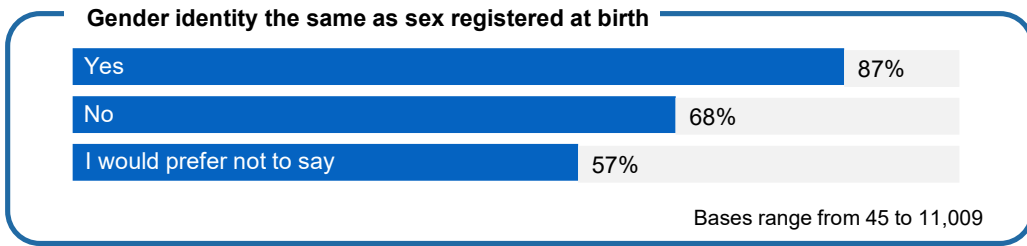
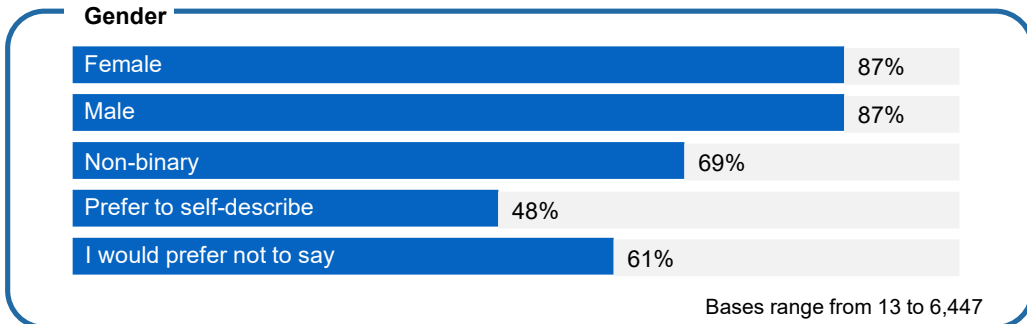
To break down the survey results by patient demographics for **all other questions** at national, ICS, PCN and practice level, go to <https://gp-patient.co.uk/analysistool>.

Webb Sarah
09/09/2024 16:10:57

Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

% Good¹ (total)

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM



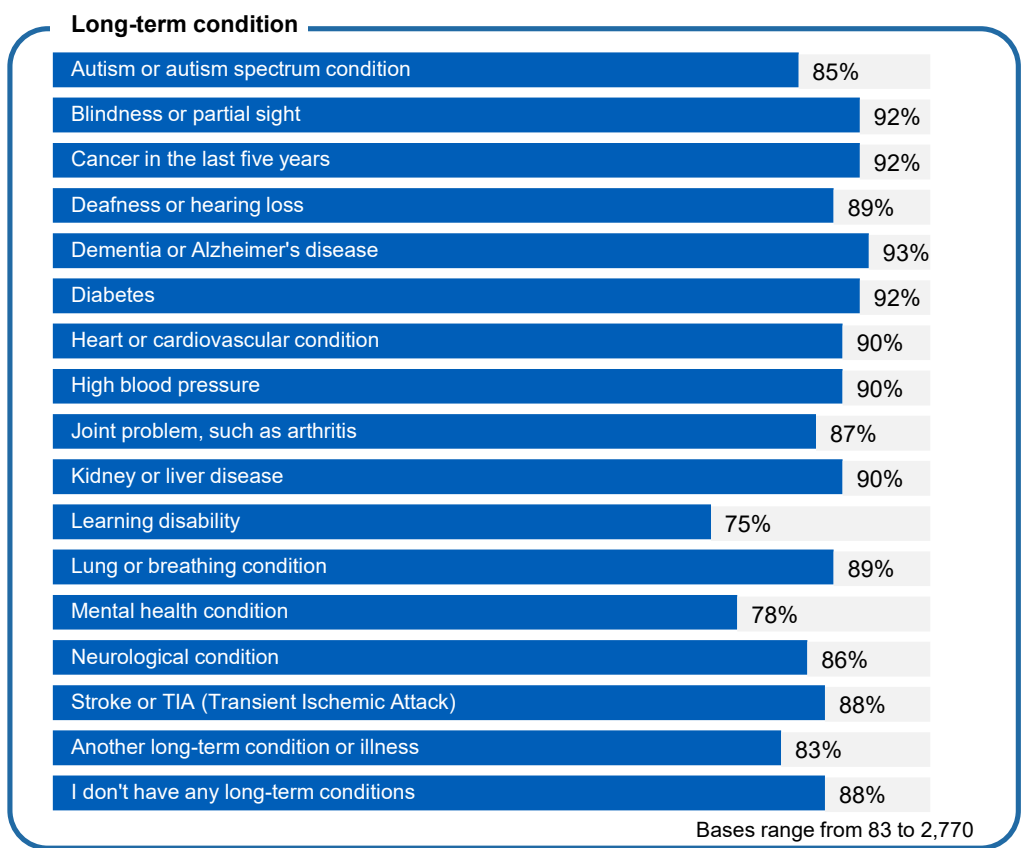
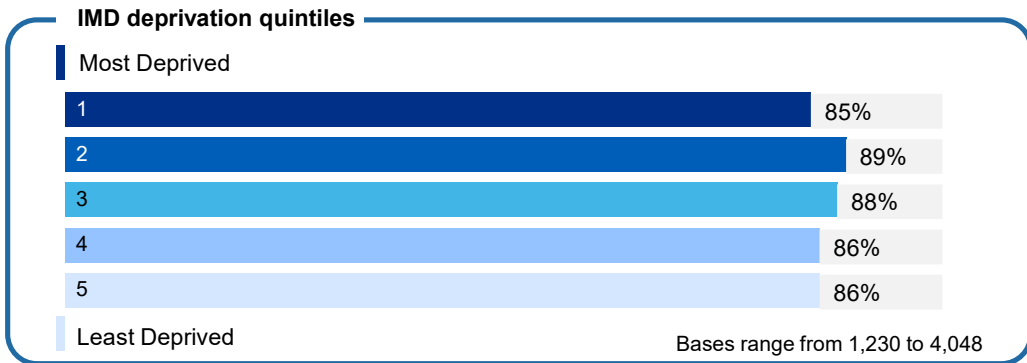
¹Good = Very good % + Good %
 Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'Don't know or it didn't apply' have been excluded. ICS 2024 (11,198).



Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

% Good¹ (total)

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM



¹Good = Very good % + Fairly good %

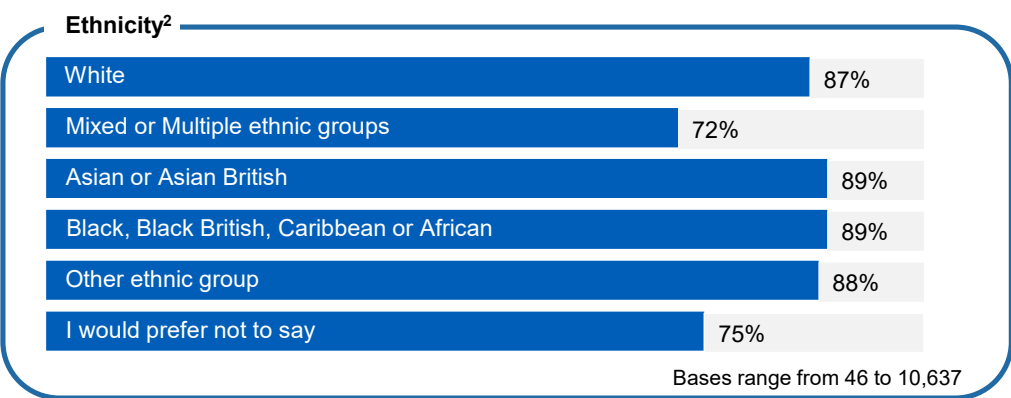
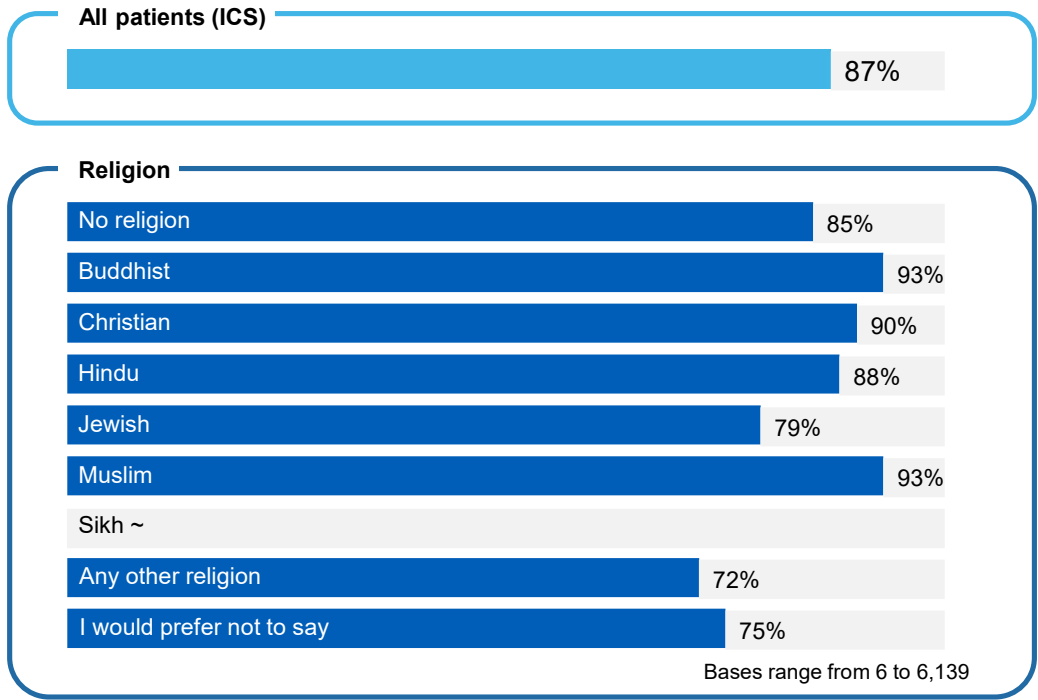
²Disability = 'Yes, a lot' + 'Yes, a little' at Q41. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? for patients identified as having a long-term condition or illness expected to last 12 months or more.

Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (11,198).

Q25. During your last appointment, how good was the healthcare professional at treating you with care and concern?

% Good¹ (total)

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM



¹Good = Very good % + Good %
²A more detailed ethnicity breakdown is available, but individual base sizes may be too small for robust analysis
³Carer = Any 'yes' at Q61. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?
 Base: Asked of patients who had an appointment since being registered with current GP practice. Patients who selected 'I don't know or it didn't apply' have been excluded. ICS 2024 (11,198).



Services when GP practice is closed

These questions are only asked of people who have recently contacted or used an NHS service when they wanted care or advice from a healthcare professional at their GP practice but it was closed. As such, the base size is often too small to make meaningful comparisons at PCN level. The PCN range within ICS has therefore not been included for these questions.

Please note that patients cannot always distinguish between these services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.

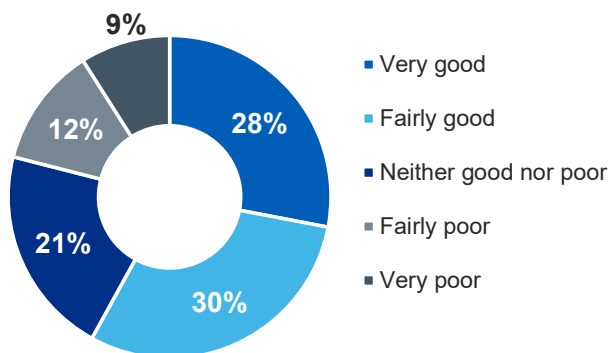
Overall experience of services when GP practice is closed

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

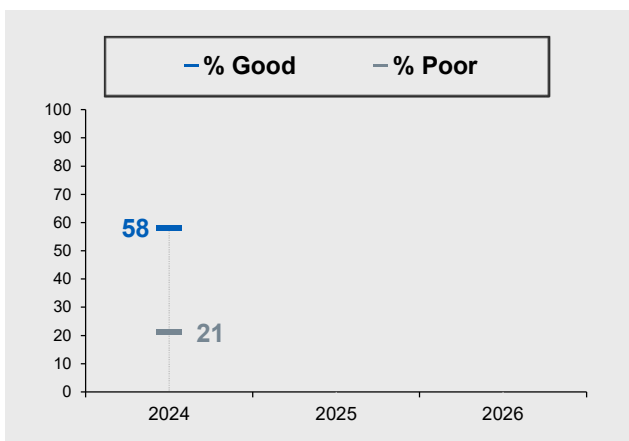
Q36. Overall, how would you describe your experience of NHS services on this occasion when your GP practice was closed?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
58%	21%	56%	22%

Base: Asked of patients who contacted or used an NHS service, in the last 12 months, when they wanted care or advice from a healthcare professional at their GP practice but it was closed. National (191,189); ICS 2024 (2,841).

i %Good = %Very good + %Fairly good
 %Poor = %Very poor + %Fairly poor



Managing health conditions



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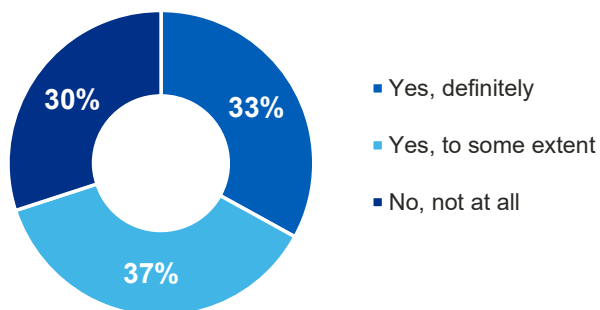
Support with managing conditions or illnesses

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

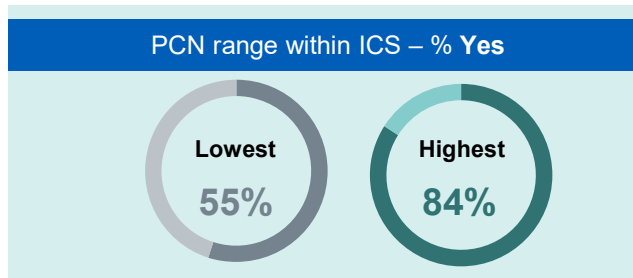
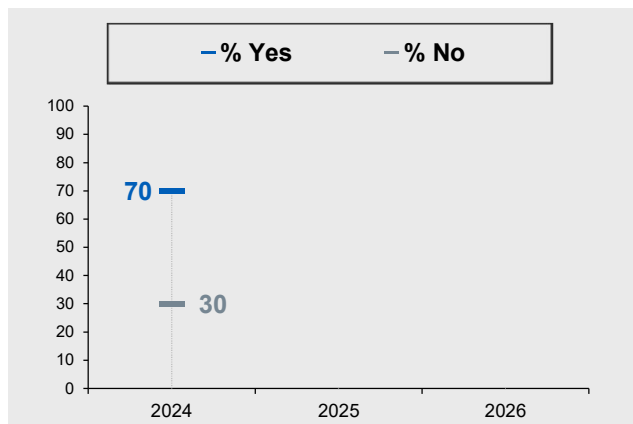
Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Yes	No	Yes	No
70%	30%	68%	32%

i %Yes = %Yes, definitely + %Yes, to some extent

Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National (314,955); ICS 2024 (5,554); PCN bases range from 113 to 967

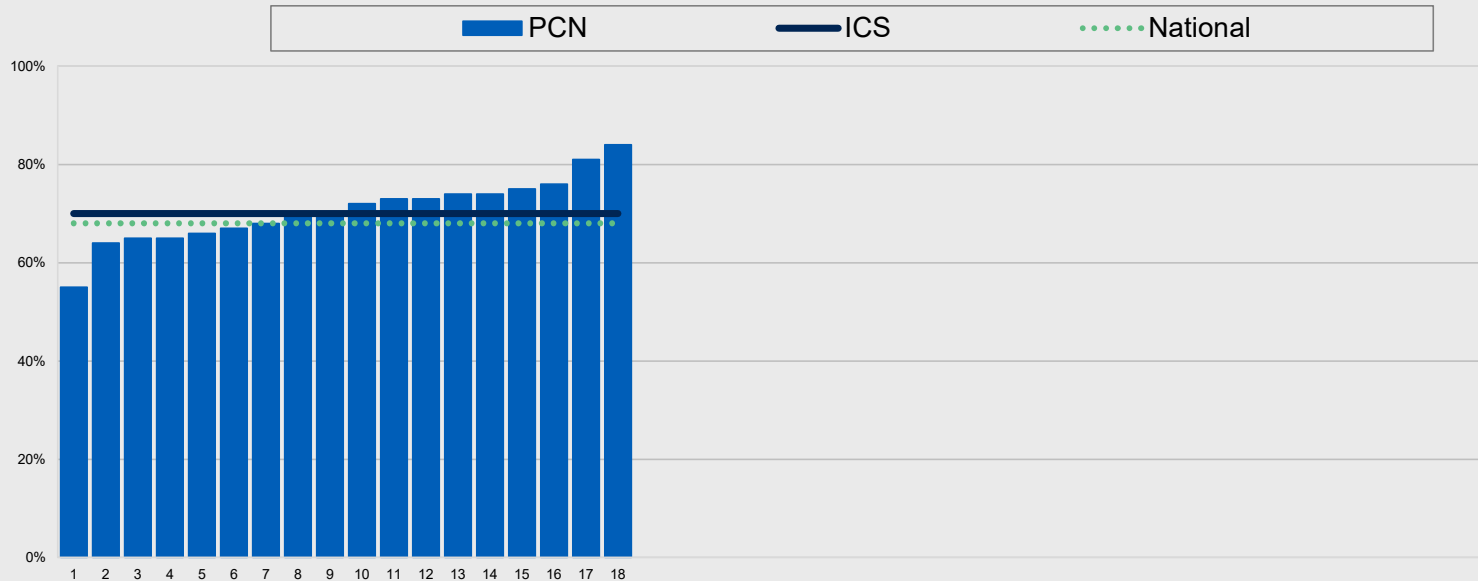


Support with managing conditions or illnesses: how the results vary by PCN within the ICS

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q43. In the last 12 months, have you had enough support from local services or organisations to help you manage your conditions or illnesses?

