Improving lives together
Norfolk and Waveney Integrated Care System

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 8 November 2022, 13:30 – 15:00/15:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	**Chair's introduction and report on any Chair's action**	Chair
2.		**Apologies for absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For noting*	Chair
4.		**Review of Minutes and Action Log from the October 2022 meeting** *For approval*	Chair
5.		**Forward Planner** *For Noting*	SP
6.	13:35	**Risk Register** *For Noting*	SP
		Service Development	
7.	13:40	**Learning Disability Health Checks** *For Noting*	SN
8.	13:50	**SMI Health Checks** *For Noting (verbal)*	JD
9.	14:00	**Quarterly Digital Report** *For Noting*	PW
10.	14:10	**Quarterly Estates Report** *For Noting*	PH
11.	14:20	**Restoring Routine Care for Diabetes** *For Noting*	CH
12.	14:30	**CQC Reports** • Bacon Road Medical Centre • Taverham Surgery *For Noting*	SN
		Finance & Governance	
13.	14:40	**Prescribing Report** *For Noting*	MD
14.	14:50	**Finance Report** *For Noting*	JG
		Any Other Business	
15.	15:00	**Questions from the Public**	Chair

Date, time and venue of next meeting
Tuesday 13 December 2022, 13:30 – 16:30 – ICB PCCC
To be held by videoconference and You Tube

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

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

Norfolk and Waveney Primary Care Commissioning Committee

Part One

Minutes of the Meeting held on Tuesday 11 October 2022 via video conferencing & YouTube

Voting Members - Attendees

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

In attendance

Name	Initials	Position and Organisation
Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee (LMC)
Cllr Bill Borrett	BB	Chair Health and Wellbeing Board at Norfolk County Council
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk & Waveney ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Michael Dennis	MD	Head of Medicines Optimisation, Norfolk and Waveney ICB
James Foster	JF	Practice Manager Committee Member
Carl Gosling	CG	Senior Delegated Commissioning Manager Primary Care, Norfolk & Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
Sue Merton	SM	Healthwatch Suffolk
Shepherd Ncube	SN	Head of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Associated Director of Primary Care, Norfolk and Waveney ICB
Sarah Webb	SW	Primary Care Administrator (minute taker) Norfolk & Waveney ICB

Guest Speakers

Name	Initials	Position and Organisation
Kate Lewis	KL	Head of Primary Care Strategic Planning, Norfolk & Waveney ICB

Apologies

Name	Initials	Position and Organisation
Mark Burgis	MB	Director of Primary and Community Care, Norfolk & Waveney ICB
James Bullion	JB	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Patricia D'Orsi	PDO	Director of Nursing, Norfolk and Waveney ICB
Fiona Theadom	FT	Deputy Head of Delegated Primary Care Commissioning/Interim Head of Primary Care Workforce and Training, Norfolk and Waveney ICB
Rosemary Moore	RM	Practice Manager Committee Member
Cllr James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council

No	Item	Action owner
1	**Chair's introduction**	**Chair**
	HW confirmed he would chair as JB had sent his apologies and that there had been no Chair's actions to take. HW confirmed September Committee had been heard in a smaller group and the detail had been included in the pack.	
2	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	None declared.	
4.	**Review of Minutes and Action Log from the August and September 2022 Committees** *For Approval*	**Chair**
	There being no amendments both sets of minutes were agreed to be an accurate reflection of both Committees. **ACTION:** SW to send to HW for signing **Action Log** No actioned remained outstanding.	**SW**
5.	**Forward Planner** *For Noting*	**Chair**
	For information purposes only. No comments received.	
6.	**Risk Register – carried forward from September 2022** *For Noting*	**Chair**
	It was noted that there was an increase in the score for GP resilience and the reasons for this had been outlined. Comments had been received from LMC in relation to PC1 and the Resilience Fund. There was also a significant issue with non-clinical general practice workforce and clinical workforce. HB wanted to comment on the Director of Patients and Communities report on the abuse from patients towards primary care staff and described the issues	

	experienced in her practice. HB felt there needed to be some thought given to what is being done to support practices as this linked to resilience and what the wider strategy was for primary care as she was unsure where this responsibility lied. HW was not able to answer as both MB and SP were absent from the meeting at that stage. He felt that this important issue was not just relevant for this Committee, but should also be raised at the Patients and Communities Committee . HW invited SN to comment. He referred to the ongoing discussions about access and referred to a practice manager meeting which had discussed the issues HB had raised. Practices had asked for help to educate the public around pressures and to identify needs and SN invited CT for comments. CT confirmed work was underway with HealthWatch around access and conversations he had held with FT. CT referenced a Primary Care Multi Professional Forum scheduled for 2 November 2022 for nurses and Allied Health Professionals in primary care which would be chaired by PDO. CT felt this would evolve and committed to providing an update at the next Committee. **ACTION** CT to provide feedback on the Primary Care Multi Professional Forum at November Committee.	**CT**
7.	**Director of Patients and Communities Report** *For Noting*	**Chair**
	HW confirmed HB had touched on this in the previous item and invited comments and would liaise with SP on HB comments. Members took the paper as read and no comments were received.	
8.	**Items carried forward from September 2022 Committee** **GP Patient Survey Results** *For Approval* HW asked Committee members to take the paper as read however felt that it was important to hear feedback and input from everyone. KL introduced herself and provided an overview of the findings and key take away points from the survey to Committee members and invited questions. HW referred to HB's earlier point for both KL and SP awareness around the significant abuse being directed at staff in practices and would touch base with SP offline. HW checked with Committee members for questions and suggested HealthWatch respond first. SM referenced feedback provided in their July report and asked if there had been any questions in the survey around face-to-face appointments as it had been raised as a frustration and concern to Healthwatch. KL was unable to confirm however there were questions around ease of access. SP was unaware if there was specific question on face-to-face. SP felt there was a difference between perception and actual delivery of face-to-face appointments as well as different levels of satisfaction amongst practice patient populations. SP clarified that during July 72% of Norfolk and Waveney general	**KL**

	practice appointments were provided face-to-face which was 9% higher than the national average. HW invited AH for comment and AH provided a comprehensive update on illustrations and feedback which were provided to HealthWatch to Committee members and a discussion ensued. HW thanked AW for providing these insights. BB apologised for joining the Committee late and asked if the results of the survey could be used as an early warning for practices that had not been inspected for a while by the CQC and asked whether there was a way of recording or using this information as part of a structured management process. HW agreed with BB suggestion and felt there was a lot of input and reflection and asked if some of the comments received could be taken away by KL. There were some recommendations in the notes that KL sought approved from. KL reflected on comments made about triangulating information to understand the resilience picture of practices. KL was interested on how to use the information in a more meaningful way to help strengthen resilience. SN agreed and referred to work underway using data sources available. KL reflected on the discussion and felt this was around patients and the difference between demand and need and the national mandate. There was a need to work within our gift and work to develop a common strategy. HW highlighted the recommendations in the note and asked if Committee would approve recommendations which included BB recommendations and Committee agreed. **Resilience Funding** *For Noting* HW moved on to resilience funding which was for noting and asked Committee members to take the note as read and invited any comments. MBe highlighted the comment around additional funding underspend that NW had submitted by email. SN commented that there was an agreement on how to spend the underspend of approximately £1,000.00 and this had been agreed by panel members and LMC colleagues to support a practice that had been recently inspected by CQC and placed under special measures. SN confirmed that the resilience funding for this year has now been concluded with all funds allocated. HW thanked SN for his update.	
9.	**Learning Disability Health Checks** *For Noting*	**SN**
	SN provided an update on the latest data and outlined key highlights to Committee members. HW felt that the Appendix was likely to contains duplicates, and asked SN if BI colleagues could identify how many unique people had been seen over the last 18 months to ensure that no one was being missed.	

	HW referred to the point on the improvement in consistency and quality and asked if SN could share some of the work being done with Committee members. SN outlined some of the work being done on annual health checks and with the peripatetic team and provided an oversight to Committee on the monthly Learning Disabilities meetings he had attended where clinical colleagues had contributed. BB was pleased with the significant progress that has been made with the learning disabilities annual health checks. He reminded members that for a while there was no traction on this, and felt it was heartening to see the change. He congratulated SN and his team for the success achieved. BB supported HW point around unique appointments and reflected on work done well and thanked everyone. HW thanked SN for the report.	
10.	**CQC Reports** *For Noting*	**SN**
	Andaman Surgery had a CQC inspection in August 2022 and an overall rating of Good had been received. SN provided some key feedback to Committee members and was pleased to note the positive theme within the report. Work would continue with the practice to reduce the variation within prescribing. SN invited MD to comment around some of the variations within prescriptions for antibiotics. MD confirmed work had been undertaken with the practice with some of the indicators within the Prescribing Quality Scheme this year and outlined detail on opioids, however queried the interpretation of the CQC data and where the practice was an outlier. MD indicated help would be given to the practice to improve the figures. HW thanked SN and MD for their input.	
11.	**Prescribing Report** *For Noting*	**MD**
	MD confirmed his usual report to Committee was for noting and that the theme this month was oral nutritional supplements and there was a section outlining detail within the report. MD provided key highlights for Committee. MD outlined the significance of the ICB approval of continuing glucose monitoring technology and the funding had been agreed, however it would take time to roll out. The Diabetes Programme Board were working on an implementation plan which would be communicated soon.	
12.	**Finance Report** *For Noting*	**JG**
	JG provided his report for noting to Committee. Executive Summary	

	The position at M5 for primary care and prescribing budgets were £2.4m favourable to budget for the ICB which represented Q2-Q4 of this financial year. This position included an efficiency target of just over £7.3m built into the budget. This formed part of the full year efficiency requirement of £8.4m. Financial Summary GP prescribing was on plan as at M5. Figures were 2 months in arears, which showed April, May and June estimates cumulatively were accurate. Efficiency savings had materialised in this period allowing the forecast to be delivered. Of the £7.3m requirement for the 9 months, 3 months of actual achievement had been received, and this over-delivered. Given the lack of data at M5 this could change as we go further into the financial year. There were prior year benefits within GP Prescribing. Detailed Finance Analysis Prescribing spend on plan. There were still some key areas of risk around Continuous Glucose Monitoring and SGLT2. There was a high degree of uncertainty over the financial implications of these factors. System Development Fund This key area of investment showed as on plan and is closely scrutinised both locally and nationally through the financial returns to NHSE. Delegated Co-Commissioning The underspend here was predominantly due to the way in which budgets were ring fenced to delegated primary care and prior year credits from 21/22. GP and Other Prescribing Detailed variances within prescribing led to the overall 9 month on-plan forecast. A paper had been agreed to allow the partial and staged roll-out of continuous glucose monitoring for a defined patient cohort of diabetics. This could cause a £2m cost pressure over the next 12 months which equated to circa £1m cost pressure in this financial year. The majority of this cost would possibly sit within primary care, however the more complex items may be absorbed by the acute's via their High cost drug budgets. JG offered to take questions. No questions were received	
13	**Any Other Business** **Questions from the Public** SW confirmed no questions from the public had been received by email and the member of the public on the call had no questions. There being no Any Other Business the Committee ended at 14:45.	**Chair**

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

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

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Norfolk and Waveney Integrated Care System

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One
Action Log 8 December 2022

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0120	13-Sep-22	5	FT	Enhanced Access - SC requested he could be fully sighted on the financial risk		11-Oct-22		
0121	11-Oct-22	4	SW	Signed minutes to chair	Signed minutes sent to chair	08-Nov-22		12-Oct-22
0122	11-Oct-22	6	CT	Risk Register - GP resilience - Primary Care Multi Profressional Forum scheduled for 2 November 2022	Forum rescheduled to February 2023.	14-Mar-23		

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

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

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

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				
PC6	Learning Disability Annual Physical Health Checks				12	12	12	12	12				
PC9	Hypnotics and anxiolytics prescribing				16	16	16	16	12				
PC10	Gabapentinoids prescribing in primary care				9	9	9	9	9				
PC11	Primary Care/Other Providers Interface				12	12	12	12	6				
PC 14 BAF16	The resilience of general practice				12	12	16	16	16				
PC15	Wave 4B Primary Care Hubs – loss of capital funding				8	8	8	8	8				
PC16	Severe Mental Illness (SMI) Annual Physical Health Checks				12	12	12	12	12				
PC17	General Practice – Allied Health Professionals Workforce including PCN Additional Roles				12	12	12	12	12				

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

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

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

Risk Scores

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

Controls	Assurances on controls
• Workforce plans in place at system level. • Primary Care Workforce Transformation team expanded to support workforce development working within ICS workforce team. • Training hub supported by clinical leadership with two clinical roles recruited to support Placement and Quality of Learning Organisations and Educators. • Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS) to provide a multi-disciplinary approach to patient care • National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). • Wide range of initiatives in place to support GP retention • Advanced Practice Forum established	**Internal:** Reporting to Primary Care Commissioning Committee (PCCC) and the People Board. Training Hub and Workforce Implementation Group meets two-monthly Workforce Strategy (in development for approval by end Q2) **External**: NHSEI returns monthly as part of the General Practice Transformation implementation and assurance meetings with Health Education England (HEE) and NHSE/I

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion

May 2022	New ICS Level Training Hub contract requires submission of 4 documents relating to primary care workforce planning to HEE by end Sept 2022: • Workforce Strategy (3 years) • Stakeholder Engagement Strategy and Plan (3 years) • Operational Delivery Plan (1-3 years) • Financial Plan (yearly) To be approved by new Oversight Board by end Sept 2022. A placement capacity expansion strategy is due to be published and number of learning organisations is increasing with targeted intervention and support. The recruitment to PCN Additional Roles Recruitment Scheme to support general practice faces challenges in some geographical areas also facing GP and Nurse recruitment difficulties. Primary care has joined the ICS led initiative looking at how to improve recruitment in rural and isolated coastal areas and other ICS task and finish groups to consider system wide approach to recruitment & retention for N&W. Recommended change to target date.		30 September 2022 (amended)
July 2022	This risk reflects risks to GPs and Nurse workforce only. Refer to PC17 for Allied Health Professionals and ARRS in general practice. Further details relating to Nurse recruitment and retention will be included next month.		August 2022
Sept 2022	To support retention: Wide range of initiatives in place. Continue to increase Schwartz Rounds participation and to develop system wide round with the ICS workforce team. Outline CPD plan for 2022-23 submitted; further engagement sought within Norfolk and Waveney to finalise by September. Education Plan submitted to HEE. To increase placement capacity, continue to increase the number of Learning Organisations and educators through active engagement by Quality Leads. The Deep End Project launched on 29/7/2022: aims to support GP practices within the most deprived communities, reduce health inequalities and support 12 sites to become learning organisations. Evaluation of project to be undertaken. Quality leads to link in with ICB workforce team regarding placement expansion work across the system To develop system level approach to Nurse recruitment and retention. To continue to expand the newly established Advanced Practice forum		March 2023
October 22	Learning Organisations and educators through active engagement has increased uptake across the system. Since March a 2% increase has been seen including a 6% increase for Tier 3 placements. Plans are being developed to further support GPST placements for August 23, as currently there are more students' placements available than learning organisations across N&W. It has been recognised that an incentive and support programme should be put in place as result. Plans have been submitted to EOE for GP Fellowships and GPN Fellowships as part of our recruitment plans, which we are awaiting approval on. 16 Training Nurse Associates are currently enrolled for the programme and 15 have expressed an interest. It is anticipated this will increase given the introduction of the TNA role which can be claimed under ARRS. A review of all the workforce retention and training packages, health & wellbeing is now underway which will be driven by placement capacity, demand through appointment activity and Core20plus		December 2023

	requirements. An updated position on each PCN workforce vacancy levels, retirement and retention challenges will be part of this localised approach for succession planning.		

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

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

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

Risk Scores

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

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

Gaps in controls or assurances

LDAHCs are now being undertaken face to face.

Updates on actions and progress

Date	**Action**	**RAG**	**Target completion**
Sept 2022	Good progress has been made since the last meeting. NHS England has released validated uptake data to June 2022. Norfolk and Waveney has reported a 13.7% uptake which is amongst the highest performing areas within the East of England. All practices have now been included within the data set.		30/09/2022

	Focussed meetings to understand local plans, review uptake and identify practices requiring further input and support continue between the Delegated Commissioning, Quality and Locality teams. Practices will be asked to provide an update on progress against the Q1/Q2 prioritisation, as well as any challenges and successes.		
Oct 2022	Good progress has been made against our Q2 delivery targets-25% by end of September). Norfolk and Waveney completed more checks than any other system in the east of England region. NHS England has released validated uptake data to August 2022. Norfolk and Waveney have reported an increase in activity to 25.1%, has already met its target for Q2 and remains on track to meets its yearend commitment. This learning disabilities service line benefited from the additional resources funded from the winter resilience money last year and without additional funding this year the number of checks completed will drop. Discussion to manage delivery risk are planned to take place later this week.		01/11/2022

Visual Risk Score Tracker									
ICB 2022/23 (months July 2022 – March 2023)									
Month	04	05	06	07	08	09	10	11	12
Score	12	12	12	12	12				
Change	→	→	→	→	→				

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

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

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

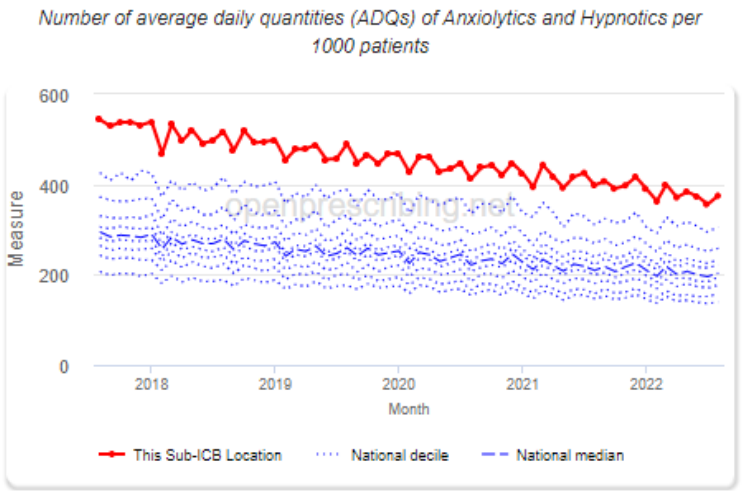
Controls	Assurances on controls
Practices have been encouraged to review their use of hypnotics/anxiolytics however not all practices have taken decisive action to reduce this. This years' Prescribing Quality Scheme (PQS) incentivises work to reduce prescribing.	**Internal:** Review Open Prescribing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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion
Jun 2022	March 22 data = ADQ/1000 patients = 399.991 98th percentile (a longer month 31 days vs 28) We are now working on a longer-term project around deprescribing with NSFT, this will aim to change the prescribing culture within the organisation and reduce the use of all sedatives by clearer prescribing guidelines. Rate per day = 12.903		30.11.2022
Jul 2022	April 22 data = ADQ/1000 patients = 371.297 98th percentile (30 days in this month vs 31 last month). Rate per day = 12.377		30.11.2022
Aug 2022	May 22 data = ADQ/1000 patients = 383.362 98th percentile (31 days this month) Rate per day = 12.367		30.11.2022
Sep 2022	June 22 data = ADQ/1000 patients = 373.690 98th percentile (30 days this month) Rate per day = 12.456, overall trend is downwards and at a rate greater than national average.		30.11.2022
Nov 2022	August 22 data = ADQ/1000 patients = 374.950 98th percentile (31 days this month) Rate per day = 12.095, overall trend continues to be downwards and at a greater rate than national average (see below chart)		31.3.2023

	Anxiolytics and Hypnotics: Average Daily Quantity per 1000 patients  		

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

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

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

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	3	12	3	3	9	2	3	6

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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion
Jul 2022	April ePact data shows Norfolk and Waveney has stayed at 28th position and 74th percentile. Outlier practices have been offered support and we will be following this up.		31.7.22
Aug 2022	May ePact data shows no change in national ranked position.		31.8.22
Sept 2022	June ePact data shows no change in national ranked position		31.9.22
Nov 2022	August ePact data shows only minor change in national ranked position at 73rd percentile. If this remains below 75th percentile for a further couple of months then we should consider retiring this risk		31.12.22

Visual Risk Score Tracker

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

PC11	
Risk Title	Primary Care/Other Providers Interface
Risk Description	There is a risk that patients will not be able to access optimal care from primary care teams due to insufficient capacity of primary care to meet additional workload outside current contracted activity. Poor morale and disenfranchisement exacerbating primary care workforce challenges.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	Primary Care Commissioning Committee	Kate Lewis	26/08/2020	30.9.2022

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	2	3	6	2	4	8

Controls	Assurances on controls
Through the Primary, Community and Secondary Care Interface Group, the ICS has established an approach to working collaboratively to tackle shared issues to improve the interface. This includes: • Addressing non-contracted activity such as fit notes and requests for investigations; • Private referral activity, now to be referred directly to hospital; • ICE User issue: pathology and radiology test requesting; • Medicines Interface. The Interface Group provides oversight to these key areas of work while the contractual mechanism is through the System Contracting Development Group led by the ICB Contracting Team.	**Internal:** • Interface policy has been agreed by all providers, supported by LMC • The Clinical Interface Group has reviewed all outstanding actions relating to non-contracted activity. These have either been added to the agenda as substantive items for discussion OR are the subject of in-depth review via Task and Finish groups. **External**: Local Medical Committee (LMC)

Gaps in controls or assurances

- Identified resource on Commissioner and Provider side for continuity and to progress project pieces.
- On-going piece of work with the LMC to consider the effectiveness of the PID process and to identify new areas for further discussion or T&F groups.
- Compliance with interface policy not yet audited and action plan for each provider against their analysis against standard contract not yet shared with LMC
- Governance of Interface Group to be considered when reviewing ToR. Currently reports to CCTG

Updates on actions and progress

Date	Action	RAG	Target completion

October 2022	• Clinical Interface Group continues to meet on a monthly basis. • In the process of reviewing TOR with the proposed governance to report into the Planned Care and Cancer Board. • Progress against the Task and Finish Groups continue within the constraints identified. • Recommendation to close the risk as the mechanism to address NCA issues are in place and there is fully established Interface Group with clear leadership.		20.09.22

Visual Risk Score Tracker												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				12	12	12	12	6				
change				↓	→	→	→	↓				
ICB 2022/23												

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

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/09/2020	31/03/2023

Risk Scores

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

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

Gaps in controls or assurances

- Practice visit programme, CQC inspections focused on where there is a significant risk or concern
- Unplanned risk associated with outbreaks or positive cases
- Impact of ambulance delays diverting practice teams from routine and urgent care to respond to emergencies
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position

Updates on actions and progress

Date	Action	RAG	Target completion
01.09.22	This risk (resilience impact due to Covid-19 pandemic) has been combined with risk PC13 (general practice resilience) following agreement at the primary care commissioning committee in July. Resilience funding process has been completed with practices invoicing where funding has been awarded. It is expected there will be national funding for general practice for		30.11.22

	winter – discussions are taking place to determine how to invest this funding for best impact. There has been an unplanned influx of asylum seekers into our system in August and September, with several local hotels being procured as contingency accommodation. This is having an impact on practices local to the hotels, as well as on wider health and care partners. Work is underway to support both an immediate response and a longer-term system approach to the needs of asylum seekers. There are currently four practices rated as inadequate by the CQC, requiring increased support and development from multiple teams in the ICB, as well as the increased work and focus for the teams in the practices to respond. Training and learning are being shared with all practices on an ongoing basis.		
31.10.22	Winter funding letter for general practice now published, winter fund being created from funding already allocated to PCNs, but available to draw down sooner. Workforce team is working with localities and PCNs to finalise ARRS forecasts. Currently investigating if any underspends can be identified for investing in practices through the winter, subject to discussion with LMC. A further practice has been rated as inadequate by the CQC, ICB teams are supporting.		30.11.22