Percentage of patients saying 'yes' they have had enough support to manage their conditions or illnesses



PCN	Name
1	BRECKLAND SURGERIES PCN
2	GORLESTON PCN
3	NORWICH PCN
4	KINGS LYNN PCN
5	MID NORFOLK PCN
6	SOUTH NORFOLK HIP PCN
7	SOUTH WAVENEY PCN
8	NORWICH NORTH PCN
9	GREAT YARMOUTH & NORTHERN VILLAGES PCN
10	NORTH NORFOLK 1 PCN
11	SWAFFHAM & DOWNHAM MARKET PCN
12	LOWESTOFT PCN
13	FENS & BRECKS PCN
14	KETTS OAK PCN
15	WEST NORFOLK COASTAL PCN
16	NORTH NORFOLK 2 PCN
17	NORTH NORFOLK 3 PCN
18	NORTH NORFOLK 4 PCN

Primary Care Network

Base: Asked of all patients with a long-term condition or illness. Patients who selected 'I haven't needed support' or 'I don't know' have been excluded. National (314,955); ICS 2024 (5,554); PCN bases range from 113 to 967

i Comparisons are indicative only; differences may not be statistically significant

i %Yes = %Yes, definitely + %Yes, to some extent



Pharmacy services



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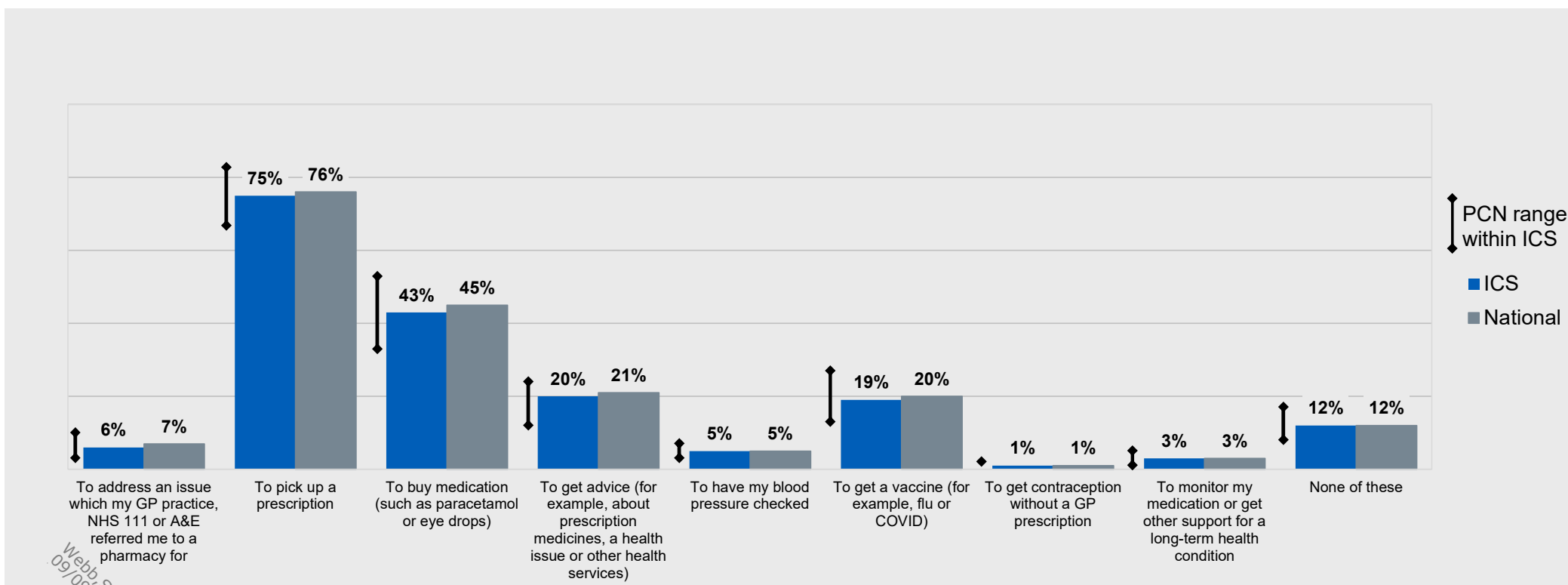


Pharmacy services used in the last 12 months

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?



Base: Asked of all patients. National (694,064); ICS 2024 (11,702); PCN bases range from 229 to 2,056

i Comparisons are indicative only: differences may not be statistically significant

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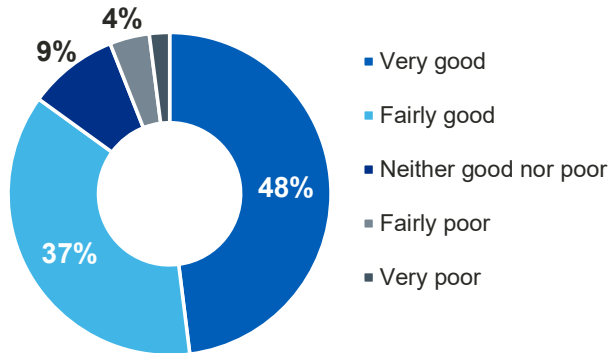
Overall experience of pharmacy services

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

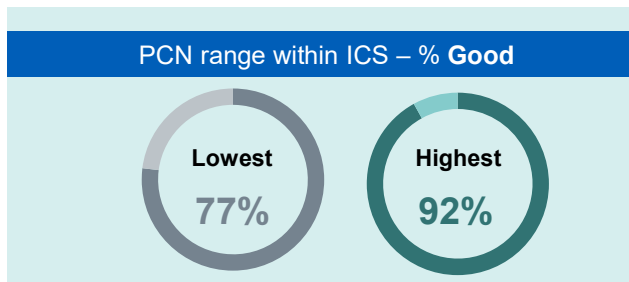
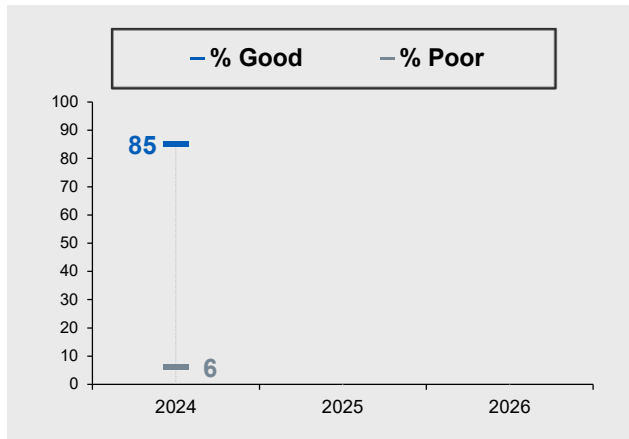
Q48. How would you describe your experience of using these pharmacy services?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
85%	6%	87%	5%

Base: Asked of patients who have used pharmacy services in the last 12 months. National (625,567); ICS 2024 (10,434); PCN bases range from 211 to 1,845

i %Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor



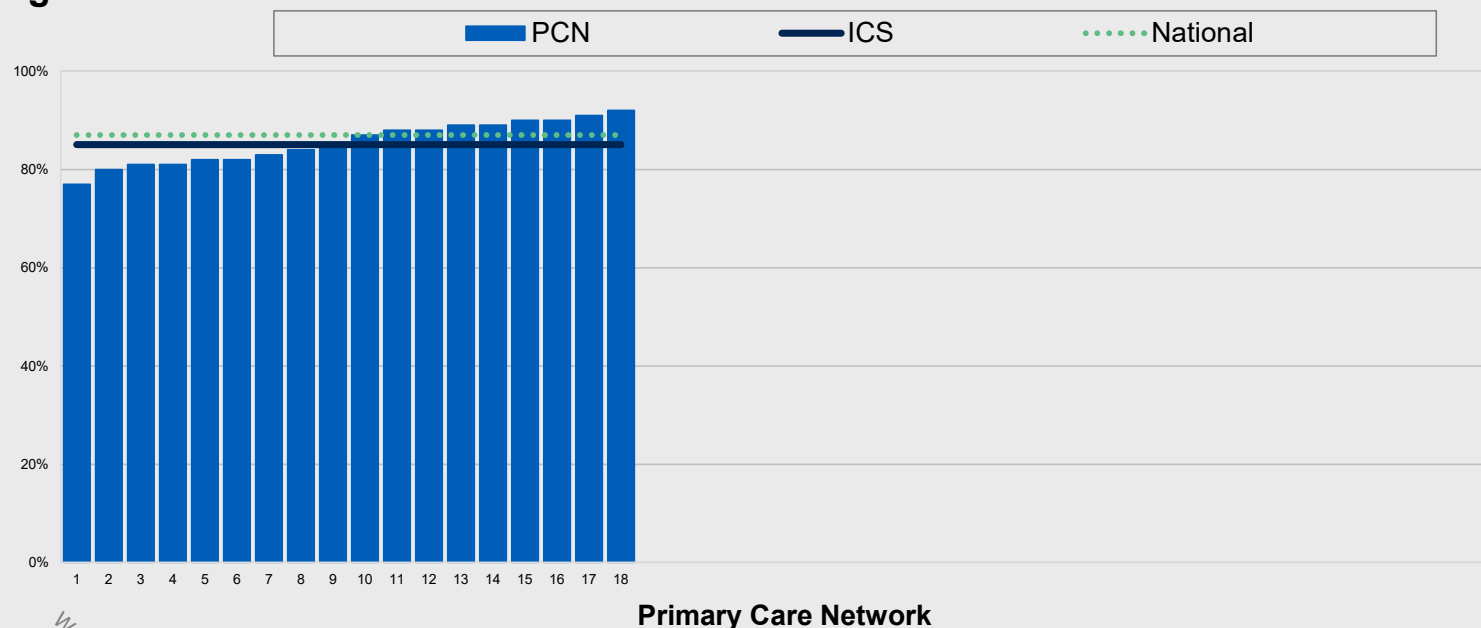
Overall experience of pharmacy services: how the results vary by PCN within the ICS

GP PATIENT SURVEY

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

Q48. How would you describe your experience of using these pharmacy services?

Percentage of patients saying their overall experience of pharmacy services was 'good'



PCN	Name
1	SOUTH NORFOLK HIP PCN
2	MID NORFOLK PCN
3	NORWICH PCN
4	BRECKLAND SURGERIES PCN
5	KETTS OAK PCN
6	NORTH NORFOLK 1 PCN
7	NORTH NORFOLK 4 PCN
8	NORTH NORFOLK 2 PCN
9	SWAFFHAM & DOWNHAM MARKET PCN
10	NORTH NORFOLK 3 PCN
11	GORLESTON PCN
12	GREAT YARMOUTH & NORTHERN VILLAGES PCN
13	NORWICH NORTH PCN
14	LOWESTOFT PCN
15	WEST NORFOLK COASTAL PCN
16	FENS & BRECKS PCN
17	SOUTH WAVENEY PCN
18	KINGS LYNN PCN

Base: Asked of patients who have used pharmacy services in the last 12 months. National (625,567); ICS 2024 (10,434); PCN bases range from 211 to 1,845

i Comparisons are indicative only; differences may not be statistically significant

i %Good = %Very good + %Fairly good



NHS dental services

The PCN range within ICS has not been included for these questions, as we do not know the location of patients' dental practices, therefore the results about experience with NHS dentistry services are not attributable at PCN level.



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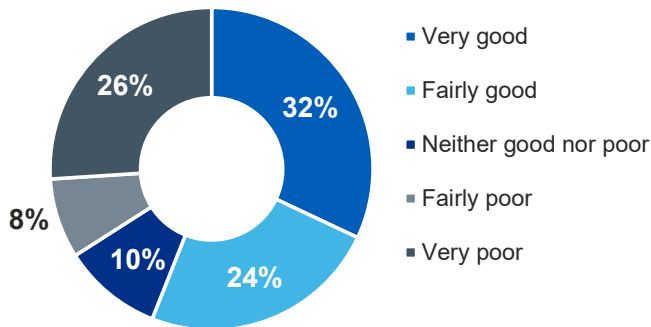
Overall experience of NHS dental services

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

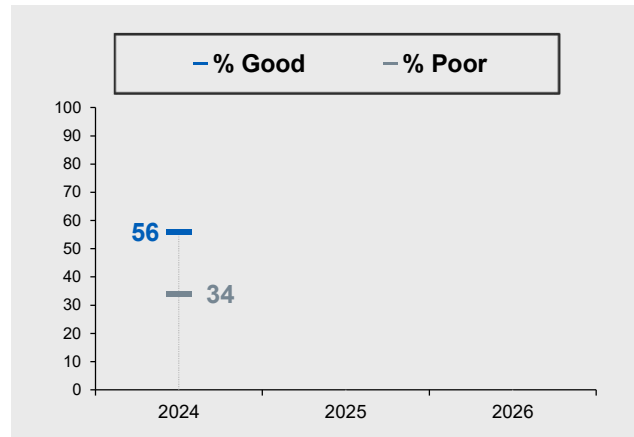
Q52. Overall, how would you describe your experience of NHS dental services?

ICS result



ICS result over time

(2024 results are the start of a new time series)



Comparison of results

ICS		National	
Good	Poor	Good	Poor
56%	34%	69%	20%

Base: Asked of patients who have tried to get an NHS dental appointment in the last 2 years. National (370,796); ICS 2024 (6,211).

i %Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor



Statistical reliability



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Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”).

However, we can estimate the true value by considering the size of the sample on which results are based, and the number of times a particular answer is given.

The confidence with which we make this estimate is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

This table gives examples of what the confidence intervals look like for an ICS and PCN with an average number of responses, as well as the confidence intervals at the national level, based on weighted data. Confidence intervals will be wider when results are based on a smaller number of responses.

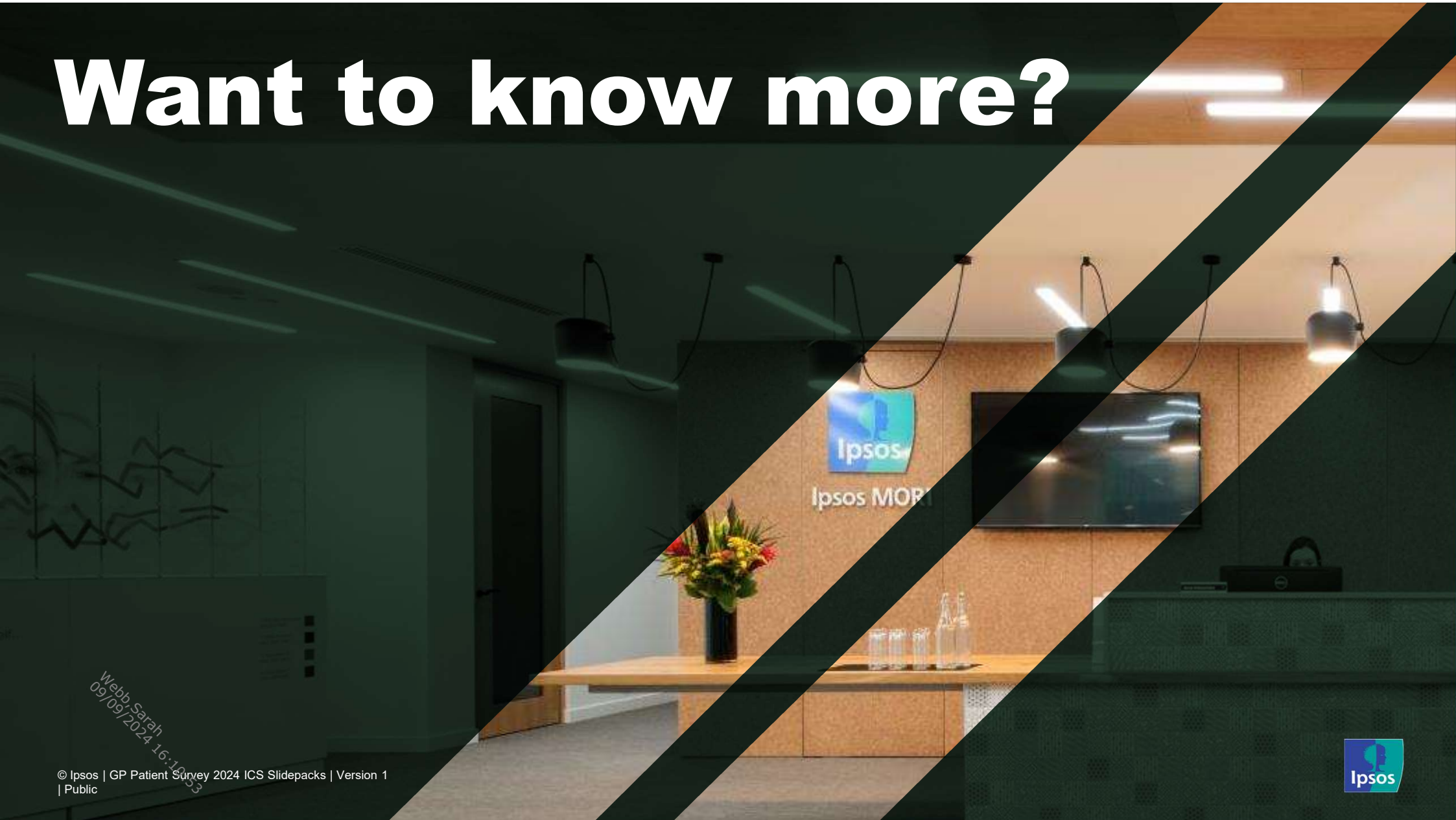
An example of confidence intervals (at national, ICS and PCN level) with an average number of responses.

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1:	Level 2:	Level 3:
		10% or 90%	30% or 70%	50%
		+/-	+/-	+/-
National	699,790	0.10	0.16	0.17
ICS	16,662	0.67	1.03	1.12
PCN	548	3.38	5.16	5.63

For example, taking an ICS where 16,662 people responded and where 30% gave a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had taken part in the survey) will fall within the range of +/-1.03 percentage points from that question’s result (i.e. between 28.97% and 31.03%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has taken part in the survey).

Want to know more?