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

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

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

Risk Scores

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

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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion
August/ Sept 2022	Detailed review queries received from DHSC and NHSE late July and work continued to respond to these until mid-August. NHSE recommendation report was submitted to regional NHSE Business Case Review Meeting 25 August and was approved for submission to the NHSE Regional Strategic Development Committee on 8 September. If approved at that stage, it will then be presented at DHSC Joint Investment Sub Committee on 16 September.		16.09.22
October 2022	Approvals for Programme Business Case in September were confirmed by NHSE Groups and by DHSC Joint Investment Sub Committee – with some conditions. Work required in October to determine funding flow for two new build premises.		31.10.22

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

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

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Commissioning Committee	Shepherd Ncube	10/05/2022	31.03.2023

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
July 2022	• Draft letter to GPs outlining end of year position, resources available and aims for this year drafted and awaiting internal approval before sending out. Target date of w/c 18/07 to complete. • Meetings with clinical directors in the West Locality (w/c 4/07) to undertake point of care testing pilot. • Briefing report also drafted for HOSC due 14/07/2022		31/07/2002 Action completed, HOSC report delivered, west locality meeting

			done, x2 more scheduled in North and GY&W
August 2022	• Q1 (2022-23) performance date for SMI health checks has been released. • Combined position is 38.2% which is a marginal change from Q4's position. • Offer of support in the form of PM's meetings has been put out to practices, GY&W as well as West have accepted. • Proof of concept with Swaffham & Downham PCN using AARS funds has been agreed (launch Oct 2022). • SMI workshops led by Mental Health Team to commence 16/09 to provide increased collaborative work across ICB.		21/10/2022
October 2022	• Positive improvements in uptake have been observed in Q2. We have completed approximately 350 checks more in Q2 than the previous quarter. • Good progress is being made in our Norwich pilot, Swaffham and Downham Pilot. The plan is for a dedicated staff to deliver SMI checks (similar approach delivering the LD annual checks) • Steady progress is being made both with actions and with data on delivery that is coming through. • Link to QOF usually sees an increase in Q4 • NSFT leadership post has now been agreed and advert to go out this week. This post will bring internal leadership across the 7 Assistant Practitioner posts who were funded to provide the SMI PHC across NSFT community teams • System connection and development within the system i.e. to support the introduction of GPES collection (moving from ICB submission to NHSE direction extraction of data from Primary Care system ONLY)		31.12.2022

Visual Risk Score Tracker

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

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

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

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

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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion

July 2022	New ICS Level Training Hub contract requires submission of 4 documents relating to primary care workforce planning to HEE by end July 2022 for socialising with primary care during August: • Workforce Strategy (3 years) • Stakeholder Engagement Strategy and Plan (3 years) • Operational Delivery Plan (1-3 years) • Financial Plan (yearly) Plans to be approved by new Oversight Board by 30 Sept 2022. Need to include targeted plans in areas facing greatest challenges in recruitment and retention. A placement capacity expansion strategy is due to be published and number of learning organisations is increasing with targeted intervention and support. The impact of ARRS recruitment on other system partners is of concern and discussions continue as to how to mitigate this risk. Primary care has joined the ICS led initiative looking at how to improve recruitment in rural and isolated coastal areas and other ICS task and finish groups to consider system wide approach to recruitment & retention for N&W.		30 Sept 2022
Sept 2022	The new Ambassadors to build upon early work in acting as a point of contact to support new staff working in primary care, creating peer support groups for questions, dissemination of key information and understanding training and development needs. Physicians Associate careers fair planned August. Clinical Pharmacy Ambassadors developing an online forum for pharmacy professionals within primary care to highlight development opportunities as well creating a space for networking and peer support. A support pack has been developed for pharmacy professionals new to primary care to communicate key information which will be useful to them in their new roles. Work has also been done around providing guidance on clinical supervision for pharmacy professionals recruited through ARRS. The Newly Qualified Pharmacist (NQPh) pathway is established in community pharmacy and the NHS managed sector. N&W hoping to pilot a developmental role [band 6 to band 7 AFC] model to introduce a NQPh - GP pathway to attract a pipeline of newly qualified ARRS pharmacists into general practice to compliment or reduce recruitment from other pharmacy sectors. Discussions ongoing with HEI about nursing placements. The aim is to map placements and to share information on the quality of the learning environments. Slow engagement from HEIs. restructures.		November 2022
October 22	Additional Roles across Norfolk Waveney has seen an increase to 404.958 WTE during the month of September 2022, which is utilising 87% of the budget. The notifiable increase has been shown across all clinical and non-clinical roles. During October, each PCN submitted their intended recruitment plans, based on the introduction of three key roles: • Training Nurse Associate • General Practice Assistant and • Digital & Transformation Lead These submissions now suggests that N&W will increase to 507.91 WTE by March 23. It is anticipated that N&W will fully utilise the £19 million ARRS budget allocated, subject to recruitment. A review of all the workforce retention and training packages, health & wellbeing is now underway which will be driven by placement		December 22

	capacity, demand through appointment activity and Core20plus requirements. An updated position on each PCN workforce vacancy levels, retirement and retention challenges will be part of this localised approach for succession planning.		

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 7

Subject:	**Learning Disability Annual Health Checks progress update**
Presented by:	**Shepherd Ncube, Head of Primary Care Commissioning**
Prepared by:	**Shepherd Ncube, Head of Primary Care Commissioning (Delegated)**
Submitted to:	**ICB Primary Care Commissioning Committee**
Date:	**October 2022**

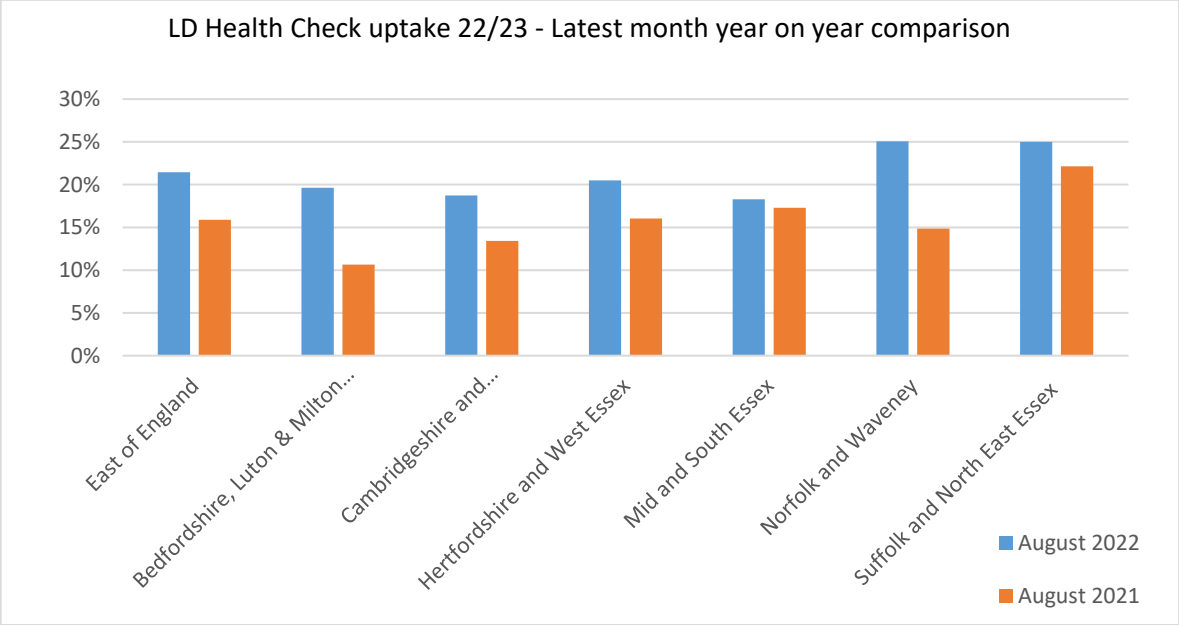
Purpose of paper:

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

1. Background

- National delivery targets to improve the uptake and quality of annual health checks for people aged 14 and over with a learning disability have been set for commissioners. All GP practices in Norfolk and Waveney have voluntarily signed up to the national Directed Enhanced Service (DES) which does not set a target for achievement, but requires practices to identify all registered patients, aged 14 years and over, with a learning disability, with the aim of reducing their health inequalities. The contract specification requires the practice to 'invite patients on the health check learning disabilities register for an annual health check.' Practices may resign from the DES at any time by giving not less than 1 months' notice.
- NHS England has shared uptake data from the Central Quality Reporting System (CQRS) showing delivery of learning disability health checks from April-August 2022.

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



The chart above shows regional performance at the end of August 2022 (Compared to last year):

- 2,125 additional health checks have been completed across the region compared to this time last year with 21.4% of the register having a completed check.
- Norfolk and Waveney practices have done 717 of those additional checks, with BLMK practices following shortly behind with an additional 458 checks being completed.
- The register for patients with a learning disability across the region has grown by 1,400 and is now 34,276
- Despite this great improvement in Norfolk and Waveney, approximately half of our practices have delivered less than 60% of their health checks with some yet to deliver their first check this year.

Norfolk and Waveney Progress update

There are no changes from last month to report, however some positive improvements are expected, and these will be reported in our reporting for the December period.

Learning disability health check uptake up to August 2022					Trajectory Q2 (25%)
Locality	**Register**	**Completed**	**Declined**	**%**	**Variance**
GYW	1778	596	20	33.5%	+8.5%
North Norfolk	1224	201	8	16.4%	-8.6%
Norwich	1515	349	6	23.0%	-2.0%
South Norfolk	1402	349	5	24.9%	-0.1%
West Norfolk	981	247	10	25.2%	+0.2%
Norfolk & Waveney	**6900**	**1742**	**49**	**25.2%**	**+0.2%**

3. Next steps

- Planned meeting with colleagues from South and Mid Essex to discuss and share learning to improve the quality and uptake of our checks.
- Discuss delivery risk for Q3 and Q4 with the Implementation and Delivery Group, the risk is associated winter pressures and lack of additional resources to support resilience in general practice.
- Share and discuss end of Q2 data with all localities. Contact and provide support (if required) to all practices that have signed up for this service line and have not completed at any checks yet.
- Continue to explore alternative ways to engage with voluntary sector and third sector organisations to strengthen our delivery position and focus on health inequalities

4. Recommendation to the Board:

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

Key Risks	
Clinical and Quality:	Annual health checks are a proactive and evidence-based way of supporting people with a learning disability with new and existing health care requirements.
Finance and Performance:	Annual health checks for people with a learning disability are to be undertaken as per the specification within the national Directed Enhanced Service (DES) for GPs, the Quality Outcome Framework (QOF) and the Investment and Impact Fund (IIF).
Impact Assessment (environmental and equalities):	N/A
Reputation:	Health inequalities
Legal:	N/A
Information Governance:	N/A
Resource Required:	Business Intelligence team Children's and Young Peoples' team Delegated Commissioning team Locality teams Quality in Care team
Reference document(s):	The NHS Long Term Plan
NHS Constitution:	1. The NHS provides a comprehensive service, available to all 3. The NHS aspires to the highest standards of excellence and professionalism 4. The patient will be at the heart of everything the NHS does 5. The NHS works across organisational boundaries 7. The NHS is accountable to the public, communities and patients that it serves
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	PC6

Governance

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

Appendix 1

Cumulative total of annual health checks year-on-year

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

*Data not available and incorporated into May's figures.

Subject:	Digital Update for Primary Care
Presented By:	Anne Heath, Associate Director of Digital
Prepared By: **Date:**	Anne Heath 8 November 2022
Submitted To:	Primary Care Commissioning Committee
Purpose of Paper:	To provide an update on Digital projects and innovations

1.0 Current Position of Digital Projects and Initiatives

Winter Pressures

Digital tools and technologies that may help practices with winter pressures have been curated into a directory that has been made available. Notably, the Teams calling offer will be made available to practices again this year, additional laptops have been ordered, and information provided for practices on using "bring your own device" where a secure connection to hosted clinical systems is not needed.

Access to Records

At the time of writing, it is planned that the national switch on of access to prospective health records will proceed on 1st November for any practice who has not indicated to their clinical system supplier that they are not ready. Practices who have done this will have a four-week grace period, with go live planned for 29th November.

Clinical Systems

3 Practices in the area have successfully moved clinical system from Emis to SystmOne. A further practice is in the process of switching and there are queries from more. Having a common system across the PCN makes it easier for Shared Admin and for ARRS (additional roles reimbursement scheme) staff appointment management and communications, and for those staff to have only one system to get to know and update.

Shared Care Record

The Shared Care Record project is now in the implementation phase, though there has been a slight delay to the phase 1 go live, which has slipped from October to December. There are various challenges with establishing data flows and connections, and with data quality from source systems, but problems are being worked through.

Digitising Adult Social Care

A launch event was held for Adult Social Care Providers to introduce them to this new initiative, which sees national funding provided to assist providers with the initial costs in implementing a digital social care record. All approved suppliers of digital social care records will be able to link to the shared care record so information will be visible in GP Practices and other providers via a contextual link.

Remote monitoring

Over 1,000 observations have now been taken by care home staff in the 19 homes using the remote monitoring technology. There has been some excellent feedback from practices. The 111 virtual ward rounds, supported by the technology, have also seen marked differences in calls to 111. Care home staff and residents have also provided great feedback.

SD-WAN

Software defined wider area network technology will be installed in all GP Practice premises towards the end of the year. This will bring better wi-fi and resilience to practices.

These plans are still progressing, with surveys being undertaken in 14 pilot practices shortly. The innovative proposal has attracted attention nationally and is being presented at a conference.

Practice telephony

After a really positive start, the cloud telephony project hit a number of issues:

- Some practices had very old PCs that did not have enough space for the software that connects the telephony with the clinical system.
- The network availability for some practices was poor and the installed network could not provide the bandwidth necessary for the system to run.
- The softphone solution, as it reached a volume of users and calls, failed to work, resulting in dropped connections and unreliable telephony.

We have been able to replace PCs where needed. The connectivity issues have been fixed through installation of lease lines. The supplier of the softphone solution deployed resource and found a coding error that meant the load was being taken by a single processor rather than spread over many. A code rewrite has resolved that issue and so far, testing has been positive.

By mid-November, if no further issues are experienced, the resolutions for the problems will be considered stable and the roll out programme will recommence.

Technology refresh in GP Practice

The planned upgrade and replacement of IT kit in practices continues and is expected to expand to GP Practice laptops soon.

Cyber incidents

We are continuing to see an increase in Phishing attempts. October was Cyber awareness month and there was a campaign run locally using nationally designed materials. Multi Factor Authentication (MFA) will be rolled out over the coming months.

Digitisation of Lloyd George Notes

The projects for all Emis Practices (now 14) and 27 SystmOne practices are now underway.

Online Consultations

98 out of the 105 practices in Norfolk & Waveney use an online consultation system. There is a choice of systems in the area.

- 86 practices use FootFall
- 1 practice uses Ask My GP (self-funded)
- 1 practice uses Engage Consult (moving to Patient Triage)
- 1 practice uses eConsult
- 9 practices use Patient Triage from AccuRx

Over half of practices have their OCS available at all times. Of the rest, the majority have their system available over 75% of the time. A very small number of practices have it turned off the majority of the time.

Social Media

A small number of practices are live with the managed Social Media offer, which looks after practice Facebook and Twitter accounts.

2.0 Development – national context, governance and finance

A new role of Digital Transformation Lead has been added to the ARRS profiles.

3.0 Future Deliverables and Priorities

Practices will be supported through winter pressures as much as possible. We will be socializing the new Primary Care Digital Services Model.

4.0 Next steps

Continue with cloud strategy, wi-fi and other technology enablers for primary care and PCNs

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Primary Care Estates – quarterly update**
Prepared by:	**Primary Care Estates Team**
Submitted to:	**Norfolk & Waveney Primary Care Commissioning Committee**
Date:	**November 2022**

Purpose of paper:

Update on Primary Care Estates, for information.

Contents

Update:

Wave 4b Primary Care Hubs

The revised Wave 4b Primary Care Hub Programme Business Case (PBC) was submitted to NHS England (NHSE) in June 2022. NHSE and the Department of Health and Social Care (DHSC) undertook a detailed review of the PBC, resulting in formal approval being received from both NHSE and the DHSC at its Joint Investment sub-Committee meeting in September 2022.

Work to develop the combined Outline/Full Business Cases (O/FBC) for each scheme was already underway (with the ICB having taken the decision to proceed at risk, due to the tight programme timeframe). This work will now continue and a summary of the timeframe for the programme is shown at the end of this section.

The DHSC set out several conditions to be fulfilled, mainly through the combined Outline/Full Business Cases, which are:

- To deliver the programme within the approved budget
- To review the funding model for the two new build schemes as soon as possible (this relates to the organisations who will develop and then ultimately own these buildings)
- Sign off on the business cases by the National Capital Assurance Team ahead of contracts being signed

- Formal commitment from the ICB to meeting the revenue costs associated with the new build schemes
- Monthly reporting to the DHSC Capital Project Management Office and submission of a Post-Project Evaluation report within 6-12 months of completion of the projects.

A summary of the Wave 4b Primary Care Hubs is Appendix 1 to this report. Support is ongoing to facilitate the two schemes which formed part of the original programme, and which were withdrawn due to capital cost/construction timeline (Attleborough and Shrublands, Gorleston – please see ongoing projects section below.

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

Scheme	Development Partner	O/FBC submission	Construction Start	Construction Completion	Handover	Operational
Rackheath – North Norfolk	NHS Property Services	April 2023-June 2023	July 2023	March 2024	April 2024	May 2024
Sprowston – Norwich	Via landlord – Primary Health Properties	February 2023	March 2023	November 2023	December 2023	December 2023
King's Lynn – West Norfolk	NHS Property Services	April 2023-June 2023	July 2023	March 2024	April 2024	May 2024
Thetford – South Norfolk	Via landlord – Community Health Partnerships/Norlife	February 2023	March 2023	November 2023	December 2023	December 2023

National policy developments and Estate Strategies

PCCC will recall from the last update that NHS England have commissioned Community Health Partnerships (CHP)[1] to support PCNs, nationally, to implement the PCN Service and Estates Toolkit in 2022/23. The Toolkit is clear that an estate strategy should be driven by a clinical strategy. As expected, the approach will see the optimisation of existing GP and wider estate through partnership working as being critical.

The Norfolk and Waveney launch date of this programme of support is 9 November, when a one-hour seminar supported by the ICB – and presented by CHP – will outline the programme and allow PCNs to raise questions.

Health Integration Partners have been commissioned by NHSE to support the clinical strategy development element of the programme and they will be at the launch event and will run workshops with PCNs following the launch.

Appendix 2 to this report provides further information about the PCN Service and Estates Toolkit.

Funding to support General Practice Estate development

As noted previously, the Primary Care Estates Team is aware – formally or via informal enquiries – that 70% of practices are interested in funding to support an estates scheme. It is expected that this proportion will rise when the formal call for bids from practices interested in more space is made. The Primary Care Estates Team expect to make a formal call for bids before the end of 2022.

[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.

The Primary Care Estates Team is still waiting for confirmation of its share of the £1.9m BAU capital for 2022/23 which must cover Digital and Estates projects and primary care estates. A prioritised list of schemes has been shared with the LMC and was submitted to the ICB (CCG) finance team in April 2022.

Rent reimbursement and rent reviews

Capacity within NHSE rent review team remains challenging for the Primary Care Estates Team.

The Primary Care Estates Team are in the early stages of discussion with NHSE about the ICB picking up the rent review function which they currently perform.

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

- For the period 2020/21 total rent reimbursement was approximately £12,475,086
- For the period 2021/22 total rent reimbursement was approximately £12,763,163

This gives a rent reimbursement increase of £288,077 from 20/21 to 21/22. This figure does not include rent arrears paid and just takes actual reimbursement on all property as of March at the end of each financial year.

2022/23 Reviews

Month	Number of rent review approvals	Rent increases
April	2	£ 7,120
May	7	£32,770
June	5	£23,875
July	2	£ 9,900
August	2	£ 4,600
September	0	0
	TOTAL TO DATE:	**£78,265**

Upcoming rent reviews

NHSE rent review team has indicated there are 8 upcoming rent reviews in October. Figures are not yet known.

Planning and new housing developments

The ICS Estates Team continues to receive a high level of correspondence including Local Plans, Neighbourhood Plans, Supplementary Planning Documents and of course planning consultations. The ICB is grateful for the support from – and discussion with – the LMC in respect of planning and its impact on primary care.

The following are areas where housing developments have prompted discussions about potential new primary care estates proposals:

a. Hethersett: discussions continue involving The Humbleyard Practice about potential solutions to the existing and future pressure on their capacity – the local planning authority are potentially interested in supporting a new build facility.

b. Taverham: discussions involving the local planning authority are quite advanced, with a multi-agency group meeting regularly: Taverham Communities & Health Hub Partnership, which is overseeing the design of the proposed building. The Taverham Partnership are proposing to move from their existing main site into the new premises.

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

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

Norfolk and Waveney General Practice Estate: ongoing projects

The following estates projects are ongoing and due to complete over the next 12 months:

a. East Norfolk Medical Practice, The Lighthouse Surgery, Great Yarmouth – refurbishment to create new clinical rooms.

b. Blofield Surgery – 312m² extension to existing premises (subject to Grant Agreement conclusion).

c. Kirkley Mill Surgery, Lowestoft – internal reconfiguration and improvement works.

d. St James Medical Practice, King's Lynn – Full Business Case for a replacement surgery was approved by NHSE in September and the new facility is due to open October 2023.

In addition to the above the ICB continue to work with practices to explore options for additional capacity in Attleborough and Toftwood. These options would be short term solutions with long-term solutions needing to be developed alongside system partners.

Bridge Road Surgery, Oulton Broad have engaged a developer for a replacement premises utilising a combination of Section 106, Community Infrastructure Levy Funding, and private capital.

In September, the ICB went to market for a Third-Party Developer for the construction of the Shrublands scheme in Gorleston, and this process is ongoing at the time of writing.

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

Appendix 1: Wave 4b Primary Care Hub proposals - summary

Scheme name	**North Norfolk – Rackheath**	**Norwich – Sprowston**
Type	New build at Halsbury Homes site on Broad Lane, Rackheath	Expansion of existing healthcare premises at Aslake Close, Sprowston, Norwich
Ownership	NHS Property Services	Primary Health Properties PLC
Locality	North Norfolk	Norwich
Why these options have been chosen	• Strategic importance to estates strategy: The Rackheath and Sprowston schemes form a strategic joint approach to meeting existing and anticipated healthcare demand from Greater Norwich Neighbourhood Plan – which indicates significant population growth • Anticipated growth would see registered list sizes across these PCN areas increase by around 30,000 • Clinically important to: o Local Maternity and Neonatal Service supporting provision of continuity of carer and services in the community o Expansion of community services wrap-around integration with PCNs, focussed on preventative response to identified population healthcare and risk stratification o Support to extend community provision and MDT opportunities to manage Long Term Conditions, Mental Health, Public Health initiatives and voluntary sector services • Local political and patient interest and support for the Rackheath development established for more than 5 years • Makes optimal use of existing, underutilised estate in an area which will need to ensure healthcare facilities are able to offer flexible space for a range of service provision.	