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Further information about the survey

GP PATIENT SURVEY

- The survey was sent to around **2.5 million patients aged 16 or over** registered with a GP practice in England.
- The overall response rate to the survey is **27.3%**, based on **699,790** completed surveys.
- Participants can complete the **survey online**, also with the option of filling out a paper questionnaire or completing via telephone.
- The GP Patient Survey is conducted on an annual basis and has been since 2017.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of eligible patients and the patients who actually complete a questionnaire. The weighting also takes into account

neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.

- For more information about the survey please visit <https://gp-patient.co.uk/>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.
- Further information about the methodology and technical information including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

2.5 million

Surveys sent to patients aged 16 or over registered with a GP practice in England

699,790

Completed surveys in the 2024 publication

27.3%

National response rate

Where to go to do further analysis ...

GP PATIENT SURVEY

- For reports which show the results broken down by ICS, PCN and Practice for all questions, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data using the interactive analysis tool, go to <https://gp-patient.co.uk/analysistool>. Data can be analysed at national, ICS, PCN, or practice level.
- The analysis tool allows users to filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to compare the relationship between questions using the crosstab function.



For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Webb Sarah
09/09/2024 16:10:57

General Practice – Collective Action

Primary Care Commissioning Committee

10 September 2024

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09/09/2024 16:10:53

What's happened so far

- BMA referendum saw over 99% of members rejecting the imposed national GP contract, which included a 2% uplift for staff pay (and didn't take account of the significant minimum wage increase which affects many staff working in general practice).
- Members were balloted to indicate whether they wished to take collective action, closed on 29 July.
- The BMA has been advocating their safe-working guidelines since the pandemic. This limits each GP to 25 patients per day in 15-minute appointments but hasn't been uniformly implemented in our area.
- The BMA has set out the areas where practices may wish to take industrial action. The campaign is well-organised and materials are available to every practice. They advise practices should choose which areas they wish to take action on. See slides 3 to 6 for the BMA GP Practice Survival Toolkit, taken from the BMA website.

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GP practice survival toolkit – from BMA website – 1/4

PCN DES 24/25 CAIP

1. Practices should defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance in by 2025

- Better digital telephony: Practices who have not declared or received monies need not agree to share call volume metrics before October 2024.
- ‘Simpler online requests: Practices who have not declared or agreed to share data as part of the “online consultation systems in general practice” publication, nor received monies, may continue to switch off their online triage tool during core hours, when they have reached their maximum capacity.

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GP practice survival toolkit – from BMA website – 2/4

Data sharing

2. Switch off GPConnect functionality which permits the entry of coding into the GP clinical record by third-party providers. Read our guidance on [GP data sharing and GP data controllership](#).
3. Withdraw permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care).
4. Freeze sign-up to any new data sharing agreements or local system data sharing platforms.

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GP practice survival toolkit – from BMA website – 3/4

Safety first

5. Limit daily patient contacts per clinician to the UEMO recommended safe maximum of 25. Divert patients to local urgent care settings once daily maximum capacity has been reached.
6. Stop engaging with the e-Referral Advice & Guidance pathway.
7. Serve notice on any voluntary services currently undertaken which plug local commissioning gaps.
8. See patients face to face as a default, unless there is a compelling reason not to do so.
9. Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing, rather than the clinical benefit of your patients.

Wendy Sarah
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GP practice survival toolkit – from BMA website – 4/4

Stopping actions

10. Stop rationing referrals. Refer your patient for specialist care when it is clinically appropriate to do so, via eRS.
 - Outside of 2WW, write a professional referral letter where this is preferable to using a local referral form.
11. Stop rationing investigations. Refer your patient for specialist diagnostic investigations when it is clinically appropriate to do so.
12. Stop unsafe risk-holding to protect the system over the patient. Admit your patient to the local Emergency Department when it is clinically appropriate to do so via a written referral letter to the admitting team.

Webb Sarah
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GP practice appointments

- On average, there were 26,146 appointments delivered per working day during 2023/24, across all staff groups in general practice. Our practices already provide the majority of appointments face-to-face.
- Appointments have increased since the previous year (25,624 per day) with the majority of the increase delivered by non-GPs.
- Average consultation time is 10.9 minutes, whereas the BMA is recommending 15 minutes as part of safe working guidance.
- The largest proportion of appointments delivered per day are for acute presentations, therefore this could carry the greatest risk of impact on other providers.
- We referred to the GP Patient Survey data to review what patients reported they did when they could not get an appointment at their practice. This can be seen on the next slide.
- We are monitoring the situation closely, and have regular internal meetings to understand any potential impact on other services.

Webcam Sarah
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Where do people go if they cannot get an appointment at the time of their choosing?

The GP patient survey indicates that if patients cannot get a GP appointment on the day that they chose then a proportion will use other services available

https://www.gp-patient.co.uk/downloads/2023/GPPS_2023_National_report_PUBLIC.pdf

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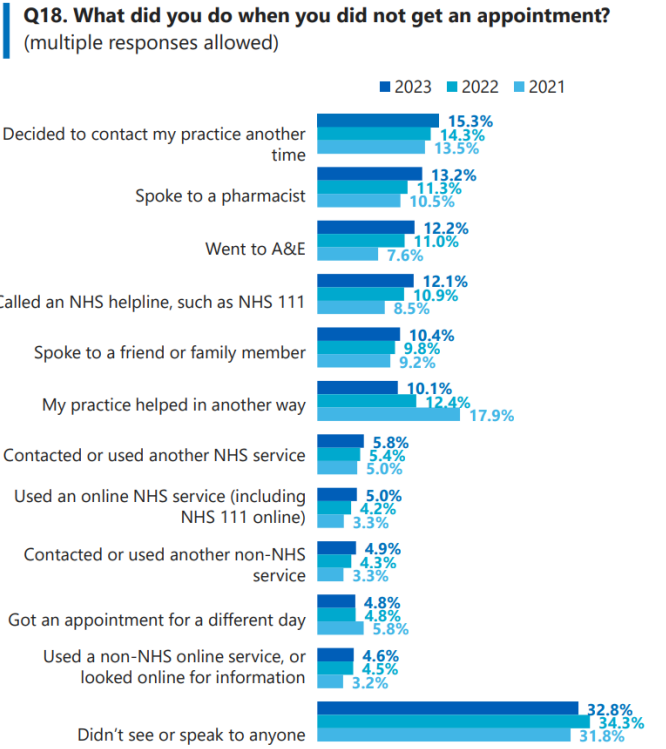
If patients did not get an appointment, what did they do?

15.9% of patients did not initially get an appointment the last time they tried (either they did not take the appointment offered or were not offered an appointment). For these patients, there has been a larger increase over time for the following actions:

- 12.2% said they went to A&E, compared with 11.0% in the 2022 survey and 7.6% in the 2021 survey.
- 12.1% said they called an NHS helpline, such as NHS 111, compared with 10.9% in the 2022 survey and 8.5% in the 2021 survey.
- 13.2% spoke to a pharmacist, compared with 11.3% in the 2022 survey and 10.5% in the 2021 survey.

In contrast, the proportion who said their practice helped in another way has decreased year on year, from 17.9% in the 2021 survey, to 12.4% in the 2022 survey, and to 10.1% in the 2023 survey.

The proportion of patients who went on to get an appointment for a different day (4.8%) has remained similar to the 2022 survey and decreased from the 2021 survey (5.8%).



Base: Asked of patients who were not offered an appointment or did not take the appointment offered: 2023 (94,877) 2022 (88,838) 2021 (69,437)

Agenda item: 13

Subject:	General Practice & Community Pharmacy Delivery Group Report
Presented by:	Shepherd Ncube, Associate Director of Primary Care Commissioning
Prepared by:	Shepherd Ncube, Associate Director of Primary Care Commissioning Sadie Parker, Director of Primary Care
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To provide the Board with a report of the General Practice & Community Pharmacy Delivery Group meetings held on 9 July 2024 and 13 August 2024

Group:	General Practice & Community Pharmacy Delivery Group
Chair:	Shepherd Ncube, Associate Director, Primary Care Commissioning, NWICB for July 2024, Mark Burgis, Executive Director of Patients and Communities, NWICB for August 2024
Meetings since the previous update:	9 July 2024 and 13 August 2024
Overall objectives of the GPODG:	The purpose of the Delivery Group is to provide a framework for effective decision making in relation to certain contractual matters for general practice under delegated authority from the ICB's Primary Care Commissioning Committee.
Main purpose of meeting:	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the Primary Care Committee on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.

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<p>BAF and any significant risks relevant / aligned to this Group:</p>	<ul style="list-style-type: none"> • The resilience of general practice. The increasing risk to services associated with potential collective action was noted.
<p>Key items for assurance/noting:</p>	<ul style="list-style-type: none"> • 9 July 2024 <p>The Operational Risk Register was presented to the group for discussion and approval by voting members. A good discussion took place, and it was agreed that the challenges related to community pharmacy resilience should be included in the register and reported on regularly.</p> <p>The Patient Safety Incident Reporting Framework was presented for discussion and to share information with general practice colleagues in preparation for its upcoming mandatory implementation. The group supported this approach; however, as the meeting was not quorate, full approval will be sought from voting members outside the meeting.</p> <p>A detailed paper on the Magdalen Medical Practice Boundary Change was presented, and the impact of the changes was discussed. The group approved the request, but further approval will be required outside the meeting due to the lack of required number.</p> <p>CQC Reports: Four Care Quality Commission inspections were shared with the group, all receiving an overall rating of "Good".</p> <p>Learning Disability Annual Health Check Update: A strong start has been reported in Q1 of this year.</p> <p>Locally Commissioned Services (LCS): An initial paper was shared to introduce the proposed direction for local commissioned services. The Local Medical Council provided extensive feedback on the proposed transition to Local Enhanced Services (LES). It was agreed that further discussions will take place, and a paper will be brought back to the group for approval to recommission the LCSs due to expire this year.</p> <p>Prescribing Report: The focus was on quality indicators. Positive progress was noted in antibiotic prescribing, while efforts continue to influence prescribing behaviours for strong painkillers.</p> <p>Finance Update: Budget overperformance was reported, partly driven by unidentified efficiencies and</p>

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	<p>the prescribing service line. A forecasted overspend of £5.2 million above the allocated budget is expected by the year-end.</p> <ul style="list-style-type: none"> 13 August 2024 The group reviewed the progress made so far on the first step of the Strategic Framework for Primary Care, namely the development of a vision and a set of principles for primary care. This would go to PCCC for approval. <p>The group reviewed the first iteration of a new delivery report on Pharmacy First, following the publication of national data. Current activity was similar to that of the previous Community Pharmacy Consultation Scheme and work was being done to support an increase in activity. This would improve access for patients, increase the resilience of community pharmacy and release capacity in general practice.</p> <p>The group reviewed the latest finance report and the ongoing challenges in meeting our challenging financial plans.</p>
Items for escalation to Committee:	<p>There were no items for escalation at either meeting.</p>
Items requiring approval:	<p>9 July 2024</p> <p>The group reviewed, noted, and approved the update report on the Operational Risk Register.</p> <p>The Patient Safety Incident Reporting Framework (item 11) and the proposed approach were discussed, supported, and approved by the group.</p> <p>The proposed changes to the Magdalen Medical Practice Boundary (item 12) were reviewed, discussed, and approved. The group recommended that commissioners monitor and review the impact of these changes in six months.</p> <p><i>Voting membership was not quorate for items 11&12. SN/FT confirmed that the meeting continued. Papers circulated afterwards for confirmation that all voting members agreed with the decisions made. Voting members approved the PSIRF and MMP Boundary Change papers offline.</i></p> <p>13 August 2024</p>

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	<p>The group reviewed the Operational Risk Register, noting the updated actions and approved the three proposed changes in target delivery dates for SMI health checks, LD health checks and hypnotics and anxiolytics prescribing.</p> <p>The group approved the funding for new Community Pharmacy PCN Engagement Roles to support the implementation of Pharmacy First and improve integrated working.</p> <p>The group approved a proposal to recommission the six Locally Enhanced Services due to expire on 31 March 2025. These would be reviewed through the usual process of engagement with clinical advisors and the LMC. The ICB would also move to commission services as a local enhanced service (through a contract variation to the GMS contract) in future. For any interested PCNs, the ICB would pilot at scale commissioning this year.</p>
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<p>Confirmation that the meeting was quorate:</p>	<p>The July meeting was not quorate. Attendance at the meeting is set out below:</p> <p>9 July 2024</p> <p>Voting members Shepherd Ncube, Associate Director, Primary Care Commissioning, NWICB – Chair – deputising for SP Karen Watts, Director of Nursing and Quality NWICB (present from 13:30 – 14:00 only) Stuart White – Finance Manager, Delegated Primary Care, NWICB</p> <p>The August meeting was quorate and attendance is set out below.</p> <p>13 August 2024</p> <p>Voting members Mark Burgis, Executive Director of Patients and Communities, NWICB Shepherd Ncube, Associate Director, Primary Care Commissioning, NWICB Sadie Parker, Director of Primary Care, NWICB Karen Watts, Director of Nursing and Quality. NWICB</p>
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Key Risks	
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Clinical and Quality:	The group monitors progress in developing our dashboard and our overall monitoring framework
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Finance and Performance:	Finance and BI are part of the group, performance will be monitored in detail with a dashboard in development.
Impact Assessment (environmental and equalities):	There is a focus on the delivery of LD and SMI health checks.
Reputation:	Healthwatch Norfolk and Suffolk and the Local Medical Committee are part of the group.
Legal:	Terms of reference, primary medical services contracts, premises directions and policy guidance manual
Information Governance:	No risks identified.
Resource Required:	Primary care commissioning, locality, quality, finance, BI, medicines management teams
Reference document(s):	Primary medical services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
NHS Constitution:	No risks identified.
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest

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Agenda item: 13

Subject:	Dental Services Delivery Group report
Presented by:	Fiona Theadom, Head of Primary Care Commissioning (Dental and GP)
Prepared by:	William Lee, Senior Primary Care Commissioning Manager – Dental
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To provide the Committee with a report of the meetings of the Dental Services Delivery Group (“DSDG”) held on 9th July 2024 & 13th August 2024.

Group:	Dental Services Delivery Group
Chair	9 th July 2024: Shepherd Ncube, Associate Director of Primary Care Commissioning, Norfolk and Waveney ICB 13 th August 2024: Mark Burgis, Executive Director of Patients & Communities, Norfolk and Waveney ICB
Meetings since previous update	9 th July 2024 13 th August 2024
Overall objectives of DSODG	The purpose of the meeting is to provide a framework for effective decision making in relation to certain contractual matters for dental services under delegated authority from the ICB’s Primary Care Commissioning Committee (“PCCC”)
Main purpose of the meeting	To contribute to the overall delivery of the ICB’s objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to improve access and transform services by providing oversight and assurance to PCCC on the exercise of the ICB’s delegated primary care commissioning functions and any resources available for investment in primary, community and secondary dental care
BAF and significant risks relevant / aligned to this Group	At this stage, the risk register is monitored by PCCC however work is being undertaken to agree how operational and strategic risks can be monitored across DSDG and PCCC respectively. The BAF risk

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	<p>has been updated to include workforce matters. A second risk has been raised in relation to Secondary Care dental services which was considered by DSDG in May and has been escalated to Committee at this meeting for discussion. Additional risks are being identified and raised accordingly.</p> <p>In addition, further work is being undertaken to improve the way risks are monitored by the ICB Board and its committees, as such there will be further changes to our risk monitoring and reporting as this work progresses.</p>
<p>Key items for assurance / noting</p>	<p>9th July 2024:</p> <p>The following papers were discussed by DSDG:</p> <ul style="list-style-type: none"> • a quality report was presented to the group, this outlined their approach to align pharmacy, dental and optometry to ensure a consistent approach. An update on the metrics toolkit was given alongside how it'll be incorporated within the policy dashboard. • a Force Majeure request for approval was presented and discussed, it outlined a provider who was seeking the carry forward of 969.6 UDAs into the 2024/25 financial year, in addition to their normal contractual target due to unforeseen absence within their workforce. It was found the criteria for Force Majeure was not met and a contract variation would be a better option, the paper will be amended and brought back to the group in August for approval. • a proposal for a Shared Care Referral Pathway was presented to the group. The Pathway has been designed in collaboration with the Senior Clinical Leadership Fellow for NWICB. It aims to improve access to essential dental care for patients with complex medical needs. The proposal is proposed to run for three years until 31 March 2027 with a planned annual investment of £850,000, with the potential to extend following a comprehensive evaluation. The proposal was approved by the group, approval was later secured by the remainder of voting members digitally. <p>13th August 2024</p>

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- A preliminary report on Year End reconciliation for Year 2023/24 was presented, to raise the awareness about the issues and impact on the resilience and stability of NHS dental services in Norfolk and Waveney. The paper included a request for approval to issue / not issue breach notices in line with the ICB's Year End Policy. Following a discussion regarding the financial position and current risks, the group approved the paper.
- A paper was discussed for approval pertaining to the carry forward of any underdelivered activity from last year which will be added to overall contractual requirements for Year 2024/25 for a provider who has 2 contracts. They are facing difficulties because of exceptional circumstances and workforce challenges, this was approved as an exceptional circumstance.
- Contract in Administration, award of emergency contract was presented to the group. Following discussions with regional ICBs no issues with the performer were discovered and due to the lack of practices in North Norfolk, approval was given for the award but agreed this would need to be escalated and submitted to PCCC Voting Members offline for approval as a new contract. EMT to consider the paper on 14 August.
- A presentation on workforce initiatives and their progress was presented to the group highlighting a positive uptake in Golden Hellos, 5 practices requesting to take on foundation training and the new EDI fellow appointment. The group acknowledged the progress and positive impact the workforce team are having in Norfolk & Waveney.
- A paper was discussed for approval to mobilise a network of Child Focused Dental Practices within primary care at a cost of £550,000 for 2024/2025 and annually thereafter to end March 2027. The aim is help alleviate current waiting lists for children waiting for treatment with our Community Dental Services and secondary care services and in turn will reduce the high number of referrals they receive in both settings. Approval was secured by the group.