Scheme name	King's Lynn – Nar Ouse Way
Type	New build at Nar Ouse Way site, south King's Lynn
Ownership	NHS Property Services
Locality	West Norfolk
Why this option has been chosen	• Strategic importance to estates strategy: Addresses significant existing premises constraint in an area of population growth and health inequalities (one of the most deprived areas in the ICS) • Local political and patient interest and support for the development established for more than 5 years • Anticipated growth would see registered list sizes across King's Lynn PCN increase by an estimated 8,000.

Scheme name	South Norfolk – Thetford Healthy Living Centre
Type	Refurbishment of existing healthcare premises at Thetford Healthy Living Centre, Croxton Road, Thetford
Ownership	NHS Local Improvement Finance Trust (Community Health Partnerships head lease holder)
Locality	South Norfolk
Why this option has been chosen	• Strategic importance to estates strategy: Addresses significant existing premises constraint in an area of population growth and health inequalities (one of the most deprived areas in the ICS) • Local political and patient interest and support for the development established for more than 5 years • Anticipated growth would see registered list sizes across King's Lynn PCN increase by an estimated 7,000 • Makes optimal use of existing, underutilised estate in an area which will need to ensure healthcare facilities are able to offer flexible space for a range of service provision.

Appendix 2: PCN Service and Estates Toolkit

Community Health Partnerships and the National Association of Primary Care on behalf of NHS England, have produced a PCN Service and Estates Toolkit developed from the published guidance Primary Care Networks: Critical thinking in developing an estate strategy.

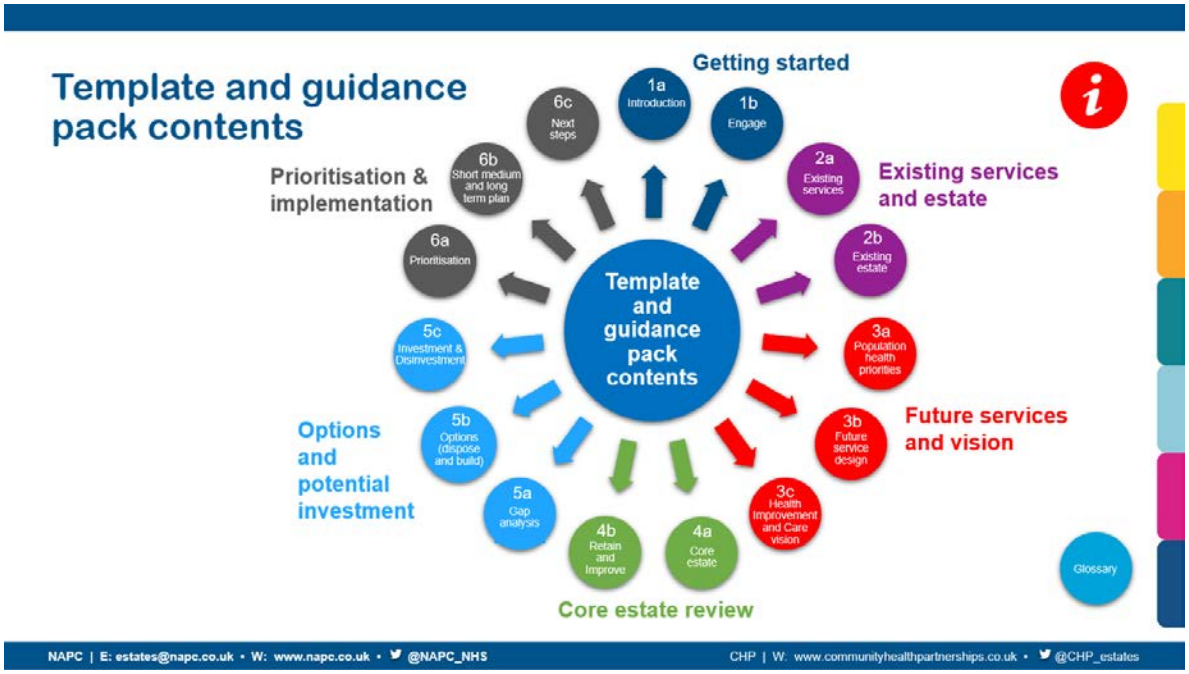
The benefits of the PCN Toolkit are to develop and articulate a standardised and consistent approach in identifying and delivering Prioritised short, medium, and long-term primary care capital investment & disinvestment plans and key challenges to delivery (e.g. negative equity)

The purpose is to provide a national framework to support PCNs and systems to identify the future primary care estates investment requirements, whilst ensuring consistency in quality and outputs; to enable delivery of suitable, high quality estate provision for Primary Care, and to suitably support service development strategies across the wider health economy.
The PCN Service and Estates Planning Toolkit provides practical tools for use and application and has two objectives:

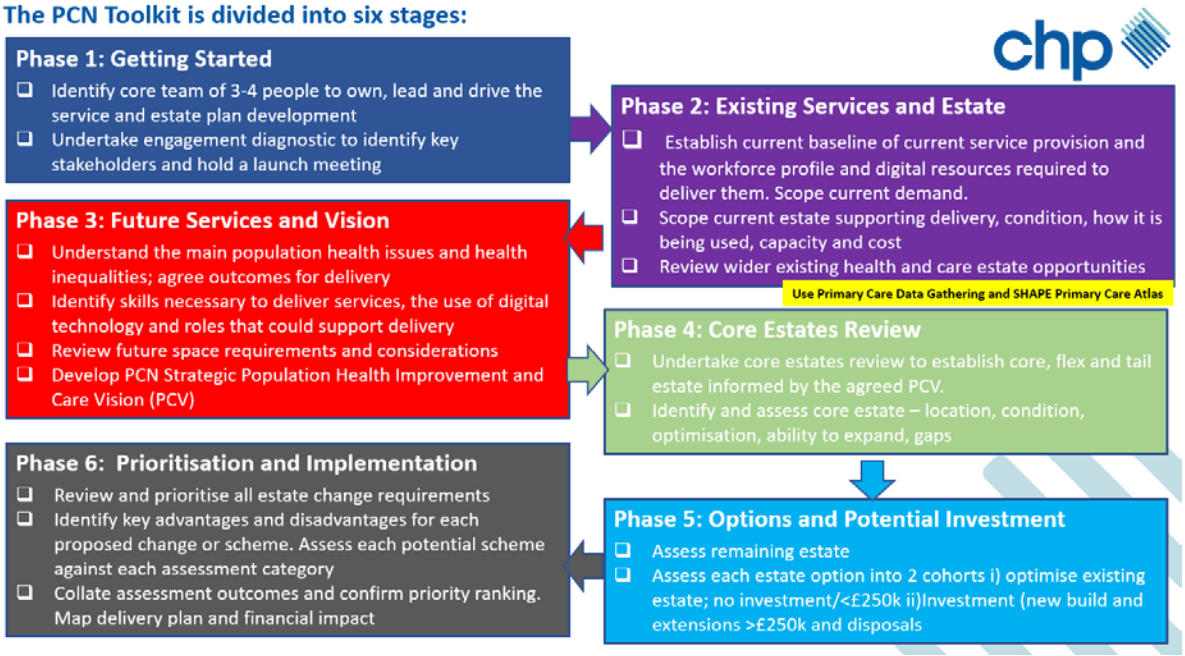
a. To enable each PCN to identify and prioritise their estate optimisation, disinvestment and any subsequent capital investment requirements to address population health priorities and future service needs.

b. To support the production of capital investment plans for PCNs and Places and help Integrated Care Systems (ICSs) to aggregate and prioritise local primary care investment requirements against other system demands for capital.

The image below reflects the 6 different stages of the PCN Toolkit:



The toolkit starts with a focus on key stakeholder engagement and consideration of priorities in line with a population health led approach to care model design.



It has been developed in line with other key national work streams, emerging policies and emergency planning requirements. This toolkit focuses on clinical vision and strategic estate planning, and we recommend reference to other relevant policies and guidance for wider considerations such as the net zero agenda, digital and health technologies, which should all be taken into consideration in completion of the toolkit.

The Toolkit should be used to further develop existing clinical and estate strategies and plans as opposed to replicating or replacing what has already been achieved and should be used flexibly to meet that objective. It has been developed to align with the Primary Care Data Gathering (PCDG) datasets and SHAPE PCDG Atlas analysis and reporting tools, minimising duplication of effort in establishing the initial baseline.

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Restoring Routine Care for Diabetes**
Presented by:	**Dr Clare Hambling, Clinical Advisor Diabetes**
Prepared by:	**Dr Clare Hambling, Clinical Advisor Diabetes** **Chris Bean, Head of Acute Transformation and Clinical Programmes** **Heather Leishman Clinical Programme Manager - Diabetes**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**Tuesday 8th November**

Purpose of paper:

To provide an update on activities to restore routine care for people with diabetes.

Executive Summary:

- The routine care of people with diabetes was restricted due to the pandemic, which has sometimes resulted in them not receiving the support they require to manage their condition.
- NICE recommended that people with diabetes should take part in annual care planning through a review of eight care processes. This annual review supports people with diabetes to manage their condition by identifying goals and actions that will enable them to remain within the recognised range for glucose control, blood pressure and cholesterol.
- Norfolk and Waveney's completion of the care process and treatment targets had significantly reduced since the start of the pandemic.
- A support offer was approved by PCCC on 8th February 2022 and developed to help practices to recover performance across our system to pre-pandemic levels, including a targeted offer to 46 practices who had the greatest improvement opportunity. The support offer was tailored to the needs of practices and PCNs, which was facilitated through conversations between the ICB's Diabetes Team and PCN Clinical Directors.
- This paper gives an update on the position following the agreement by PCCC and outlines the future funded plans.

Report

Introduction

1. The Committee received a report at its February meeting detailing a plan to restore diabetes routine care in 2022/23. This paper provides an update on progress with delivering that plan, as well as ideas that maybe added to sustain the improvement in care process and treatment targets.

Diabetes Locally Commissioned Services

2. Development of a Diabetes Locally Commissioned Service (LCS) which has been accepted by all general practices in Norfolk and Waveney. The LCS covers
   - Attendance at staff education sessions led by the ICB Diabetes Clinical Lead Dr Clare Hambling.
   - Payment for referrals made to the Diabetes Prevention programme when a person has a raised HbA1C within range for a referral.
   - Payment for completion of BMI and Serum creatinine. These measurements are not part of QOF payments but measured as part of the National Diabetes Audit as a care process.
   - Focus on working with people with diabetes to aim to meet their treatment targets and initiate action for the people that fall outside of the targets.
   - Practice audits around the eight care processes and treatment targets.

Clinical Leadership

3. Dr Clare Hambling has also attended numerous primary care network meetings and meetings with locality teams to raise the importance of the interventions for people with diabetes in our ICB area.

Staff Education

4. The education sessions have continued with the following attendances:

25th April = 8 attendances
23rd June = 56 attendances
29th November= 56 bookings
Final session planned for January.

5. The Cambridge Diabetes Education Programme has still been accessible for primary care teams working with people with diabetes and this programme has been extended for another 6 months.

Education of people with diabetes

6. In addition to the activities above the digital patient structured education package; mapmydiabetes has continued to be rolled out. This helps people with diabetes to understand the importance of self-care and monitoring of their condition in relation to reducing symptoms and long-term conditions.

7. Going forward it is likely that the system will start to use the NHS Digital programmes for type 1 and type 2 diabetes. These programmes are free of charge to the system and uncapped. This gives the advantage that the programmes can be offered to all people with diabetes. Where people may have, missed structured education opportunities previously they will be able to access them as required.