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	<ul style="list-style-type: none"> • A request was discussed for approval for a Dental Provider’s application to incorporate their General Dental Service (GDS) contract. Approval was given in order to support the resilience of this dental provider and ensure NHS dental activity can continue longer term, subject to confirmation with the ICB’s Contracts and Procurement team in relation to risk of procurement challenge. • Review & Extension of Urgent Treatment Pilot was presented to the group, it outlined the performance, provider survey results, financial cost and feedback from MCN chairs & 111 to inform improvements and future commissioning of urgent treatment. Approval was given for a 6-month extension to March 2025 for the current pilot under the Provider Selection Regime.
Items for escalation to Committee	<p>9th July 2024: There were no items requiring escalation to PCCC.</p> <p>13th August 2024:</p> <ul style="list-style-type: none"> • Contract in Administration, award of emergency contract (refer above for details).
Items requiring DSDG approval	<p><u>9th July:</u></p> <ul style="list-style-type: none"> • Force Majeure request • Shared Care Pathway proposal <p><u>13th August:</u></p> <ul style="list-style-type: none"> • Interim Year End Report • Exceptional Circumstances at Year End • Contract in Administration, award of emergency contract. • Child Focussed Dental Practices • Dental Incorporation • Review & Extension of Urgent Treatment Pilot
Confirmation that the meeting was quorate	<p>9th July: No, approval was sought from Voting Members after the meeting for decisions. Attendance at the meeting is set out below:</p> <p><u>Voting Members:</u></p> <p>Shepherd Ncube (Chair), Associate Director – Primary Care Commissioning (deputizing for Sadie Parker, Director of Primary Care, Norfolk and Waveney ICB). Fiona Theadom. Head of Primary Care Commissioning, Norfolk and Waveney ICB (deputizing for Shepherd Ncube, Associate Director – Primary Care Commissioning)</p>

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James Grainger, Head of Finance – Primary Care & Corporate/Reporting, Norfolk, and Waveney ICB

In attendance:

Matthew Lewis, Primary Care Finance Officer, Norfolk & Waveney ICB

Nick Stolls, Dental Advisor to PCCC and DSDG

Jason Stokes, NHS England/Norfolk LDC Secretary

Ben Oakenfold, Primary Care Commissioning

Support Officer – Dental, Norfolk and Waveney ICB

Rashmi Purkayastha, Commissioning Manager

(Dental), Norfolk and Waveney ICB

Louise Wilson, Quality Improvement Dental Nurse,

Norfolk and Waveney ICB

Brigit Chisholm, Healthwatch UK

Jason Stokes, NHS England/LDC Secretary

Marie McDermott, Senior Nurse for POD Services,

small contracts and specialized commissioning

Mary Cummins, Clinical programmes support officer.

13th August 2024: Yes. Attendance at the meeting is set out below:

Voting Members:

Mark Burgis (Chair), Executive Director of Patients & Communities, Norfolk and Waveney ICB

Sadie Parker, Director of Primary Care, Norfolk and Waveney ICB

Shepherd Ncube, Associate Director – Primary Care Commissioning

Matthew Lewis, Primary Care Finance Officer, Norfolk and Waveney ICB

Karen Watts, Director of Nursing and Quality, Norfolk & Waveney ICB

In attendance:

Fiona Theadom. Head of Primary Care

Commissioning, Norfolk and Waveney ICB

William Lee, Senior Primary Care Commissioning Manager, Dental, Norfolk and Waveney ICB

Ben Oakenfold, Primary Care Commissioning

Support Officer – Dental, Norfolk and Waveney ICB

Rashmi Purkayastha, Commissioning Manager

(Dental), Norfolk and Waveney ICB

Louise Wilson, Quality Improvement Dental Nurse,

Norfolk and Waveney ICB

Tom Norfolk, Chief Regional Dental Officer, East of England

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	<p>Jordan Bingley, Primary Care Workforce, Norfolk and Waveney ICB Nick Stolls, Dental Advisor to PCCC and DSDG Alex Stewart, Chief Executive, Healthwatch. Andrew Bell, Vice-Chair, Norfolk Local Dental Committee</p> <p>Action was taken after the meeting to identified named deputies for both DSDG and the General Practice and Community Pharmacy Delivery Group to ensure decisions can be made in line with ICB's DDFL and Terms of Reference going forward.</p>
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Recommendation to the Committee:

To note the report for assurance purposes

Key Risks	
Clinical and Quality:	The Group will be monitoring quality improvement and development of a performance dashboard and overall assurance framework
Finance and Performance:	Finance is part of the membership, performance and spend against the dental budget will be monitored in detail and reported to the Committee
Impact Assessment (environmental and equalities):	Each proposal will be accompanied by an equalities impact assessment to inform the Group's decision making. Papers to DSDG seek to identify potential impact on equalities and mitigating actions required. Action will be taken to draw up Equality Impact Assessments and Clinical Quality Risk Assessments for new projects and proposals.
Reputation:	Healthwatch Norfolk and Healthwatch Suffolk, Local Professional Network and the Local Dental Committee are all represented on the Group
Legal:	Terms of reference, general dental services contracts, regulations and Dental Policy Handbook
Information Governance:	N/A
Resource Required:	Primary Care Commissioning Team
Reference document(s):	General dental services contracts, regulations and Dental Policy Handbook
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest

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Reference to relevant risk on the Board Assurance Framework	The resilience of primary care
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Agenda item: 13

Subject:	Dental Development Group report
Presented by:	Fiona Theadom, Head of Primary Care Commissioning (Dental and GP)
Prepared by:	William Lee, Senior Primary Care Commissioning Manager – Dental
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

To provide the Committee with a report of the meetings of the Dental Development Group (“DDG”) held on 25th June 2024 & 27th August 2024.

This is the first report to the Committee from the DDG since it commenced in June 2023 and provides an update from recent meeting discussions only. Until April 2024, the DDG were actively involved in the development of the ICB’s Short Term and Long Term Dental Plans. The aim of the Group going forward is to support the develop the key elements of the Long Term Dental Plan.

Group:	Dental Development Group
Chair	25 th June 2024: Sadie Parker, Director of Primary Care, Norfolk, and Waveney ICB 24 th July 2024, meeting stood down. 27 th August 2024: Sadie Parker, Director of Primary Care, Norfolk, and Waveney ICB
Purpose of the Group	The purpose of the group is to: <ul style="list-style-type: none"> 1. provide a ‘safe space’ for key stakeholders across the Norfolk and Waveney system to come together to discuss and drive delivery of the systems dental ambitions. 2. share information, soft intelligence and agree actions as how to best work together to keep the dental transformation and support for Norfolk and Waveney (N&W)

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	<ol style="list-style-type: none"> 3. work together to agree a 3 – 5 year strategy by March 2024 4. enable a joined-up approach to solution finding and decision making, ensuring that we utilise all aspects of our system in the initial scoping of decisions and outcomes for N&W. 5. To inform decision making by the ICB from 1 April 2023 <p>Engagement planning in the co-production of services going forward including those from secondary care, community care, urgent and emergency care and Patients.</p> <p>Terms of Reference are in place however there is no formal quoracy for the meeting.</p>
Meetings	<p>25th June 2024</p> <p>27th August 2024</p>
Key items for assurance / noting	<p>25th June 2024:</p> <p>The following items were discussed by DDG:</p> <ul style="list-style-type: none"> • a presentation on the Principles and Vision for Primary Care for Norfolk & Waveney was shared. Group members were invited to suggest amendments prior to submission to the board. • A presentation was given by Senior Leadership Fellow for NWICB on Child Focused Dental Practices. It outlined the progress of the task and finish group; the core aims and the next steps. • A presentation was given on the proposed access improvement plan for new patients, outlining the use of flexible commissioning, the aim is to address the priorities outlined in the long-term plan and to include the reporting of measurable outcomes. <p>27th August 2024:</p> <p>The following items were discussed by DDG:</p> <ul style="list-style-type: none"> • A slide presentation and discussion was given on the current challenges of Level 2 services within Norfolk & Waveney. It outlined workforce, geographic disparity in provision

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	<p>and triage as areas of improvement. Alongside a 10-point vision to improve the situation. A number of recommendations were discussed for the ICB to explore further.</p> <ul style="list-style-type: none"> • A verbal update was given on Shared Care Dental Practices, outlining the Pathway for patients with complex medical needs and the next steps to improve this within Norfolk & Waveney • A brief presentation on workforce initiatives and their progress was presented to the group highlighting a positive uptake in Golden Hellos, 5 practices requesting to take on foundation training and the new EDI fellow appointment.
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Recommendation to the Committee:

To note the report for assurance purposes

Key Risks	
Clinical and Quality:	The Group contributes to the development of ICB plans and projects aimed at ensuring and improving the quality of NHS dental care in Norfolk and Waveney. The Group's membership includes a wide range of clinicians to inform ICB plans from a clinical perspective.
Finance and Performance:	Finance is part of the membership to consider if schemes offer value for money opportunities and to keep informed about potential developments
Impact Assessment (environmental and equalities):	Each proposal will be accompanied by an inequalities impact assessment to inform the Group's decision making
Reputation:	Healthwatch Norfolk and Healthwatch Suffolk, Local Professional Network and the Local Dental Committee are all represented on the Group
Legal:	Terms of reference, general dental services contracts, regulations and Dental Policy Handbook
Information Governance:	N/A
Resource Required:	Primary Care Commissioning Team

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Reference document(s):	general dental services contracts, regulations and Dental Policy Handbook
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest
Reference to relevant risk on the Board Assurance Framework	BAF PCCC 18, BAF PCCC 19

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Agenda item: 14

Subject:	Delivery Report
Presented by:	Leiat Becker, Senior Primary Care Delivery Manager
Prepared by:	Leiat Becker, Senior Primary Care Delivery Manager
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Summary of Paper

This year's Operational Planning Guidance contained several areas for primary care, across three of the four contractor groups. The ICB has been working with NHS England to finalise metrics for each of these requirements.

- Pharmacy First consultations – there has been the following activity in the last six months:
 - 12,803 Pharmacy First clinical consultations.
 - 5615 urgent supplies of medication.
 - 3841 minor illness consultations.
 - We have identified the highest 10 and lowest 10 practices for activity to engage with and identify success and barriers.
 - We have identified opportunities in the referral pathways specifically around GP referrals which will be targeted with the PCN engagement project.
- Appointments in general practice
 - **634,392** total numbers of appointments in July 2024.
- Appointments seen in two weeks in July 2024.
 - There have been **283,347**.
 - Great Yarmouth 60,289
 - North Norfolk 38,789
 - Norwich 63,122
 - South Norfolk 63,755
 - West Norfolk 57,392
 - The average for East of England is 85% and we are sitting at 81%.

- Dental access.

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- Number of unique patients (adults and children measured separately) seen by NHS dentistry is a key area for development for the ICB as we seek to improve access.
 - The ICB is able to report on rolling basis of new patients who have not been seen by an NHS dentist in previous 24 months.
 - March 23- April 24 – 3,780.31,
 - April 24 – Aug 24 - 20,653.34
 - This is the key measure of success that the ICB is using to measure access improvement.
 - The ICB has invited local providers to submit Expressions of Interest, including a workforce plan, to increase their activity recurrently either through sessional payments or by increasing their UDA activity. An investment of £1.4m has been identified for this scheme. The Eols are being evaluated.
- Units of dental activity (UDAs) delivered – there is an expectation for systems to return to pre-pandemic levels of activity. With the introduction of more flexible commissioning approaches (ie sessional payments), it may be challenging to deliver UDAs, and a focus on new patients may support with this.
 - As of 31 August 2024, approximately 25.2% of UDAs had been delivered (549,735 UDAs).
 - Severe mental illness – our SMI health checks LCS maintains the focus on this area. The new target is 75%, which we believe will be challenging in the current climate and as such have opted for more conservative uptake which builds on previous levels of achievement.
 - Unfortunately, we have no published data as the data is reported quarterly. We should have this for the next committee meeting.
 - Learning disability health checks – we continue to prioritise this area as an ICB, and practices undertook the most health checks they have ever done in 2023/24. The target remains 75%.
 - Unfortunately, we have no published data as the data is reported quarterly. We should have this for the next committee meeting.

As we transition into quarterly reporting, the highlight reports are included which show further detail. While the dashboard is still in development, we plan to have a dashboard for the next meeting, which will demonstrate our baseline and also national and regional benchmarking.

Recommendation

Committee members are invited to:

- Note the metrics provided to committee.
- Note the intention to bring a quarterly report to committee updating on progress, accompanied by the highlight reports appended to this report.

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Key Risks	
Clinical and Quality:	Good oversight of data in the national priority areas will support the ICB in focusing its efforts to support providers which are struggling.
Finance and Performance:	Regular delivery reporting is in line with the internal audit requirements and will form part of the committee report to Board.
Impact Assessment (environmental and equalities):	Good oversight of data will support the ICB in developing plans to support the reduction in health inequalities.
Reputation:	Operational planning guidance requirements
Legal:	None identified
Information Governance:	None identified
Resource Required:	Primary Care team, business intelligence team
Reference document(s):	Operational Planning Guidance
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care

Governance

Process/Committee approval with date(s) (as appropriate)	N/A
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Summary of Primary Care Access Improvement Plan

Lead : Jayde Robinson

Overall programme RAG Rating

Correct as of 03/09/2024

Approved

Workforce

GP Retention

Newly Qualified GP Incentive , GP partnerships, NTP GP/N Fellowships , Continuous Professional Development, ENHANCE Generalist School, Women's Health Programme, Aspiring Educators Programme, GP Next Gen, General Practice International Pilot, Coastal Community Digital Fellowships, Volunteer to Career, Primary Care Network Induction Programme, Pre Partnership Model, GP Visa Reimbursement, National GP Retention Scheme, New GP Educator Programme, PA Support Project, Clinical Apprenticeships and Coastal Communities Project.

Pharmacy Retention

PTPT Pharmacy Apprenticeships, DPP Incentive, Pharmacy PCN Integration Leads

Dental Retention

Foundation Dental Training Practices Programme, Foundation Dental Supervisors Incentive Programme , Dental Nursing Apprenticeships, Post Foundation Years Dental Professional Incentive, N&W Golden Hello Dental Professional Incentive, Primary Care Dental Fellowship, Overseas Recruitment and Continuous Professional Development (CPD)

Optometry Retention

Continuous Professional Development, Workforce Incentives

All Primary Care Sectors Programmes

Equality, Diversity and Inclusion Programme, #WeCareTogether Website & Virtual Careers Website, Health and Wellbeing of Primary Care, Recruitment, Succession & Rotational Roles, Schwartz Rounds, Social Media , Non-Clinical Apprenticeships and Primary Care Careers

Previous activity for last quarter:

Primary Care Workforce Strategy 2024 – 2027 submitted to PCCC for formal approval
 National Dental Golden Hello Offers awarded - 10 EOI's
 Local Dental Incentives launched
 1st Optometry Workforce Event completed – scoping of workforce programmes and Continuous Professional Development Programmes
 Artificial intelligence software mapping for vacancies
 Launch of Volunteer to Career in Primary Care settings – 25 applications received
 Learning Organisation and GP Educators Programmes launched
 CPD Education Plan and Clinical Placements 2024 – 2027 submitted to NHSE
 National Finalist for “Workforce Initiative of the Year” for the GP Newly Qualified Programme

Planned activity for the next quarter:

- Optometry Workforce Retention Programmes launch
- First Contact Practitioner Event
- Aspiring Educators Programme October cohort
- Qualified Advance Practice Pathway
- Schwartz Rounds and “Working Well” Webinars
- Women's Health Programme
- Apprenticeship Programme – Nursing
- Non-Clinical Professional Development Training launch
- Business Intelligence workforce profiling for Dental and Optometry
- Generalist Enhanced School - October cohort (25 applicants)

Milestone:

Delivery Date:

RAG:

Risks/Issues

Continue with expansion and retention commitments linked to Train, Retain and Reform (NHS Long-Term Workforce Plan) as outlined within the N&W Operational Delivery Plan

31/05/2025

On track for delivery

- Training Hub Contract to be renewed for 1 year only (until 31st March 2026) then subject to national review. This was expected to be a 2-year extension.
- Workforce team continue to bid for funding and pilots to support other contractor groups. Dental underspend identified for non-recurrent workforce initiatives. Workforce team in place, albeit fixed term posts. Coastal and rural programme pilot.
- Aging Workforce demographics – significant impact for general practice GP’s, Nursing and Non-Clinical Roles, pharmacy technicians within community pharmacy.

Primary Care Workforce Strategy 2024-2027 awaiting PCCC approval

10/09/2024

On track for delivery

- No dedicated funding stream for workforce retention and clinical professional education

Summary of Primary Care Access Improvement Plan

Lead : Fiona Theadom

Overall programme RAG Rating

Correct as of 03/09/2024

Approved

Dental - AIM

Increase access to oral healthcare for our population

Build resilience and stability in N&W across all NHS dental services

Utilise flexible commissioning to increase access for new patients through additional sessions (focus on health inequalities and children and young people)

Continue providing urgent treatment services for urgent dental care

Mobilise a dental van for vulnerable patients in rural and coastal areas through sessional payments (national Dental Recovery Plan)

Provide access for patients with complex medical needs via sessional payments to local dental providers

Deliver all elements of the national Dental Access Recovery Plan for 2024/2025 including workforce incentive schemes

Previous activity for last quarter:

- Year End has now concluded, All letters have been published and clawback being recovered.
- Urgent Treatment services are running as normal– delivering an average of 1800 appointments per month
- Task & Finish Group established for mobilisation of Child Focused Dental Practices, EOIs to be rolled out
- EOIs for Access Improvement Initiative have been sent out to local providers inviting interest to provide access in areas of Core20plus population to address health inequalities
- All 23 Golden Hello for 2024/2025 offered to local providers (both national and local schemes) and other workforce packages being offered.