Future work plans to the end of March 2023

8. Practice questionnaire – To identify issued faced by practices as a result of the pandemic, how the diabetes care is organised in the practice and specific issues affecting outcomes.

9. Diabetes Learning Hub – Development of a Diabetes Training hub in collaboration with the NWICB Primary Care Training Hub. Developed as an evaluated pilot

10. Trained Healthcare Assistant Workforce (HCA) to help to give capacity and staff training for the Diabetes eight care processes. Development of an evaluated pilot to explore the use of a trained temporary workforce to help practices to meet the diabetes eight care processes at the same time as training up the practice workforce to continue this work where knowledge has been lost.

11. CaReMe (Cardiac/Renal/Metabolic) Primary care locality clinical leads. An evaluated pilot of clinical leads in primary care localities with a focus on Cardiac, renal and metabolic areas of medicine. Working to the ICB diabetes lead and clinical programme managers for CVD and diabetes. The aim being to improve outcomes in these clinical areas and gather data on the effectiveness of the positions.

12. Focus on Treatment Targets for type 1 and type 2 diabetes. A workplan for the diabetes clinical lead to work with acute providers to explore potential improvements in type 1 diabetes treatment targets. Meetings between identified practices where treatment targets for type 2 diabetes need further exploration. Discussion to inform a workplan going forward to include approaches to help improve treatment target outcomes across the system.

Recommendation to the Committee:

The Committee is recommended to:

- Note the report; and
- Request a further update in Spring 2023

Key Risks	
Clinical and Quality:	Clinical risks to people with diabetes if funding at the end of March is not continued. This would lead to the work around staff education and workforce support plans discontinuing. This will lead to poorer

	quality care being delivered to people with diabetes and subsequently more misery and urgent and emergency care because of complications of diabetes. Complications of diabetes causes 80% of the cost of this disease in our health system. Monitoring of the 8 care processes and treatment target attainment and education and support of people with diabetes is fundamental to reducing complications.
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	Data for the Norfolk and Waveney area in terms of quality of care for people with diabetes is nationally available via the National diabetes audit and QOF and open to scrutiny. In December there is due to be a diabetes ICS wide GIRFT review where national diabetes leads will be scrutinizing the data for the area and making recommendations.
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
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)	

Agenda item: 12 i

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection Bacon Road Medical Centre**
Presented by:	**Shepherd Ncube – Head of Primary Care Commissioning**
Prepared by:	**Carl Gosling – Senior Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**8th November 2022**

Purpose of paper:

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

- **Bacon Road Medical Centre**

Executive Summary:

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

The CQC inspects against five key areas as follows:

Safe
Effective
Caring
Responsive
Well Led

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

GP Practice	Locality	Date of Inspection/ Re-inspection	Previous Rating/Year	New Overall Rating
Bacon Road Medical Centre (4725 actual list size 1/10/2022)	Norwich	24 August 2022	Good 2016	Inadequate

Report

Background

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

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

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

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

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

Bacon Road Medical Centre, Norwich Locality – Inspected: 24 August 2022 **Overall rating: Inadequate**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Inadequate	Inadequate	Good	Good	Inadequate

Following the CQC's previous comprehensive inspection in 28th January 2016 the practice was rated at Good overall and Good in all domains.

The provider has two contracts, both of which were inspected due to concerns relating to both locations

The CQC carried out an announced inspection on Bacon Road Medical Centre on 14 August 2022.

Overall, the practice was rated as Inadequate.

The ratings for each key question were:

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

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

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

This included:

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

CQC findings

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

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

The CQC has rated this practice as Inadequate overall.

CQC found that:

• The practice did not provide care in a way that kept patients safe and protected from avoidable harm.

• Not all patients received effective care and treatment that met their needs.

• The practice did not have clear oversight to ensure all staff were recruited safely.

• The practice did not ensure that all medicines were prescribed safely to all patients.

• Medicine reviews were not always effective or completed in a timely manner.

• The practice did not have clear oversight that staff had received appropriate competency assessments.

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

• The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. However, the practice did not engage with the practice population for feedback to improve their services.

• The management and leadership of the practice did not promote the delivery of high-quality, person-centre care.

• The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

CQC found breaches of regulations. The provider must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

• Continue to identify, contact and assess patients who are eligible for NHS health checks.

• Review and improve the system and process to gain feedback from patients.

The CQC has placed this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, the CQC will take action in line with their enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, the CQC will move to close the service by adopting their proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

As a result of the concerns identified we issued a Section 29 warning notice in relation to a breach of Regulation 12 Safe Care and Treatment.

Background to Bacon Road Medical Centre

Bacon Road Medical Centre is located in Norwich at:

16 Bacon Road,

Norwich,

Norfolk,

NR2 3QX

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Norfolk and Waveney Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 4694. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called West Norwich Neighbourhood.

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

According to the latest available data, the ethnic make-up of the practice area is 6% Asian, 89% White, 2% Black, 2% Mixed, and 1% Other.

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

There is a team of four GPs who work at the practice. The practice has two advanced nurse practitioners, a team of three nurses and two health care assistants. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and business manager provide managerial oversight.

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

Extended access is provided locally by OneNorwich Practices, where late evening and weekend appointments are available. Out of hours services are provided by Integrated Care 24 (IC24).

Download full report

Download full inspection report for Bacon Road Medical Centre - PDF - (opens in new window)

Download evidence table

Download evidence table for Bacon Road Medical Centre - PDF - (opens in new window)

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

Since the report has been published the practice has demonstrated engagement in the turnaround work and has sought additional managerial and clinical support from the OneNorwich PCN.

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

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

GOVERNANCE

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

Agenda item:12 ii

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection Taverham Surgery**
Presented by:	**Shepherd Ncube – Head of Primary Care Commissioning**
Prepared by:	**Carl Gosling – Senior Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**8th November 2022**

Purpose of paper:

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- Taverham Surgery

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Taverham Surgery (8326 actual list size 1/10/2022)	Norwich	24 August 2022	Good 2017	Inadequate

Report

Background

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

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

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

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

Taverham Surgery, Norwich Locality – Inspected: 24 August 2022 **Overall rating: Inadequate**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Inadequate	Inadequate	Good	Require Improvement	Inadequate

Following the CQC's previous comprehensive inspection in December 2017 the practice was rated at Good overall and Good in all domains.

In May 2022 the practice changed provider and inherited the regulated history and ratings of the previous location and is now called Taverham Surgery. The provider has two contracts, both of which were inspected due to concerns relating to both locations.

The CQC carried out an announced inspection at Taverham Surgery on 24 August 2022.

Overall, the practice was rated as Inadequate.

The ratings for each key question were:

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

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

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

This included:

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

CQC findings

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

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

The CQC has rated this practice as Inadequate overall.

CQC found that:

- The practice did not provide care in a way that kept patients safe and protected from avoidable harm.
- Not all patients received effective care and treatment that met their needs.

- The practice did not have clear oversight to ensure all staff were recruited safely.
- The practice did not ensure that all medicines were prescribed safely to all patients.
- Medicine reviews were not always effective or completed in a timely manner.
- The practice did not have clear oversight that staff had received appropriate competency assessments.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. However, patients could not always access care and treatment in a timely way.
- The practice did not engage with the practice population for feedback to improve their services.
- The management and leadership of the practice did not promote the delivery of high-quality, person-centre care.
- The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

CQC found breaches of regulations. The provider must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

• Continue to identify, contact and assess patients who are eligible for NHS health checks.

• Review and improve the system and process to gain feedback from patients.

The CQC has placed this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, the CQC will take action in line with their enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, the CQC will move to close the service by adopting their proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

As a result of the concerns identified the CQC issued a Section 29 warning notice in relation to a breach of Regulation 12 Safe Care and Treatment.

Background to Taverham Surgery

Taverham Surgery is located in Norwich at:

Sandy Lane

Taverham

Norwich

NR8 6JR

Taverham Surgery provides a dispensing service on site and this was visited as part of this inspection.

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

The practice is situated within the Norfolk and Waveney Integrated Care Systems (ICS) and delivers General Medical Services (GMS) to a patient population of about 8,323.

This is part of a contract held with NHS England. The practice is part of a wider network of GP practices called West Norwich Neighbourhood.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (tenth out of ten). The higher the decile, the least deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 1% Asian, 96% White, 1% Black, 1% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There are more male patients registered at the practice compared to females.

There is a team of three GPs who work at the practice. The practice has a physician’s associate, an advanced nurse practitioner, a team of four nurses, a health care assistant, two phlebotomists and a clinical pharmacist. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and business manager provide managerial oversight.

The practice is open between 8:30am to 6:00pm Monday to Friday.

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

Extended access is provided locally by OneNorwich Practices, where late evening and weekend appointments are available. Out of hours services are provided by Integrated Care 24 (IC24).

Download full report

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

Download evidence table

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

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

Since the report has been published the practice has demonstrated engagement in the turnaround work and has sought additional managerial and clinical support from the OneNorwich PCN.

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

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

GOVERNANCE

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

Improving lives together
Norfolk and Waveney Integrated Care System

Agenda item: 13

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:	**November 2022**

Purpose of paper:

Information

Executive Summary:

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

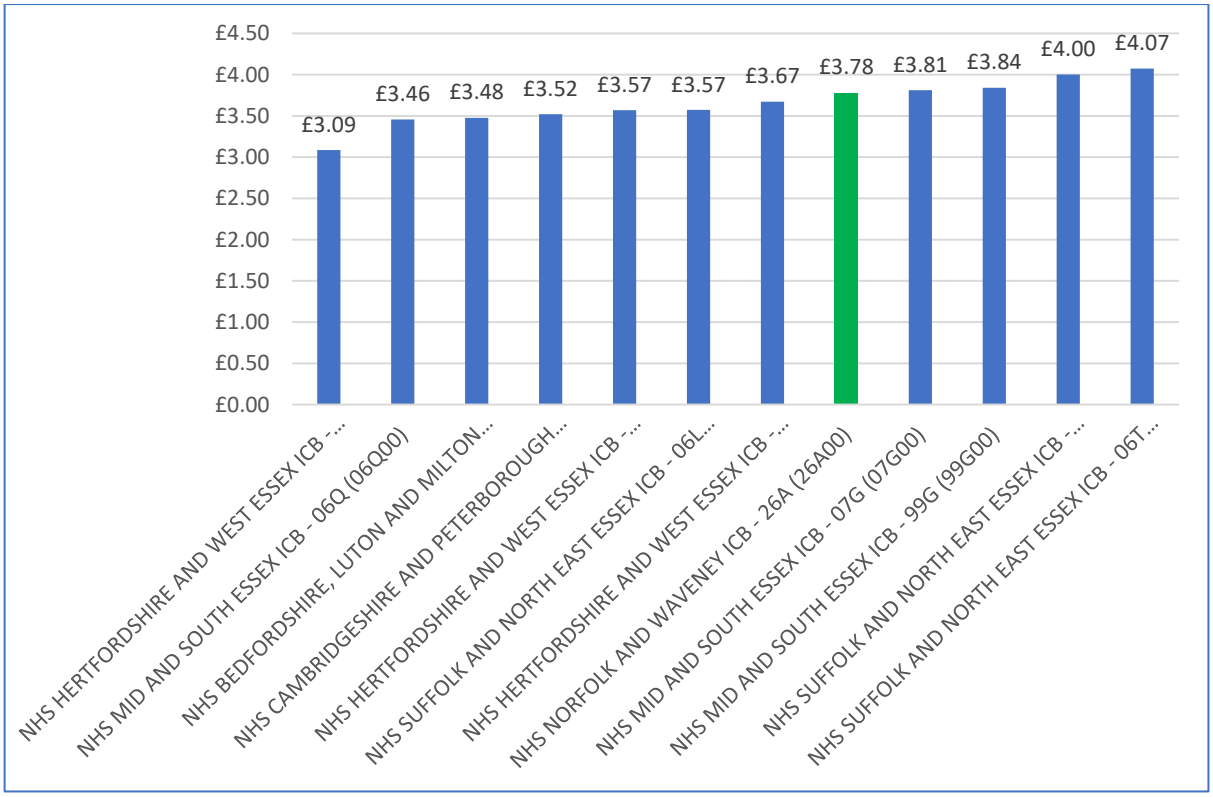
1. Prescribing team focus areas

1.1 The medicines optimisation team continue to work on delivering or facilitating the delivery of the necessary efficiency savings and quality improvements in medicines.