Planned activity for the next quarter:

- Agree Out of Hours commissioning plans (contract expiry 31/12/24)
- Begin Mid Year process
- Child Focused Dental Practices - Mobilise services
- Shared Cared Pathway - Mobilise services
- Orthodontics- meeting booked with MCN Lead and all ortho providers to discuss service needs and workforce
- Screening In SEN School (SDF funded)- NW EOI submitted to participate in national procurement. Awaiting NHSE service spec and outcome of national tender
- Procurement to replace Referral Management System
- Extend Trauma pilot to end March to enable regional discussion about future of services (linked to urgent treatment and OOH)

Milestone	Delivery Date:	RAG:	Risks/Issues
Year end	Sept 2024	RAG Green	<ul style="list-style-type: none"> • Continued shift from NHS to private work and the resultant contract hand backs, financial uplift 24/25 not known, UDA contract is not liked by dentist may limit our ability to commission additional capacity with them, flexible commissioning may impact our UDA activity target. • Time for dental workforce plan to take effect which influences the success of the LTDP and improving access • Financial investment constraints (ICB and NHSE Triple Lock) • Workforce recruitment and retention challenges
UTS review	August 2024	RAG Green	
OOH	Sept 2024	RAG Amber	
Access Improvement	Sep 2024	RAG Blue	
Child Focused dental practices	Oct 2024	RAG Blue	
Shared Care Dental Services	Nov 2024	RAG Blue	

Summary of Primary Care Access Improvement Plan

Lead : Shepherd Ncube

Overall programme RAG Rating

Correct as of 03/09/2024

Approved

GP

Deliver on the system level plan to support primary care networks and practices with maintaining and improving current levels of access to general practice. Continue to work collaboratively with PCNs and practices on their access improvement plans

Enabling practices and networks to move towards modern general practice, this will include promoting the use of digital tools and bolstering our focus on enhancing the patient experience.

In 2022/23, the level of access to primary care was significantly high, with vast majority of appointments held face to face and within two weeks, ensuring high patient care. However, looking ahead to 2024/25, our focus will shift towards enhancing data quality and utilising insights to strengthen our grip on delivery.

Previous activity for last quarter:

- Delivery of LD health checks in N&W practices has got off to a strong start, showing an achievement of 13.2% delivery in Q1 24/25. Practices delivered 925 LD Health Checks (867 captured automatically & 58 submitted manually). This is 193 more than June 2023.
- Further work is being done with the BI team to identify individuals who have never received an LD Health Check. An initial report has been received which is going through the validation process.
- Focused work to promote LD HCs for 14-17 year olds as historically low take up (programme of promotion events in education settings, day centres and community sites).
- Processing end of year CAIP payments and Network Contract DES payments (6 PCNs are still to be paid. We are working with them all to ensure the claims accurately capture work undertaken).

Planned activity for the next quarter:

- PIN published for St John's reprocurement
- Stakeholder engagement regarding the future reprocurement of The Hollies Surgery
- Review POCT data which has been collated & undertake evaluation.
- Promote take up among practices of Cohort 3&4 of GPIIP

Milestone:	Delivery Date:	RAG:	Risks/Issues
% of PCN practice meeting CAIP payment criteria (>90%)			<ul style="list-style-type: none"> • Poor CQC results, practice resilience, industrial action, slow progress against interface issues, contract financial uplift 2024/25 • Ongoing support to GP practices, system interface group with workplan in development, developing new resilience policy. • There is a risk of practices not signing up to Locally Commissioned Services and therefore gaps in patient service provision.
% of PCN practices meeting CAIP payment criteria (>90%)			
% of PCN practices meeting CAIP payment criteria (>90%)			

Pharmacy

Initially 172 community pharmacies out of 174 across Norfolk and Waveney signed up to for the new national Pharmacy First scheme which launched at the end of January enabling pharmacies to treat seven common conditions without the need in most cases for referral to a GP. Due to change of ownerships and delays in registration for the service we currently have 168 registered. All pharmacies signed up to the pharmacy first also have the capacity to support minor ailment referrals through the pharmacy first process, although in this case an electronic referral is required rather than a simple signpost such as with the 7 common conditions.

There have been 12,803 Pharmacy First Clinical Pathway consultations and 3,841 minor illness consultations from 1/2/24 to 31/7/24
 There has also been a total of 5,615 urgent supplies of medicines over the same period
 There have 540 GP referrals into the clinical pathway, 226 referrals from NHS 111 and 10,374 self-referrals from the patient population highlighting the need for further focus on our referral pathways to support GP resilience and also out of hours provision

Currently, 150 pharmacies signed up to deliver the hypertension service and 80 pharmacies signed up to deliver the contraception service so further engagement work across the pharmacy sector is required specifically around the contraception service.

Community Pharmacy engagement role funding released in May 2024. This is to support the regional implementation of the pharmacy elements of the Primary Care Access Recovery Plan (PCARP) requirements, including implementing the Pharmacy First Service and expanding the Blood Pressure Checks Service and Pharmacy Contraception Service. A business case for planned activity for this project has been approved in the August operation delivery group and has finance approval through the NHSE triple lock process we await the outcome of the ICB prioritisation panel in September before implementation can begin. Aspiration is to have one trained technician per locality so support upskilling of practices and out of hours services on Pharmacy first and to increase the knowledge around the referral pathways in order to increase the number of referrals received by Community Pharmacy.

Previous activity for last quarter:	Planned activity for the next quarter:
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- Community Pharmacy Engagement role approved via triple lock and prioritisation
- Pharmacy first CPD event feedback utilised to identify local needs – eg Pharmacy First Friends and Family Test.
- Engagement with BI to supply pharmacy first data for evaluation.
- Receipt of the initial six months of Pharmacy First Data and review of trends undertaken.

- Develop Pharmacy First long-term strategy to support the further development of the service and support patient access.
- Develop General Practice Referrals Pack as part of Community Pharmacy Engagement role toolkit.
- Facilitate a local, soft relaunch of Pharmacy First in October 2024.
- Utilise existing data to identify successes and barriers in performance and support pharmacies to meet NHS thresholds.
- Establish a local baseline for Hypertension service to provide a basis for engagement.

Milestone:	Delivery Date:	RAG:	Risks/Issues
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Increase number of PF common condition appointments per PF month to 5,250 by March 2025. Payment threshold for practices increases to 30 per month from October 2024.	March 2025	Green	<ul style="list-style-type: none"> • Practices not meeting the minimum threshold will not receive remuneration and could withdraw from the Pharmacy First Service leaving a gap in provision. • Ongoing financial issues within community pharmacy is resulting in the closure of businesses which in turn leads to gaps in service. • An ongoing lack of referrals puts unnecessary workload on other organisations and results in patients not having access to appropriate care when required.
Increase number of oral contraception prescription coming directly from a community pharmacy without a GP to 250 by March 2025. Data for July 24 is 141 consultations.	March 2025	Green	
Increase in Community Pharmacy Blood Pressure check appointments to 4700 per month by March 2025. Data for July 24 is 2890 appointments	March 2025	Green	

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Agenda item: 15

Subject:	Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made 01 January 2024 to 29 March 2024
Presented by:	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry
Prepared by:	Gregg Syder – Commissioning Manager – Pharmacy and Optometry in conjunction with ICB contracting team hosted by Herts and West Essex ICB
Submitted to:	Primary Care Commissioning Committee Part 1
Date:	10 September 2024

Summary of Paper

The attached paper contains the final quarter (Q4) report from the Pharmaceutical Services Regulation Committee (PSRC) relating to the market entry and fitness decisions made at the monthly PSRC meetings 31st March 2024 to 30th June 2024 in relation to Norfolk and Waveney matters.

PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England.

Recommendation

Note the decisions made at the PSRC meetings between 31st March 2024 to 30th June 2024

Key Risks	
Clinical and Quality:	The ICB is responsible for ensuring quality and performance in relation to the provision of community pharmacy services in Norfolk and Waveney and to escalate concerns, where appropriate, to PSRC for consideration.
Finance and Performance:	National funding formula for community pharmacy provision
Impact Assessment (environmental and equalities):	The Pharmaceutical Needs Assessment (PNA) is agreed by Health and Wellbeing Boards on a five year cycle. Significant changes in provision in the interim may need to be reviewed and changes to the PNA considered.

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Reputation:	Failure to adhere to the regulations can have reputational issues for the ICBs.
Legal:	Pharmaceutical Services Regulations
Information Governance:	N/A
Resource Required:	Primary Care and Quality teams
Reference document(s):	Pharmacy Manual, Pharmaceutical Services Regulations
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care

Governance

Process/Committee approval with date(s) (as appropriate)	N/A
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To be completed by Meeting Secretary

Agenda item: 15

Paper No: 1



Meeting/Committee:	Primary Care Commissioning Committee P1
Venue:	Teams Meeting
Date:	10 September 2024

Title of Report	Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (April 2024 to June 2024)	
Presented by	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry	
Author	Katie Donohue, Commissioning Support Officer Reviewed/Updated by: Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Commercially Sensitive	No	
Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date: NA
Conflict of Interest	None known.	
Governance and reporting – at which other meeting has this paper already been discussed (or not applicable)	This paper has not been discussed at other meetings however all decisions reported in this paper were made at the PSRC meetings held between 01st April 2024 to 30th June 2024.	Outcome of Discussion: All decisions made at the PSRC meetings are made in line with the Pharmaceutical Services Regulations 2013 (as amended)
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England. All ICBs are invited to attend. The meetings are governed by Terms of Reference (TOR) as set out in the Pharmacy Manual and have been ratified by PSRC.	

Executive Summary:

Following the delegation of pharmaceutical services by NHS England to Integrated Care Boards (ICBs) with effect from 1 April 2023, the six ICBs in the East of England have formed a Pharmaceutical Services Regulations Committee (PSRC) under section 65Z5 of the National Health Service Act 2006 (hereafter referred to as the 2006 Act).

By virtue of NHS England's Pharmacy Manual this Committee is responsible for making decisions required by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (hereafter referred to as the 2013 regulations). For the avoidance of doubt, this includes use of the fitness powers set out in the 2006 Act and the 2013 regulations. The PSRC is hosted by Hertfordshire and West Essex (HWE) ICB on behalf of the six ICBs.

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The PSRC is required to apply the regulatory tests as set out in the 2013 regulations to grant or refuse market entry applications and make decisions on fitness matters. PSRC meetings are held in two parts, the first to consider market entry applications and the second to consider and review fitness and matters of concern. ICBs are invited to Part 2 where there is an issue / concern that is relevant to their ICB, noting the sensitivities and confidential aspects of some discussions.

The Committee is required for certain applications to consider the information published in the Health and Wellbeing Boards (HWB) Pharmaceutical Needs assessment (PNA). Each Health and Wellbeing Board is required to publish a PNA every three years.

The following are the market entry and fitness decisions made at the monthly PSRC meetings between April 2024 to June 2024:

Market Entry - Decisions made (within scheduled PSRC meetings):

Application	Health and Wellbeing Board	Decision
<p>Application for inclusion in a pharmaceutical list: no significant change relocation application. NW Pharma Ltd</p> <p>From: 29-31 King Street, Thetford, Norfolk, IP24 2AN To: Grove Surgery, Grove Lane, Thetford, Norfolk, IP24 2HY</p>	Norfolk	Granted
<p>Request for a planned temporary suspension of services from: Holt Health Services Limited, Holt Medical Practice, Kelling Hospital, Old Cromer Road, Holt, Norfolk, NR25 6QA</p>	Norfolk	Deferred whilst further information sought.

Market Entry - Decisions made (outside scheduled PSRC meetings – via e-mail):

None

Market Entry Applications under Appeal

The following applications were sent to NHS Resolution, appealing the decisions made by PSRC:

Application	HWB Area	Commissioner Decision	NHS Resolution Decision	Appeal Ref.
<p>Application for Inclusion in the Pharmaceutical List Offering Unforeseen Benefits: Loyal Pharmacy Ltd, BLOFIELD, NORFOLK, NR13</p>	Norfolk	Refused	Awaiting decision	SHA26219

(BEST ESTIMATE)				
Application for Inclusion in the Pharmaceutical List Offering Unforeseen Benefits: Blofield Surgery Healthcare Ltd, Plantation Road, Blofield, Norwich, NR13 4PL	Norfolk	Refused	Awaiting decision	SHA26220
Application for Inclusion in the Pharmaceutical List Offering Unforeseen Benefits: Blofield Surgery Healthcare Ltd, Plantation Road, Blofield, Norwich, NR13 4PL	Norfolk	Refused	Awaiting decision	SHA26221
Application for inclusion in the pharmaceutical list offering unforeseen benefits: Cox Mountain Ltd, University of East Anglia, Norwich Research Park, Earlham Road, Norwich NR4 7TJ	Norfolk	Refused	Awaiting decision	SHA/26189

Fitness Decisions (within scheduled PSRC meetings):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
Delta and North Ltd – New Inclusion Pending Change of Ownership	Norfolk	The Committee agreed that Delta and North Ltd is a fit and proper person to be included on the Norfolk HWB pharmaceutical list.
Lime Pharmacy Ltd – COSICOD	Norfolk	The Committee agreed that Lime Pharmacy Ltd is a fit and proper

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		person to remain on the Norfolk HWB pharmaceutical list.
Laffak Ltd – COSI	Norfolk	The Committee agreed that Laffak Ltd is a fit and proper person to remain on the Norfolk HWB pharmaceutical list.

Fitness Decisions (outside scheduled PSRC meetings – via e-mail):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
None		

Fitness Decisions under Appeal:

It is to be noted that fitness appeals do not go to NHS Resolution, instead they are heard by the First Tier Tribunal.

Application	HWB Area	Commissioner Decision	First Tier Tribunal	Appeal Ref.
None				

Recommendation(s):

Note the decisions made at the PSRC meetings between April 2024 to June 2024.

Next Steps:

- Reporting will occur on a quarterly basis.
- Members and colleagues in ICBs are welcome to attend any future PSRC meetings should they wish to learn more about the regulatory processes that are followed.

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Meeting/Committee:	Primary Care Commissioning Committee Part 1
Venue:	Teams Meeting
Date:	10 September 2024

Title of Report	General Ophthalmic Services (GOS) Contracting – Quarter End Update Report (Q1 2024/25)
Presented by	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry
Author	Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry Gregg Syder – Commissioning Manager, Pharmacy and Optometry

Summary:

The attached paper contains the first quarter (Q1) report which provides an update on GOS contracting arrangements and sets out the current GOS contracting position for Norfolk and Waveney ICB.

The additional information included below summarises elements of the GOS contract relevant to the commissioning team.

GOS NHS Sight Tests:

In England, NHS sight testing is provided under General Ophthalmic Services (GOS). There are five types of GOS claims that can be submitted, these are:

- GOS1 (NHS sight test) This is an application for an NHS funded sight test that is to be used where a patient is entitled to a free NHS sight test.
- GOS3 (NHS Optical voucher) Complete this claim if, following a GOS sight test, the patient is eligible for a voucher and either requires spectacles for the first time, or the prescription has changed significantly. This voucher can then be used to pay for or towards the spectacles or contact lenses.
- GOS4 (repair and replacement voucher) To be completed where patients who qualify require a repair or replacement voucher, for example if they lose or damage their glasses.
- GOS5 (help with the cost of a private sight test) This is only for use by patients who hold a valid HC3 certificate at the time of the sight test. This patient contribution should then be deducted from your private sight test fee.
- GOS6 (domiciliary/mobile sight test) To be used when claiming a domiciliary fee in respect of a patient who is eligible for a GOS sight test and who is unable to attend a practice unaccompanied (for reasons of physical or mental ill health or disability) and the sight test is carried out at the patient's domicile.

Data on the number of NHS sight test is provided to the ICB via the eOPS system.

GOS Contract Mandatory Requirements

As part of the GOS contract there are several mandatory requirements that NW ICB will need to manage and track. The two primary elements of focus for the next quarter will be:

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-Annual Complaints Declaration: it is a contractual obligation for all contractors to provide NHSBSA with an annual complaints' declaration. Currently the window for this has closed however NHSBSA have provided NW ICB with the data, and we have requested an extension to the window. Compliance Data for NW ICB is at 60.08%, although some contractors may have submitted data at a Head Office level that is not reflected in the individual practice report.

-Quality in Optometry Report: All contractors are obligated to provide the commissioning body with a quality report, via a self-audit, every three years. Current data on this is not available to the commissioner due the change in delegated responsibility in April 2023, however access for NW ICB has been arranged.

The commissioning team are in the process of establishing a database of confirmed Optometry contractors and their individual contract assurance status with a long-term plan of an established risk register and communication database.

Recommendation(s) and Next Steps:

The Committee are to:

- Note the content of this report.
- Note that any contractual issues requiring escalation (outside the remit of GOS contracting), will be sent to the relevant ICB Committee for decision as appropriate.
- Note that reporting will occur on a quarterly basis.

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To be completed by Meeting Secretary

Agenda item: 15

Paper No: 2



Meeting/Committee:	Primary Care Commissioning Committee
Venue:	Teams Meeting
Date:	10 September 2024

Title of Report	General Ophthalmic Services (GOS) Contracting – Quarter End Update Report (Q1 2024/25)	
Presented by	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry	
Author	Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Commercially Sensitive	No	
Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date: NA
Conflict of Interest	None known.	
Governance and reporting – at which other meeting has this paper already been discussed (or not applicable)	This paper has not been discussed at other meetings however an update report on GOS contracting was requested by ICBs following delegation on 1 April 2023.	Outcome of Discussion: NA
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	The Pharmacy and Optometry Team is employed and hosted by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) but works on behalf of the 6 ICBs in the East of England. This is a standard report requested by ICBs following delegation.	

Executive Summary:

Following the delegation of General Ophthalmic Services (GOS) by NHS England to Integrated Care Boards (ICBs) on 1 April 2023, the Pharmacy and Optometry Contracting Team (P&O Team), manage the GOS contracting function on behalf of the six ICBs in the East of England.

GOS contracting is in summary, the provision of NHS sight tests to eligible patients either from a fixed premises (mandatory services contract) or from a patient's usual place of residence or at a Day Centre (additional services contract). The contracting aspect of NHS sight tests is the only element managed by the contracting team.

All other eye health services are commissioned by individual ICBs (excluding specialised services) or retained by NHS England at this stage (this may be subject to change). This includes:

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- Regional Eye Health Network Board (nb. ICBs are members of this Board) and the leadership for regional transformation programmes from this Board.
- Diabetic Eye Screening.

The purpose of this report is to provide an update on GOS contracting arrangements and set out the current GOS contracting position for the ICB.

This report produced for ICBs is reflective of Quarter 1 (Q1) position.

GOS Contracting Overview

An overview of the number of contractors for mandatory and additional services are set out below. ICBs should note that the numbers detailed in this paper will be subject to change as new applications are made and contracts are terminated by contractors. ICBs should therefore expect to see different numbers throughout the year.

Table 1

Mandatory	Additional
87	5

Contract Re-issue (Mandatory Contractors only)

In December 2021, NHS England East of England commenced a GP and optometry contract re-issue project. The purpose of this project was to ensure that all contractors had an up-to-date 2018 mandatory contract in place. The P&O Team continue the project as part of business as usual.

The information below sets out the position for the ICB:

Table 2

Number of Mandatory contracts	Number of contracts issued	Contracts awaiting signing	Finalised contracts
76*	76	11**	65

*This figure is different to the 87 mentioned in Table 1. Table 1 includes contracts issued to new contractors since the start of the re-issue project.

** contract with practice for signing or with ICB for signing

New Model Contract and Contract Variation (CV) for 2023

In September 2023, NHS England (national) issued a revised national model GOS contract and model contract variation for both mandatory and additional services.

- Mandatory services contractors - Those contractors who had a 2018 contract were sent the 2023 variation. Those that didn't have a 2018 contract in place were sent the 2023 contract.
- Additional services contractors – prior to September 2023, additional services contractors were working on a 2013 contract. Additional services contractors were not included in the contract re-issue project and the P&O Team have inherited through multiple re-organisations and staff changes, gaps in records. It is anticipated that there will be contractors who we do not have an electronic contract in place. Where this is the case, the P&O Team will issue a September 2023 additional services contract rather than the variation.

As part of this work, it was identified that there were contractors who were not captured as part of the original contract re-issue project and were not known to the P&O team. For example, a contractor would confirm that they had received their documentation for one practice but advise that they had not received it for all their premises.

The table below shows there are 2 mandatory contracts still to be issued where we do not have a contract on file for the contractor. Variations have been issued to contractors who have a 2018 contract and this variation will bring them in line with the 2023 contract.

Table 3

Mandatory Contracts	
Contract	Contract Variations
2	53*
Additional Contracts	
Contract	Contact Variations
1	3

*(*there are not 76 contract variations because some contractors were sent a 2018 contract, did not return a signed copy of the contract. The P&O team therefore issued 2023 contract rather than continually chasing the 2018 contract, plus the variation).*

There is a risk that due to work pressures and capacity issues a “baseline” position for mandatory and additional contract holders will not be reached. To mitigate this risk and with agreement of all ICBs in the East of England, HWE ICB engaged AGEM CSU to support with the GOS contract re-issue project and administrative processes for the contract variations administration. This support was in place until 30 June 2024 and has therefore now finished. Whilst significant progress has been made, outstanding work will return to the P&O team as part of business as usual. This presents risk due to the capacity issues within the P&O team.

Recommendation(s) and Next Steps:

The Committee are to:

- Note the content of this report.
- Note that any contractual issues requiring escalation (outside the remit of GOS contracting), will be sent to the relevant ICB Committee for decision as appropriate.
- Note that reporting will occur on a quarterly basis.

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Agenda item: 16

Subject:	Prescribing team report
Presented by:	Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation
Prepared by:	Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

For information and discussion of strategic approach to medicines optimisation and to highlight some successes and challenges of implementing activity across a system

Executive Summary:

Our strategic priorities are highlighted and discussion on implementation is welcomed. This time I will focus on implementation of the green agenda with respect to medicines and the important work to reduce the risks associated with valproate prescribing

1. Prescribing team focus areas.

- 1.1 The prescribing team is focused on supporting the prescribing quality scheme and an additional switch scheme which is in the final stages of development.
- 1.2 The prescribing quality scheme has facilitated some improvement in indicators (see below). The team continue to meet practices to facilitate implementation.
- 1.3 We have now formed our medicines optimisation pillars and will be developing our pillar focus and strategy.
- 1.4 We have a number of strategic priorities within the medicines workstream. Some of these are mandated by NHS England who have asked the ICB to pick 5 from a national list of medicines optimisation opportunities [here](#).

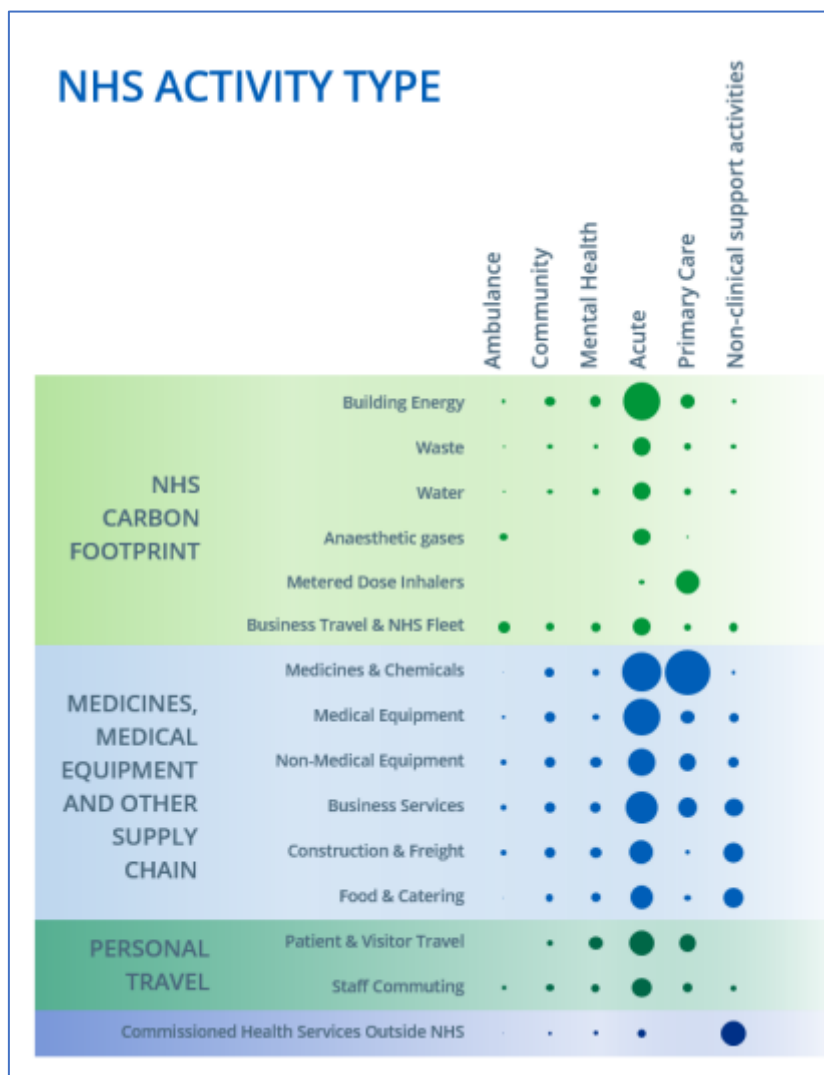
- 1.5 Our five are.
 - Addressing problematic polypharmacy
 - Addressing low priority prescribing

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- Best value biologics in line with NHSE commissioning recommendations
- Improving valproate safety – see below
- Switching IV antibiotics to oral (hospital in-patients)

In addition to the above we also have an ICS zero carbon delivery group and we, the medicines team work with partners to monitor the carbon footprint of key medicines and have helped develop long term plans to reduce this. The [NHS long term plan](#) (page 120) sets out the milestones for improvement.

The below graphic shows the relative impact of activities on the overall NHS carbon footprint.



2. ICB Performance on Greener medicines indicators

- 2.1 A reduction in carbon footprint due to medicines is mainly being delivered by
- Reducing the use of high carbon footprint anaesthetics e.g. desflurane
 - Reducing the carbon footprint of individual inhalers
 - Reducing medicines waste

2.2 Tables 1 and 2 shows the performance of the ICS in reducing our use of this significant greenhouse gas to zero.

Table 1: Desflurane as a percentage of all volatile anaesthetic gases

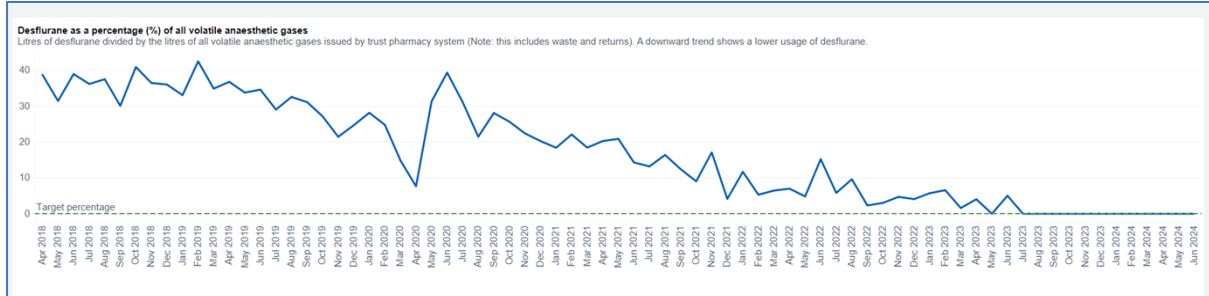
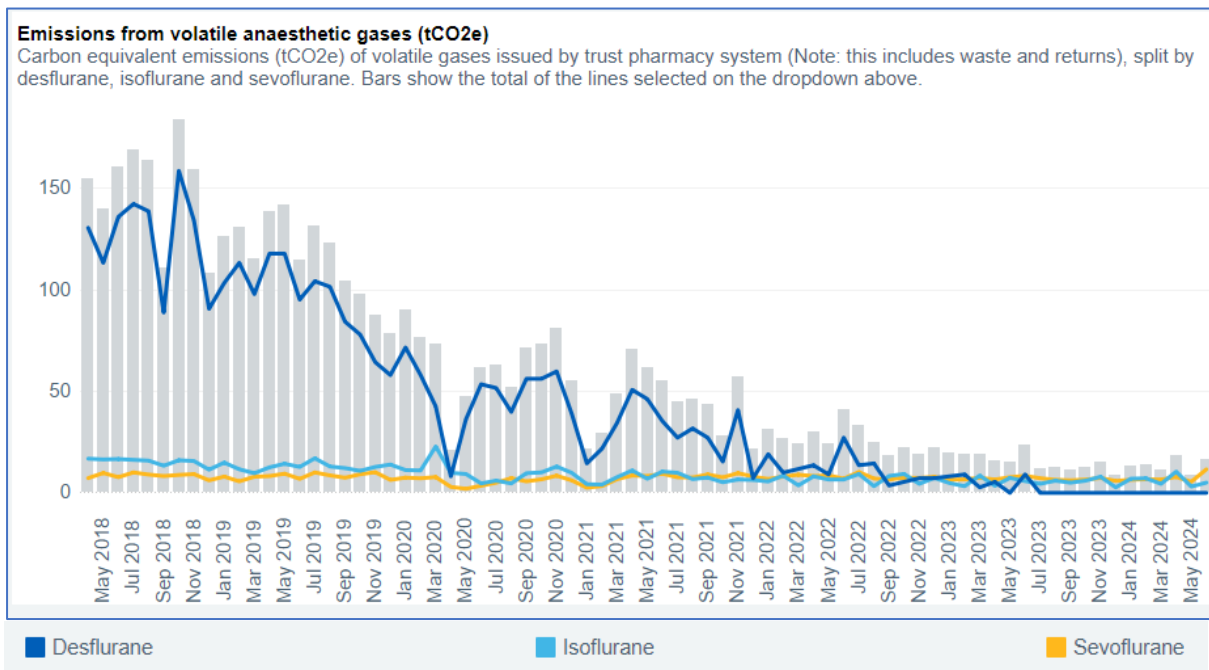


Table 2: Emissions (tonnes of CO2 equivalent) from anaesthetic gases



2.3 Table 3 shows the reduction in carbon footprint of inhalers across the ICB.

2.4 The NHS has committed to reducing the carbon footprint of health and social care in line with the Climate Change Act target of 51% by 2025.

Chlorofluorocarbon (CFC) propellants contained in pressurised metered dose inhalers (pMDI's) were recognised as ozone depleting substances and their production was phased out in the UK by 1996.

CFCs were replaced by 'CFC-free' inhalers containing hydrofluorocarbons (HFCs). Although HFCs are not ozone depleting substances, they are powerful greenhouse gases which can contribute to global warming.

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Carbon emissions from inhalers account for approximately 3% of all NHS carbon emissions. The majority of emissions come from the propellant in pMDI's.

Dry powder inhalers (DPIs) and soft mist inhalers (SMIs) have a lower carbon footprint than pMDI's. A range of strategies can support a reduction in the inhaler carbon footprint including optimising prescribing, switching to lower carbon footprint alternatives where clinically appropriate, and reducing inhaler waste and recycling schemes where they exist.

2.5 Actions taken to date.

We have supported prescribers to start new patients on, or switch existing patients to, lower carbon inhaler alternatives. Examples of support include:

- Prescriber education on lowering the inhaler carbon footprint.
- Providing practice level inhaler carbon footprint prescribing data.
- Producing local respiratory prescribing guidelines which include lower carbon footprint inhalers and how to optimise prescribing.
- Ensuring lower carbon footprint inhaler options are included in medicines [formularies](#).
- Providing examples of locally preferred switches from high to lower carbon footprint inhalers.
- Providing patient information resources to explain the change to low carbon footprint inhalers.
- Ensuring stock availability of any alternative inhaler switches locally recommended through discussions with pharmacies, suppliers and/or manufacturers.

Reducing the environmental impact of inhaler waste by:

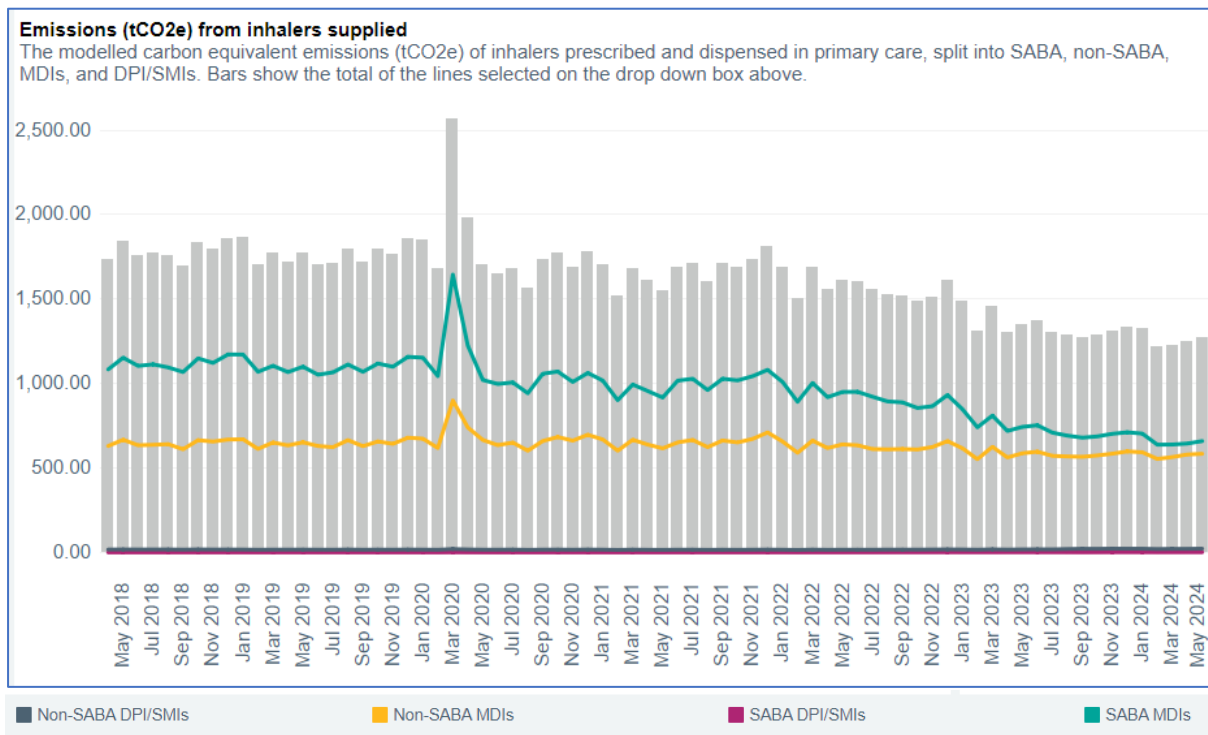
- Encouraging patients to return their used or unwanted inhalers to a pharmacy for either recycling (where available) or environmentally safe disposal.
- Encouraging patients to look after their inhalers and not over-order.
- Ensuring that patients [know how to tell when their inhaler is empty](#).
- Increasing the use of re-usable inhalers.

We also created a patient facing campaign to empower patients to ask about changing to a greener inhaler (at their next routine review). We will refresh and relaunch this campaign in the near future.

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Table 3: Emissions (tonnes of CO2 equivalent) from inhalers



3. Improving valproate safety workstream

3.1 Valproate containing medicines are commonly prescribed to treat bipolar disorder and epilepsy. It can also be used as an unlicensed medication for the prevention of migraines.

3.2 If taken by women during pregnancy, valproate containing medications are known to potentially cause serious birth defects to the unborn baby. The risk of birth defects is around 11% compared to 2-3% of the general population. Birth defects can be severe and include spina bifida, malformation of limbs and

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hearing and vision problems. Taking valproate during pregnancy also increased the risk of neurodevelopment disorders in between 30-40% of children.