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

2. ICB Prescribing Performance

2.1 Net ingredient cost (NIC) per AstroPU (an attempt to normalise practice demographics) below is a proxy measure of relative cost-effectiveness. However, this does not take account of deprivation which is a key driver of prescribing spend. Norfolk and Waveney remain the 5th highest normalised raw spend of East of England ICBs at £3.78 in August 22



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

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

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

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

NCSO (No Cheaper Stock Obtainable)

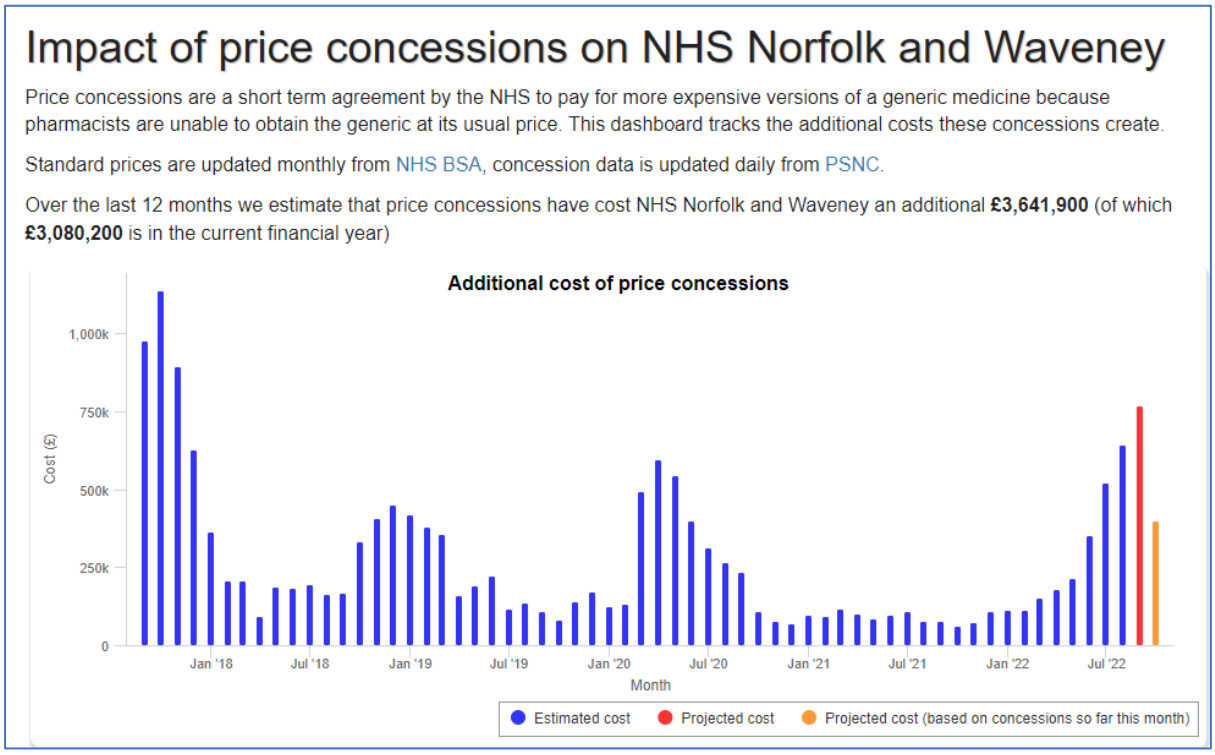
This is a price concession agreed by the Department of Health when a product cannot be sourced at the drug tariff price. There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The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

Table 1 Cost Pressure Report October 2022, August data

	YTD April-Aug	Projected Sept*	Projected Oct
NCSO and other price concessions	£2,055,095	£872,214	£398,639
Back into DT at increased prices	£243,508	£96,552	£201,552
Increase In cat M from Q3			£48,752
Total	£2,298,603	£968,766	£648,943

* Projected figures are estimated but are based on price concessions announced

Table 2. Bar chart of NCSO additional costs over time



Some drugs have grown in costs due to an increase in the number of indications for their use e.g., SGLT 2's. edoxaban, apixaban and rivaroxaban. There is also now significant growth in continuous glucose monitoring technologies.

3 Dependence forming medicines (DFMs)

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

3.2 The national indicators for DFMs for August 2022 are below. Since April there are only 106 organisations listed due to further mergers of CCGs prior to ICBs being established. Position 1 is the highest (usually worst)

- High dose opiates – a decrease in use to 87th (85th previously (out of 106 organisations) 18th percentile (previously 20th) on high dose opiate items as percentage of regular opiates
- Gabapentinoids – improved to 29th, 73rd percentile (previously 31st nationally 72nd percentile) on defined daily doses of gabapentin and pregabalin
- Hypnotics and anxiolytics – reverted to 4th nationally (98th percentile (previously 4th nationally 97th percentile) volume per 1000 patients – the trend (below) is however an improving one (yellow dotted line is Norfolk and Waveney performance and trend respectively)

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

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

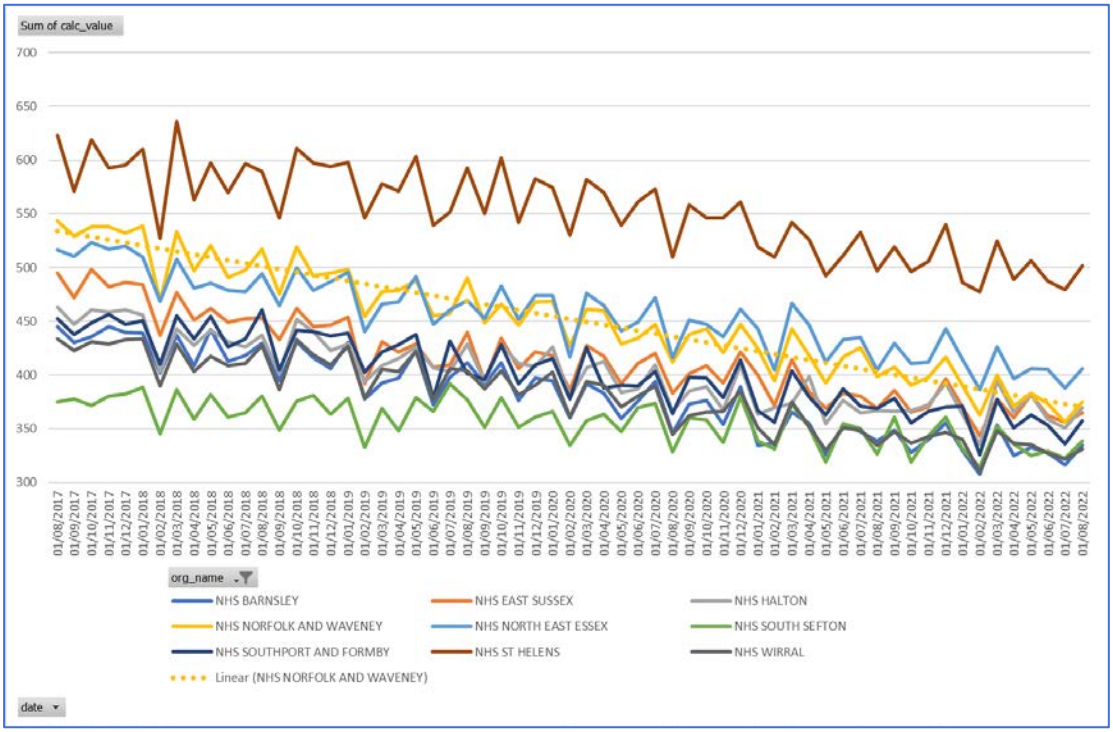
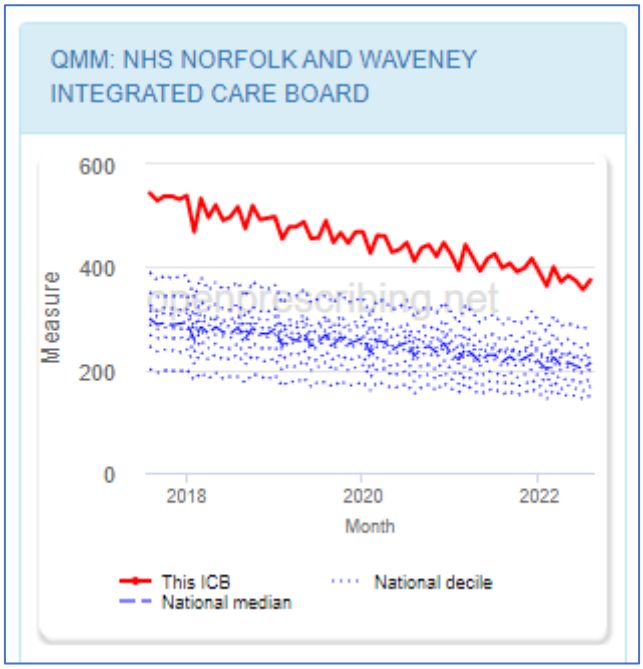


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



3.3 We continue to work with the Academic and Health Science Network (AHSN) and UEA to develop and agree a standard pathway and SOP for deprescribing of DFMs with a particular focus on opioids initially. We will be launching this work to stakeholders on 15th November.

4 Antibiotic Prescribing

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

4.1.1 Antibiotic volumes, the bar chart on the left shows the volume of antibiotic prescribing by PCNs. Norfolk and Waveney is still above the new volume target of 0.871 with a value of 0.966 antibacterial items per STAR-PU in the 12 months to August 2022. (Increase of 0.007 on July 2022) Norfolk and Waveney are now also above the second target layer volume target of below 0.965 There is a trend of increasing antibacterial items per STAR/PU for Norfolk and Waveney. Fifteen PCNs are above the target level of 0.871, additionally there are now four PCNs, West Norfolk PCN, Fens & Brecks PCN, Kings Lynn PCN and Breckland Surgeries PCN are above the second

target of 0.965. Swaffham and Downham PCN continue to reduce their prescribing of antibacterial items, moving further down the chart.

4.2 Percentage of broad-spectrum antibiotics, the bar chart on the right shows the percentage by PCN. Norfolk and Waveney ICB are currently above the national target of no more than 10% of all antibiotics at 10.36% in the 12 months to August 2022 (a decrease from 10.40% in July 2022). A reduction in the overall percent of broad-spectrum antibiotics is possibly linked to the increase in overall antimicrobial prescribing. All practices need to continue to focus on this area of prescribing, documenting the indication for an antibiotic, following the local antimicrobial guidelines and microbiology advice as appropriate.