- 3.3 Valproate has been the subject of numerous MHRA [drug safety alerts](#) over many years, despite these patients of childbearing age have continued to be prescribed it without an adequate pregnancy prevention programme in place. As a result, a [National Patient Safety Alert](#) was issued late November 2023.
- 3.4 The alert outlines the need for women under the age of 55 years of **childbearing potential** to be enrolled on a Pregnancy Prevention Programme (PPP). This includes the need to discuss the risks to the unborn child whilst taking valproate, the recommendation of the use of highly effective contraception for women of childbearing potential and completion of an Annual Risk Assessment Form (ARAF) signed by two specialists (for the first year).
- 3.5 For women with no childbearing potential, they can be excluded from the PPP.
- 3.6 The alert mandated that organisations have a group to lead on this work and that an action plan was developed by the end of January 2024.
- 3.7 For the first time, the alert extends to men under the age of 55 years as there is some evidence of reduced fertility in men and possible neurodevelopmental disorders in children born to men taking valproate.
- 3.8 Men under the age of 55 years newly initiated on valproate must be counselled on the risks to unborn children and have a one-off Risk Assessment Form completed and countersigned by a specialist. It is expected that this will extend to all males under the age of 55 years by the end of 2024.
- 3.9 A working group was established in January 2024 with representation from the three acute trusts, the mental health trust, two community providers, primary care and community pharmacy. Initially these meetings were held fortnightly but have since moved to monthly.
- 4.0 In February 2024, the ICB sent an audit to all GP surgeries to complete. The purpose was to establish:
 - the number of female patients under the age of 55 years prescribed valproate
 - whether the patient is currently exempt from PPP
 - the indication of use
 - if the patient was currently under specialist care which trust they were under
 - whether highly effective contraception is in place
 - Whether there is a Risk Assessment form completed within the past 12 months

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- 4.1 Data was returned from 102 surgeries and indicated that across NWICB there are currently 511 female patients under the age of 55 years prescribed valproate. *Please note due to discrepancies in completion of the audit collection template, these numbers are estimates and may vary*

Neurology

- 379 patients currently with an epilepsy diagnosis
 - 249 patients under a local NHS trust
 - 14 patients under private provider
- **100 patients not currently under neurology services and will need referral**

Mental Health

- 90 patients with a bipolar disorder
 - 59 currently under the mental health trust
 - 4 patients with dual diagnosis
- **28 patients not currently under specialist care and will require referral**

Other indications

- 31 patients prescribed for migraine
 - 17 not under specialist care
 - Some patients initiated in primary care
- **14 patients with an unspecified indication that is unlicensed and may need referral**

- 4.2 Local prescribing guidance developed and approved by TAG and Medicines Programme Board. The referral form is waiting for feedback from LPC before it can go live. Anticipated that this will occur within the next two weeks. Once finalised, primary care will be asked to begin referrals for those patients not currently under specialist care.

- 4.3 A review of formulary status was completed to reflect the most recent alert and changes are as below
- Advice - secondary care to initiate only
 - Red Hospital only – in women of childbearing potential where the conditions of PPP are not met
 - Double Red – hospital only for use
 - Black – all other indications for women under the age off 55 years with childbearing potential

- 4.4 Ongoing challenges include

- Lack of engagement from one acute trust resulting in an unclear referral process. This has delayed the start of referrals from primary care. This remains an ongoing issue
- Capacity issues within the trusts to review additional patients

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- Poor or incomplete documentation within primary care leading to difficulties identifying patients
 - No central database to track these patients
 - Limited guidance from NHSE
- 4.5 It is anticipated that by the end of 2024 the alert will be updated to include all men under the age of 55 years currently prescribed valproate to have a one-off risk assessment form completed by two specialists. We anticipate the number of men affected will be over 1000 patients and many will need referral to secondary care. The valproate working group will remain in place to review the situation if updated advice is given.
- 4.6 In June 2024 a national [Drug Safety Update](#) was published relating to the prescribing of topiramate in women under the age of 55 years and the requirement of a new Pregnancy Prevention Programme (PPP) and a Risk Assessment Form completed by a specialist.
- 4.7 Topiramate is used in the treatment of epilepsy but also migraine headaches. A number of patients will have been initiated in primary care for the treatment of migraines but as a result of the latest alert, may need referral into secondary care in order to comply with the PPP. Highly effective contraception will need to be considered in those patients with childbearing potential.
- 4.8 It is anticipated the number of female patients prescribed topiramate in Norfolk and Waveney will be extremely large with a number not currently under secondary care specialists and as a result there are some concerns around capacity issues. The planned care team are aware of the latest alert.
- 4.9 The scope of the Valproate Working Group has been extended to include the latest Topiramate alert.

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Recommendation to Committee:

The committee is asked to note this report.

Key Risks	
Clinical and Quality:	Some key quality areas need focus and outlier performance needs addressing. Mitigated through the prescribing quality scheme
Finance and Performance:	Risks highlighted in report
Impact Assessment (environmental and equalities):	Not applicable
Reputation:	ICB practices remain outliers for some quality indicators and selective medication reviews may help address these
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
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Agenda item: 17

Subject:	Estates – quarterly update
Prepared by:	Estates Team
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

Purpose of paper:

Update on Primary Care and other Estates issues, for information.

Contents

Premises Costs Directions 2024	1
Wave 4b Primary Care Hubs.....	2
PCN Estate Strategies and General Practice Estate Strategy	2
Norfolk and Waveney General Practice Estate: funding and projects.....	3
Demand & Capacity and Housing Developments	4
Rent reimbursement and rent reviews	5

Update:

Premises Costs Directions 2024

The long-awaited new Directions were published and came into force from 10 May 2024.

At the time of writing, the ICB was expecting supplementary guidance and advice notes from NHS England about the implementation of the Directions. Some key changes are:

- There is no restriction on the amount of capital which can be awarded for improvement grants – which can now be up to 100% – although training from NHS England noted that ICBs should always consider value for money and whether a contractor contribution should be considered.
- Formal definition of “guaranteed period of use” of the premises, which is a requirement when a premises grant is awarded. This, and any abatement to rent to reflect NHS capital grant funding, is based on the value of grant awarded.
- Values and timescales of guaranteed period of use have been updated.
- Improvement grants can now be made available to purchase land required for premises extensions, and for the fit-out of new buildings.
- Stipulation that the NHS must not negotiate directly with landlords or those acting on behalf of landlords during the rent review process.
- There is provision to allow NHS England to consider assigning leases in situations where practices cannot find another contractor or person to whom a lease can be assigned (the “last partner standing” issue).

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Wave 4b Primary Care Hubs

Following agreement with DHSC, the programme end date was extended to 2025. A Gateway review will take place with DHSC in 2025, after the Department indicated to the ICB that they were content with progress reported on the programme as of the Spring of 2024.

The Wave 4b Programme Board continues to track progress against plan and is supported by Steering Groups for the individual schemes.

Thetford (£2.8m) – Complete

The scheme for the refurbishment of Thetford Healthy Living Centre commenced mid-September 2023 and completed March 2024. The scheme converted existing void admin space into 14 new consultation rooms alongside other improvements which have eliminated the majority of void space from the premises. Breckland PCN will be delivering a booking service on behalf of the ICB and promoting the new space to maximise bookable usage, until the space is fully needed for primary care, within the next 10 years. Lease arrangements being finalised between the PCN and their landlord – Community Health Partnerships (CHP). Until completion CHP are running the booking service for the building.

Spowston (£0.2m plus £1.0m landlord contribution) – In progress, due to complete February 2025

The business case for the scheme at Spowston Primary Care Centre was approved by NHS England in July 2023. The agreement of the legals took longer than anticipated – including confirmation from NHS England that a Project Agreement, rather than a Grant Agreement, could be used. Construction commenced June 2024 and is due to complete February 2025. This scheme will make better use of existing vacated space for provision of primary care, rather than the originally proposed extension. The ICB will be attending a site visit to view progress during September 2024.

King's Lynn (£11.5m) and Rackheath (£10.6m) – In progress due to complete Summer 2024 and Spring 2025

NHS Property Services have appointed Darwin Construction to oversee the design and build of the two new build schemes at Rackheath and King's Lynn. The new builds will contain a mixture of tenants with approx. 50% of the space allocated for primary care and 50% for NHS trusts.

The King's Lynn scheme is nearing completion – expected towards the end of September 2024 – with delays due to the necessary power connection for the site. There have been successful on-site events, including a “first look” tour in January 2024, and a visit by members of the Rackheath Steering Group in April 2024.

The Rackheath scheme was delayed due to unforeseen issues relating to the drainage strategy for the site, including the access road which will not be in NHS ownership, requiring more work with the planning authority and Environment Agency. These issues were resolved, and work started on site in August 2024 and completion is expected Spring 2025. A first look visit to the site will be available to stakeholders in November 2024 at which point a watertight structure will be in place.

PCN Estate Strategies and General Practice Estate Strategy

NHS England commissioned Community Health Partnerships (CHP)¹ to support PCNs, nationally, to implement the PCN Service and Estates Toolkit in 2022/23. Of the 17 PCNs in Norfolk and Waveney, 11 engaged with Health Integration Partners (HIP) who supported the development of clinical strategies. Only 3 PCNs did not engage with Norlife, who supported work on the development of estate strategies. There are now 15 PCN Estate Strategies

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

(Coastal and Gorleston PCNs are producing their strategies. The former Norwich PCN may choose to produce new strategies to align to the new PCNs).

The Estates Team have produced a General Practice Estates Strategy which is being refined and will reflect the final PCN Estate Strategies, and will support the updated Primary Care Commissioning Strategy, along with the wider ICS Infrastructure Strategy.

Norfolk and Waveney General Practice Estate: funding and projects

Of the 105 practices, 84 have so far indicated the need for at least one estates scheme via the PCN Estate Strategies. These schemes range from new builds through to internal improvement or compliance work to existing buildings.

The allocation of “business as usual” capital funding from NHS England for primary care premises remains relatively low – £1.9m per annum for both premises and GPIT schemes.

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

Practice	Scheme	Capital	Fees	Revenue	Total	NHS Capital 2024/25
Drayton Medical Practice	Extension	Third party funding	✓	✓	£2.9m with £0.1m from NHS capital	£114k
Orchard Surgery	Reconfiguration			✓	Revenue only	£0
Magdalen Medical Practice <i>(Proposed – pending approval)</i>	Reconfiguration	✓	✓	✓	£0.3m 100% NHS capital	£318k
Brundall Medical Practice <i>Pending Grant Agreement</i>	Reconfiguration	✓	✓	✓	£67k £56k NHS capital	£76k* forecast allows for cost increase and GPIT tweaks.
East Norfolk Medical Practice - Lighthouse <i>Pending Grant Agreement</i>	Improvements	✓	✓	✓	£63k 100% NHS capital	£63k
Reepham & Aylsham Medical Practice <i>Pending Grant Agreement</i>	Improvements	✓	✓	✓	£45k £29k NHS capital	£60k* forecast allows for cost increase and GPIT tweaks.
Feasibility Studies (Mattishall, Watlington, North Walsham – all subject to PID approval)	TBC		✓		£195k	£195k
Grand Total			✓			£826k

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The following projects have been completed in 2024:

Practice	Scheme
Blofield Surgery	312m ² extension to existing premises
St James Medical Practice, King's Lynn	New (replacement) facility opened February 2024
Long Stratton Medical Partnership	153m ² extension to existing premises.

The following projects have received ICB Executive Management Team support for estimated revenue costs, which means they can progress with the business case process. All but one of the following schemes would utilise third party capital funding:

Scheme	Scheme
Attleborough	New build facility
Bridge Road Surgery	New build facility
Bungay Medical Centre	Extension (CIL funding awarded by East Suffolk Council)
Diss	New build facility
Humbleyard Practice	New build facility
North Walsham	New build facility
Shrublands	New build facility
Taverham	New build facility

The Primary Care Estates Team are also working with practices who are considering other premises proposals including sale and leaseback and where the ICB has been asked to join discussions in relation to leases.

Demand & Capacity and Housing Developments

The Estates Team and Planning Liaison & Policy Manager continue to work closely with the local planning authorities to ensure housing and population growth are understood and proactively planned for. Key areas of work have recently focused on:

Infrastructure Development Plan Drafting

The team are currently reviewing the format and content of our draft Infrastructure Development Plan (IDP). The plan is split into two sections, the first section introduces the IDP, providing an overview of the ICS and its organisations, a description of 'Place' and 'PCN', and the strategy for estate across our system. The second section will indicate the capital projects from across all health sectors that will aim to increase capacity via physical infrastructure. The information is primarily pulled from our Estates Infrastructure Strategy and the prioritised capital investment pipeline, with the locations and impacts of population growth by PLACE and local planning authority area overlaid. It is envisaged that the IDP will be finalised by September.

Greater Norwich Local Plan Review

Following the previous discussions held with planning officers and the updates proposed to the health sections within the local plan, these changes were subsequently adopted. The Local Plan has now gone through all examinations and has been adopted as the final Greater Norwich Local Plan.

Great Yarmouth Borough Council Infrastructure Study & Local Plan Review

Previous modelling of the proposed site allocations and housing numbers for the new emerging Local Plan helped identify the additional needs required in each settlement resulting from the anticipated growth.

The Estates Team submitted a response to the draft local plan in April 2024, highlighting the impact of proposed housing allocations across the Local Planning Area. Following the change in government in July and the announcement for more houses to be built per year, this has meant the Great Yarmouth Borough Council may need to find additional sites within the borough to build more dwellings. These changes do not come in to affect straight away and the transition period is believed to be around December/January, with the consultation currently underway for amendments to the NPPF (National Planning Policy Framework). This may result in a further consultation from Great Yarmouth with additional sites and housing allocations or a continuation of the current draft plan and the next stage of consultation proposed for October 2024.

Breckland District Council Local Plan Review

Consultation opened in June for the draft Breckland Local Plan. Modelling was carried out to estimate the impact on healthcare estate infrastructure, and a response submitted in July 2024. Meetings have also taken place between the ICB Estates Team and Breckland planning colleagues regarding three large proposed strategic sites in Dereham, Swanton Morley and Laring. We are awaiting the next stage of consultation, which will follow once all meetings are complete with statutory consultees. As with Great Yarmouth, a similar issue may arise with Breckland regarding a potential need to find more sites for an increase in housing supply based on the new governments’ targets, which in turn will place additional pressure on healthcare.

West Norfolk Borough Council Local Plan Review

The King’s Lynn and West Norfolk Local Plan is currently going through examination hearings. Based on early hearings, modifications were required to the Local Plan, and these are currently out for consultation. The Estates Team will be reviewing, modelling, and responding to the modifications throughout August and September.

Updated Planning Contributions Dashboard (capital funding sought through CIL and S106 developer contributions):

Date of latest update	30/07/2024				
	Sum of contributions sought	Sum of amount secured (£)	Sum of total available for draw down	Sum of total received by ICB	Sum of total invested by ICB
Breckland (s106)	£5,960,659.00	£3,353,451.80	£273,469.33	£235,070.25	£0.00
North Norfolk (s106)	£4,475,886.00	£746,795.25	£60,858.87	£44,200.00	£44,200.00
Great Yarmouth (s106)	£3,310,780.00	£1,616,980.00	£0.00	£0.00	£0.00
Greater Norwich (CIL) - (cover Norwich, South Norfolk & Broadland)	£80,730.00	£80,730.00	£0.00	£0.00	£0.00
West Norfolk (CIL)	£0.00	£0.00	£0.00	£0.00	£0.00
East Suffolk (CIL)	£2,060,903.00	£1,283,000.00	£1,283,000.00	£0.00	£0.00
	£15,888,958.00	£7,080,957.05	£1,617,328.20	£279,270.25	£44,200.00

Note: Restrictions are still impacting our ability to secure CIL across Norwich, South Norfolk, Broadland, and West Norfolk. Discussions to unblock these are ongoing.

Rent reimbursement and rent reviews

During a given financial year, there are several moving factors with rent reimbursements. Actual amounts will alter after back dated arrears on upcoming uplifts/adjustments have been paid and accounted for. Therefore, the figures below are approximate.

- For the period 2023/24 total rent reimbursement was approximately £14m
- For the period 2024/25 (up to and including 31.07.24) total rent reimbursement is approximately £4.7m

2023/24 Reviews

Month	Number of rent review approvals	Rent increases
April	2	£4,600
May	1	£1,500
June	3	£2,350
July	1	£8,240
August	8	£52,467

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September	9	£46,960
October	4	£5,000
November	9	£52,821.15
December	2	£6,610
January	9	£53,440.04
February	5	£21,666.64
March	1	£2,700
TOTAL:		£258,354.83

2024/25 Reviews

Month	No. of rent review approvals	Rent increases
April	1	£1,350
May	9	£43,250
June	2	£26,881.73
July	2	£6,650
TOTAL TO DATE:		£62,714.00

2024/25 Appeals

Month	No. of appeals	Additional increase in rent post appeal <i>(not already included in table above)</i>
April	2	£6,800
May	0	-
June	1	£2,400
July	5	£17,390
August (to date)	1	£1,600
TOTAL TO DATE:		£28,190.00

Please note that the number of appeals each month does not directly correspond with the number of rent review approvals in the same month. The ICB may approve a rent review increase in one month, however, a notification of appeal of the rent determination may not be received until the following month or beyond. Direction 43 (3) of the new 2024 Premises Costs Directions requires practices to accept or not accept the determination of current market rental (CMR) value of its premises within the period of 12 weeks from the date the ICB gives notice to the practice. However, the Estates Team has updated its rent review template letters asking for practices to confirm acceptance as soon as possible, and to counter sign the letter and return to the team to confirm acceptance. This should remove any doubt as to whether a practice has or has not accepted the determination of CMR. To avoid a drawn-out process, and to try to eliminate a lengthy period of back-dated rent, the team regularly sends reminders to practices.

The Estates Team will also be implementing a new further step in the review process, by way of updating the Valuation Office Agency (District Valuer) once a month of all acceptances of rent determinations. This will also enable the District Valuer to close his case files.

Since the publication of the 2024 Premises Costs Directions, the Estates Team has reviewed all its template letters and made adjustments where appropriate. This was also an opportunity to do some general housekeeping of the templates the ICB inherited from NHS England.

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Improving lives **together**

Norfolk and Waveney Integrated Care System

2024/25 Primary Care Commissioning Committee Finance Report Norfolk & Waveney ICB

July 2024

Primary Care Commissioning Committee 10th September 2024

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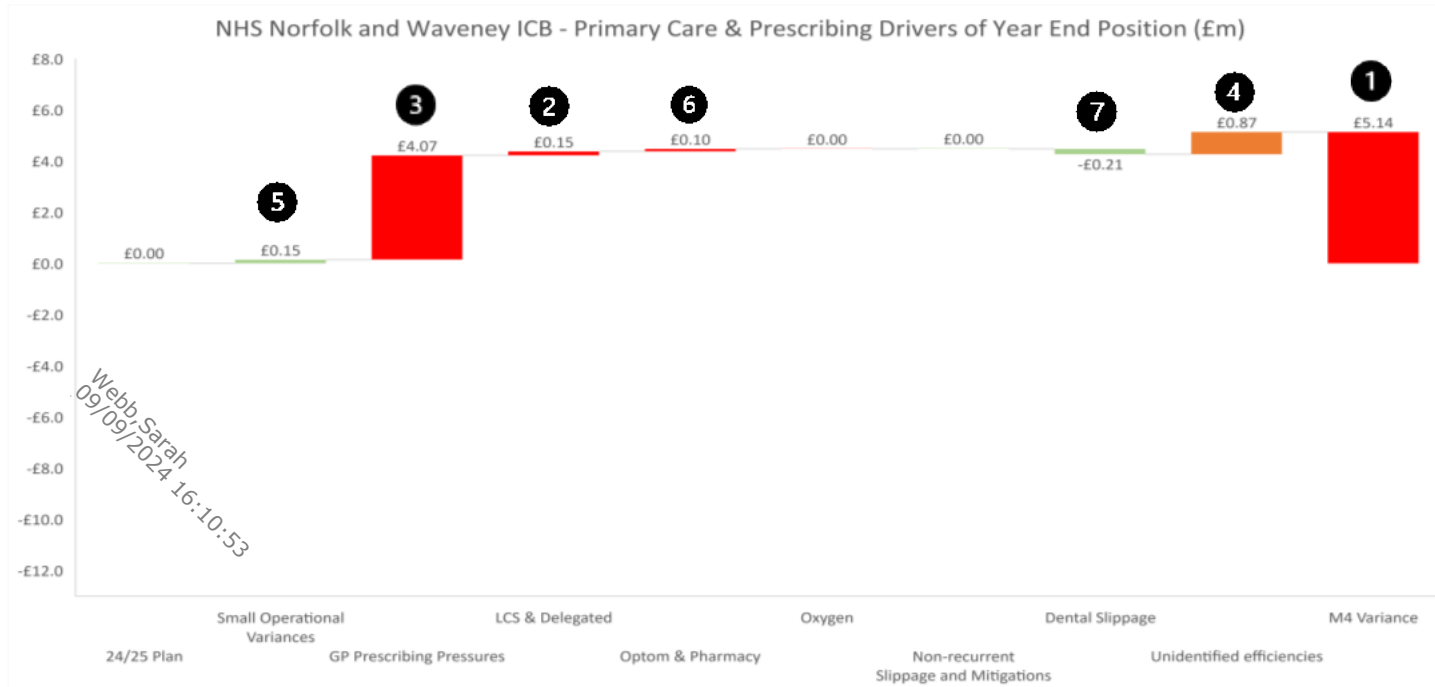
1.0 Executive summary – Reporting

Reported Financial Position: As of July 2024 (M4), the Primary Care & Prescribing reported position is £5.1m overspent.

	Annual Budget	Budget	Actual	Variance	Forecast	FOT Variance
	£m	£m	£m	£m	£m	£m
Reported	568.5	193.9	193.7	(0.2)	573.6	5.1

Variations:

The key operational variations are shown below: 1



The GP & Prescribing position is a £5.1m overspend noting the following variances.

- Delegated –Additional Roles Reimbursement Scheme (ARRS) Forecast Outturn is shown as per NHSE Guidelines and allocation to follow in Month 11. Accrued income also included. 2
- Unidentified Efficiencies in GP Prescribing is the reason for the overspend. 3
- Unidentified Efficiencies in Primary Care has led to overspend. 4
- Small Operational variances in GPIT 5
- Increased Optom activity visits and eye tests. 6
- Dental contract hand back and activity change 7

Managing In-Year Risks:

- Efficiencies**

The 24/25 plan required an ambitious Efficiency Target in order to balance the financial position at both ICB and ICS level which led to Efficiency target of 6.25%. Whilst many schemes are still being worked , this gap is shown in ICB finance and also declared in the Financial Risk register.

2. Primary Care and Prescribing reporting M4

Sub-Directorate (£m)	Full Year Variance (underspend) / overspend	Variance – significant items
GP Prescribing Budget £202	£4.07 2.0%	The adverse variance of £4.07m is due to Unidentified Efficiencies £4.2m and Prior Year benefit crystallised £0.15m
Other Prescribing costs Budget £19	£0.00 0.0%	Reported on Plan in M4
Delegated Primary Care Budget £223	£0.15 0.1%	Additional Roles Reimbursement Scheme (ARRS) Forecast Outturn is shown as per NHSE Guidelines and allocation to follow in Month 11 but shown here
Local Enhanced Services (LES) Budget £12	£0.00 0.0%	Reported on Plan in M4
Other Primary Care Budget £13	£0.15 1.2%	GPIT spend
Dental Budget £67	£(0.21) -0.3%	Slight underspend
Optom Budget £11	£0.10 0.9%	There have been increased home visits, NHS funded sight test and NHS funded glasses which is driving the adverse variance in this area.
Pharmacy Budget £23	£0.00 0.0%	Reported on Plan in M4
Unidentified efficiencies Budget -£1	£0.87 -100.0%	Efficiencies still being worked
Total	£568 £5.14	

3. ICB Financial Position M4

Directorate Full Year Budget (£m)	M04 Full year Variance (underspend) / overspend	Variance – significant items
Acute Budget £1,235	£10.46 0.8%	Unidentified Efficiency = £9.1m adverse Balance is due to an increase in Independent Sector Provider activity where additional ERF funding is included within 'Other' below.
Spec Comm Budget £188	£0.00 0.0%	On plan
Community and Better Care Fund (BCF) Budget £257	£5.27 2.1%	Unidentified Efficiency = £6.5m adverse Mitigated in part by reductions in ICES spend and other contract slippage
Continuing Healthcare Budget £150	£4.43 2.9%	Continued demand in Fast track, Adult LD and 5 new children's packages
Mental Health MHIS Budget £194	£(0.11) -0.1%	Underspend due to recruitment slippage.
Mental Health Non MHIS Budget £79	£1.01 1.3%	Unidentified Efficiency = £1.2m adverse Less small reduction in Childrens and Learning Disability Packages.
Prescribing Budget £220	£4.08 1.9%	Unidentified Efficiency = £4.2m adverse Mitigated in part by increased 23/24 DOAC income than estimate
Primary Care Budget £348	£7.15 2.1%	Unidentified Efficiency = £0.9m adverse NHSE Guidance on ARRS offsetting £6.1m in Others, £0.1m increased spend in community optometry
Other - Combined areas Budget £21	£(0.09) -0.4%	Identified efficiencies over achievement , offset by increased property costs and bad debt
Planning Budget -£50	£(31.90) 64.4%	Assumed delivery of Unidentified Efficiencies = £15.1m (offsetting variances above) Balance is due to contract negotiation, planning, prior year benefits and additional ERF linked to overperformance within Acute ISPs and ARRS income due
Running Costs Budget £17	£(0.30) -1.8%	favourable provision release for reorganisation costs and over achievement of vacancy factor
Total £2,661	£0.00	

4.0 Prescribing Efficiencies M4

Prescribing Efficiencies Top 10 by value Budget (£000's)		Actual (£000's)	Var (£000's) (Fav) Adv	Variance – significant items
OptimiseRx			£0	
Budget	£2,400	£2,400	0.0%	On Plan.
DT Windfall(Apixaban savings)			£0	
Budget	£2,310	£2,310	0.0%	On Plan.
BOC VAT Rebate			£0	
Budget	£867	£867	0.0%	On Plan.
Low Risk, cost effective switching programme			£0	
Budget	£600	£600	0.0%	On Plan.
New Rebate opportunities			£0	
Budget	£600	£600	0.0%	On Plan.
Rivoroxaban windfall			£0	
Budget	£600	£600	0.0%	On Plan.
Low Priority Prescribing			£0	
Budget	£500	£500	0.0%	On Plan.
Fostair Rebates			£0	
Budget	£475	£475	0.0%	On Plan.
Greener/lower cost inhalers (supported by PQS/rebates) - 5%			£0	
Budget	£394	£394	0.0%	On Plan.
Opioid costs (supported by PQS/rebates) - 10%			£0	
Budget	£360	£360	0.0%	On Plan.
Other Efficiencies			£0	
Budget	£1,630	£1,630	0.0%	On Plan.
Sub-Total	£10,736	£10,736	£0	
Unidentified Savings			£0.00	
Budget	£4,223	£4,223	0.0%	On Plan
Grand Total	£14,959	£14,959	£0	

5.0 LCS Activity Tracker

Norfolk and Waveney ICB Locally Commissioned Services Activity Tracker

Locally Commissioned Service	Qtr 1 Budget (£)	Qtr 1 Claimed (£)	Utilisation %
Care Homes	90,462	27,279	30%
Diabetes	178,669	133,349	75%
Eating Disorders	87,313	31,811	36%
Inclusion Health	164,826	44,819	27%
Mental Health SMI Health Checks	117,166	36,418	31%
Phlebotomy	1,294,017	1,044,628	81%
Proactive Healthcare	1,045,058	879,710	84%
PSA	85,396	62,839	74%
Shared Care	346,131	201,300	58%
Spirometry	148,190	78,987	53%
Treatment Room	577,188	341,165	59%
Warfarin	252,714	118,832	47%
		-	
	4,387,131	3,001,139	68%

Quarter 1 window closed on the 31st July (14th Aug for some schemes as problems with Ardens searches). Claims still to be processed for payment in August for all schemes. Hence the lower utilisation in some schemes. This is consistent with previous years and will be potentially increase in subsequent quarters.

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Appendix A – Detailed Financial Position

Directorate	Sub Directorate	Revised Annual Budget	Revised YTD Budget	YTD Revised Actual	YTD Revised Variance	New FOT (to post)	FOT Variance
Prescribing	Central Drugs	5,690,725	1,896,908	1,879,505	(17,403)	5,690,725	0
	GP Prescribing	201,533,123	71,647,371	71,495,371	(152,000)	205,606,123	4,073,000
	Medicines Management - Clinical	3,871,430	1,293,672	1,293,762	90	3,871,969	539
	Other Prescribing	5,943,898	1,981,300	1,981,301	1	5,943,898	0
	Oxygen	1,810,788	603,592	599,982	(3,610)	1,813,474	2,686
	Prescribing Incentives	1,291,118	430,372	430,372	0	1,291,118	0
Prescribing Total		220,141,082	77,853,215	77,680,293	(172,922)	224,217,307	4,076,225
Primary Care	GP Forward View	1,576,169	495,108	491,346	(3,762)	1,576,168	0
	Local Enhanced Services	12,170,733	4,334,745	4,334,745	0	12,170,733	0
	Other Primary Care	4,121,460	1,229,248	1,240,139	10,891	4,121,460	0
	PMS to GMS Transition	0	0	0	0	0	0
	Primary Care Delegated Co-Commissioning	222,541,243	74,143,811	73,948,270	(195,541)	228,787,465	6,246,221
	Primary Care IT	7,103,699	2,041,379	2,212,435	171,056	7,252,945	149,246
	DOP Delegated pay	545,770	158,090	131,151	(26,939)	468,778	(76,992)
	Optom	11,230,489	3,743,497	3,776,830	33,333	11,330,489	100,000
	Pharmacy	23,036,198	7,915,827	7,916,966	1,139	23,037,337	1,139
	Community Dental	3,470,928	1,156,976	1,156,976	0	3,470,928	0
	Primary Dental	48,556,007	16,185,335	15,883,127	(302,208)	48,418,340	(137,667)
	Secondary Dental	14,845,014	4,948,342	4,948,342	0	14,845,014	0
	Unidentified efficiencies	(873,000)	(291,000)	0	291,000	0	873,000
ARRS Credit	0	0	0	0	(6,094,254)	(6,094,254)	
Primary Care Total		348,324,710	116,061,358	116,040,327	(21,031)	349,385,403	1,060,693
Total Primary Care & Prescribing		568,465,792	193,914,573	193,720,620	(193,953)	573,602,710	5,136,918

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Subject:	Primary Care Digital Update
Presented by:	Anne Heath Associate Director of Digital
Submitted to:	Primary Care Commissioning Committee
Date:	10 September 2024

The Digital Strategy for Primary Care is delivered in the following pillars:

- Infrastructure
- Digital Access
- Innovation
- Productivity

1. Infrastructure

GP Practice Infrastructure Upgrade Programme

GP Practices are provided with a managed IT infrastructure to support access to the clinical system and other software needed to run a surgery.

Historically, this has been a siloed model with domain controller and data storage servers in the practice.

Since the advent of working at scale, Primary Care Networks and the ICS, this model has caused a number of difficulties with ensuring that clinicians have access to the right information at the point of delivery of care. Add to that the number of digital tools that require wireless access, patients expecting wi-fi access, the growth of IOT (Internet of Things) devices, and it is clear that the siloed infrastructure model in General Practice is no longer fit for purpose.

In 2022, a strategy for cloud storage, and full wi-fi coverage in General Practice was agreed. The end of the contract for HSCN (secure NHS network) provided an opportunity to bid to the Future Connectivity programme for full fibre connections for all GP Practice premises. This was successful. By the end of September 2024, all GP Practice premises will be live on the new networks. Wi-fi switch on will follow by the end of October 2024. All practice data has already been moved to the Cloud. This leaves the only infrastructure work outstanding as the removal of practice domain control servers and header switches.

Future GPIT Support

The current GPIT support contract comes to an end on 31/03/2025. The incumbent provider has not participated in the infrastructure improvement programme and has no cloud offering. The support needed from 01/04/2025 going forward will be very

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different from the current contract, with elements such as a data centre no longer needed.

It is planned that there will be a procurement exercise for a GPIT support provider, encompassing service desk, remote support, device support and cyber security. Year 1 will be a mobilisation year, completing the work to remove domain control servers and header switches, and upgrading all practice PCs and laptops to Windows 11. A workshop to involve GP Practice staff in defining what they want from an IT service in the future will be held in November.

2. Digital Access

Cloud based telephony

This project is proceeding well, with all practices in Norfolk & Waveney on a trajectory towards having a cloud telephony service that meets the NHS England minimum specification.

The pilot phase of cloud telephony saw 39 practices go live with the Wavenet system. The pilot programme led to NHS England developing their specification for CBT, which included patient call back. This was not part of the original specification so these 39 practices need to have an upgrade. This will commence shortly and be complete by the end of December 2024.

Phase 1 practices are all live on systems that fully meet the specification.

Phase 2 has 24 practices, the majority of which are live. 2 practices have a date planned for go live, a further 5 are yet to confirm dates but it is planned that these will be in September.

NHS App

Overall, 56% of eligible patients in Norfolk & Waveney have the NHS App. Across practices, this ranges from 40% to 76% of their eligible patient population. Only 37 practices have all the contractual elements of the NHS App available, with most not having Appointment booking switched on.

Online Consultation systems

103 of the 105 practices in Norfolk & Waveney are offering online access to patients. The majority system is still FootFall with 58 practices, 29 use the AccuRx Patient Triage systems, 9 use PATCHs and 4 use SystemConnect and the remaining 3 are single use systems. The delay in publication of the Digital Pathways Framework means that there is a lack of new tools being accredited.

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Access to Records

Compliance with this target, to give patients access to their prospective medical record, is measured in 4 steps:

Step 1 – practices must have the organisational settings within their clinical system configured to allow prospective access to records. 104/105 GP Practices in Norfolk & Waveney have the settings correctly configured.

Step 2 – the percentage of registered patients with access withheld due to the need for enhanced review must be less than 10% of the patient list. 80/104 GP Practices in Norfolk & Waveney met this criteria – ie 24 practices have access withheld from more than 10% of their patient list with two having 99% of their lists with access withheld.

Step 3 – Prospective access to records is set as a default for new users in the NHS App – 96 Practices are compliant with this.

Step 4 – 90% of patient online accounts must have full prospective access – 71 practices in the area are compliant with this.

Overall, 65% of practices in Norfolk & Waveney are fully compliant with all 4 steps.

3. Innovation

20 practices across Norfolk and Waveney are taking part in a project funded by the Healthcare Technology Adoption and Acceleration programme, for remote observations in Care Homes. Staff in Care Homes have technology and kit available to record patient observations such as blood pressure, temperature and respirations, and these will be available remotely to staff in General Practice and NHS 111. Development is underway to give practice staff access to the observations from within the clinical system. It is hoped that this will bring benefits to practices in reducing visits to care homes, and to care home residents in being able to receive care at home, as well as to the wider system in preventing unnecessary conveyance to hospital.

4. Productivity

RPA

Working with Trinity & Bowthorpe practice, and Dr Turnham, ICB CCIO and Clinical Lead for Digital, the ICB Digital Team has developed a robotic process for handling repeat prescription requests. This is now live in 14 practices, and is freeing up time that can be used on different tasks.

Primary Care Intranet

Work is underway to deliver a Primary Care Intranet, a single source of communication and access to resources for all staff in primary care. This will in time form part of an ICS wide intranet. This initiative should improve productivity in saving staff from

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having to search emails to find information, and having all relevant details for a topic available in one place.

5. System Wide Projects – Shared Care Record

All GP Practices in Norfolk & Waveney now have access to the Shared Care Record as a contextual link from the clinical system.

On average, across the region, the record is accessed by 6,000 clinicians for 37,000 patient records.

Some positive feedback from users has been gathered:

I had a patient that we were urgently trying to get hold of but were unable to. I looked on the ShCR this morning and it showed they had been admitted to the JPUH emergency department. This was extremely helpful to know a) that he had been admitted and b) what the plan was.

I was slightly sceptical whether this would be of any use to us, but it turns out it has been really helpful already! Thank you

Urology Nurse Specialist - NNUH

A patient well known to the hospital was admitted. A member of the DT read information from the ShCR and as a result, chose to discharge them differently to their original plan due to reading some of the safeguarding information

Discharge Team - NNUH

Finally, we can gain information on prescribed medications and allergies which can again be a good tool when we are with a service user that we have little information for

Adult Services Practitioner- NCC

On days if the service is a little glitchy, I find it has a detrimental effect on my work practice and I feel a little lost without it!

Adult Services Practitioner- NCC

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