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

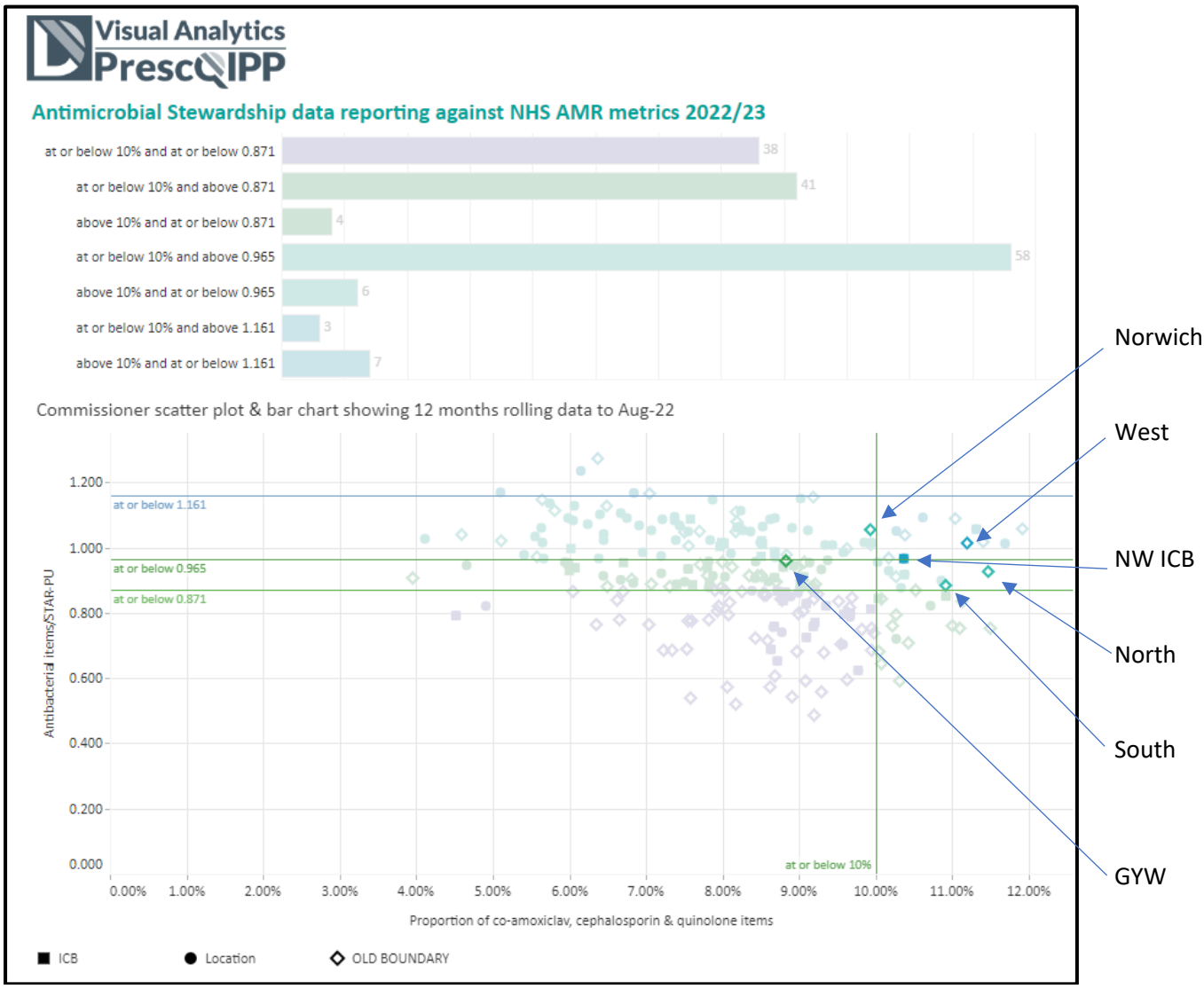
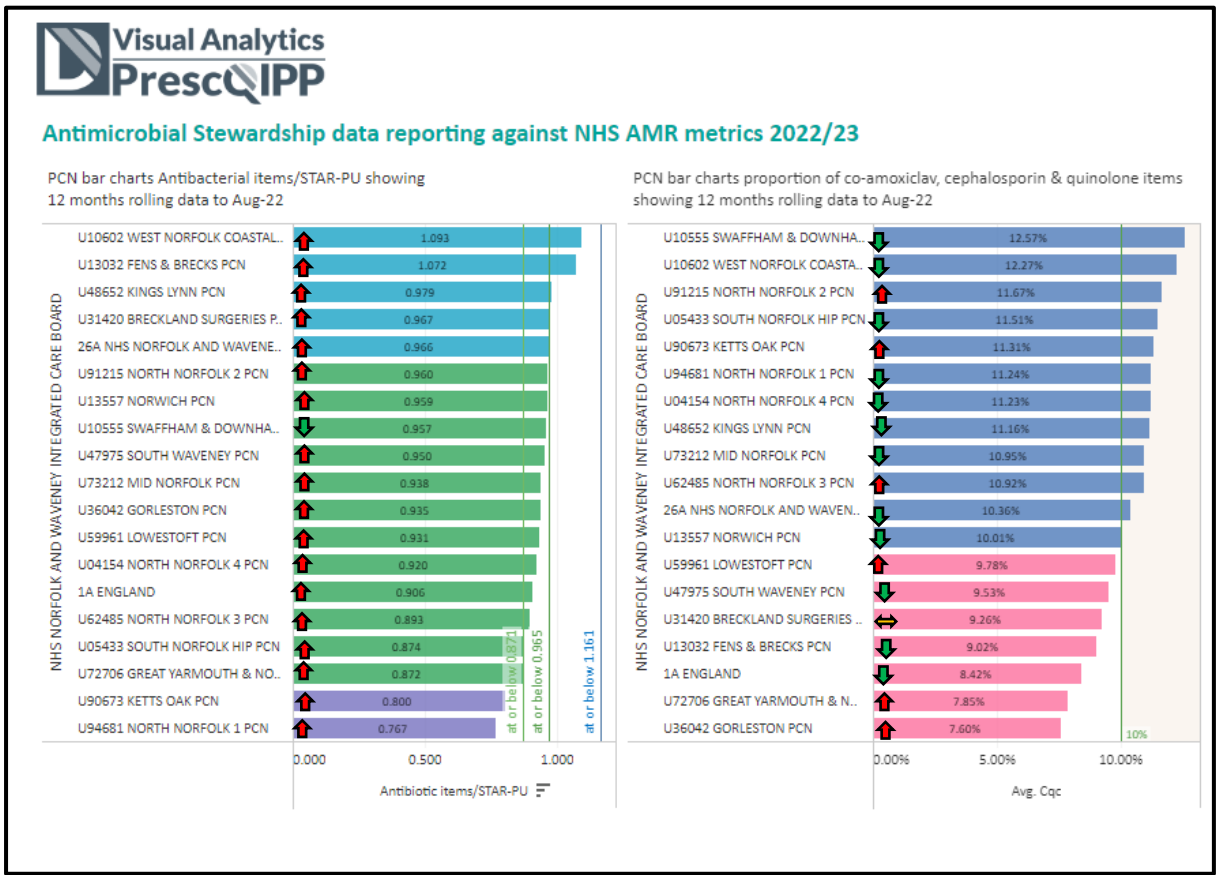


Table 7. PCN bar charts – Antimicrobial prescribing 12 months to end August 2022



4.3 Our outlier practices (above 14%) that are driving the higher percentage of Broad-spectrum antibiotics in June data are shown in Table 8.

Table 8: Outlier Practices for prescribing Broad Spectrum Antibiotics

Practice Name	% Broad Spectrum Antibiotics (August 2022)	Sum of percentile
WELLS HEALTH CENTRE	20.53%	99.48
CHURCH HILL SURGERY	19.38%	99.29
MUNDESLEY MEDICAL CENTRE	18.71%	99.07
LITCHAM HEALTH CENTRE	18.23%	98.87
ELMHAM SURGERY	18.11%	98.83
TOFTWOOD MEDICAL CENTRE	18.06%	98.77
E HARLING & KENNINGHALL MEDICAL PRACTICE	17.62%	98.55
BURNHAM SURGERY	17.09%	98.23
LONG STRATTON MEDICAL PARTNERSHIP	15.33%	96.42
TAVERHAM SURGERY	15.08%	95.90
THEATRE ROYAL SURGERY	14.97%	95.65
WENSUM VALLEY MEDICAL PRACTICE	14.88%	95.45
BRIDGE STREET SURGERY	14.36%	94.18
HOWDALE SURGERY	14.29%	93.75
THE LIONWOOD MEDICAL PRACTICE	14.20%	93.66
FELTWELL SURGERY	14.19%	93.63

Recommendation to Committee:

The committee is asked to note this report

Key Risks	
Clinical and Quality:	Some key quality areas need focus and outlier performance needs addressing. Mitigated through the prescribing quality scheme
Finance and Performance:	Risks highlighted in report
Impact Assessment (environmental and equalities):	Not applicable
Reputation:	ICB practices remain outliers for hypnotics and anxiolytics as highlighted in the report
Legal:	Not applicable
Information Governance:	Not applicable
Resource Required:	Medicines management team support to practices
Reference document(s):	Not applicable
NHS Constitution:	N/A

Conflicts of Interest:	GP dispensing practices may be conflicted with competing financial interests associated with dispensing costs
Reference to relevant risk on the Governing Body Assurance Framework	Prescribing cost risk noted on register

GOVERNANCE

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 14

Subject:	**Primary Care Commissioning Committee (PCCC) 2022/23 Financial Report – September**
Presented by:	**James Grainger – Head of Finance Primary Care & Continuing Healthcare**
Prepared by:	**James Grainger – Head of Finance Primary Care & Continuing Healthcare**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**08/11/2022**

Purpose of paper:

To present the September 2022 Primary Care financial position for the Norfolk and Waveney Integrated Care Board to the Primary Care Commissioning Committee for information.

Executive Summary:

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

The 2022-23 budgets for ICB from July –March 2023 are based upon the draft financial plans as submitted in April 2022 for the CCG. These plans were not final, and the budgets have subsequently changed as submitted on the 20th June. These changes had a minimal impact on the budgets of Prescribing and Primary Care.

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

As at Month September, the 9 months forecast spend is £305m as against a plan of £307.8m leading to a total underspend of £2.8m for Primary Care and Prescribing in combination.

Report : Attached

Recommendation to the Board:

This report is presented for information.

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

Governance

Process/Committee approval with date(s) (as appropriate)	*n/a*

Improving lives together

Norfolk and Waveney Integrated Care System

2022/23 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

September 2022

Primary Care Commissioning Committee 8th November

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M6 (September-22) of the ICB accounts. Since the ICB (Integrated Care Board) was formed July 2022 the forecast included is for the ICB for 9 months from July-March 2023.

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

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

- As at Month 6 (September), the 9 months forecast spend is £305m as against a plan of £307.8m leading to a total underspend of £2.8m for Primary Care and Prescribing in combination.

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

2.0 Financial Summary

Primary Care: Financial Summary	9 months ICB	Year to Date (September)			Forecast 9 Months (ICB)		Forecast at Month (August)		Comments on material Movement between August and September	*Detailed Variance Analysis*
	Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav) Adv	Actual	Movement (Fav) Adv		
	£m	£m	£ m	£m	£m	£m	£m	£m		
GP & Other Prescribing	142.2	47.1	47.3	0.2	141.8	(0.4)	141.7	0.1	Immaterial	*3.1*
Primary Care										
System Development Fund	3.8	1.9	1.9	0.0	3.8	(0.0)	3.4	0.4	New allocation in M6	
Local Enhanced Services	12.4	4.2	4.2	0.0	12.4	0.0	12.3	0.0		
Other Primary Care	2.0	0.7	0.7	(0.0)	2.0	0.0	2.0	0.0		
Primary Care Delegated Co-Commissioning	143.5	48.1	47.2	(0.9)	141.1	(2.4)	141.1	(0.0)	Budgets in Delegated as per NHSE guidelines and costs in Locally Commissioned Services	*3.2*
Primary Care IT	3.9	1.2	1.2	(0.0)	3.9	0.0	3.9	0.0		
Total Primary Care	165.6	56.1	55.2	(0.9)	163.2	(2.4)	162.9	0.4		
Total Directorate	307.8	103.2	102.5	(0.6)	305.0	(2.8)	304.6	0.5		
Variance as a % of Budget				*-0.6%*		*-0.9%*		*0.2%*		
Total Primary Care	307.8	103.2	102.5	-0.6	305.0	-2.8				

Variance Signage: (Favourable)/Adverse

The detailed explanations are provided in 3.0 Detailed variance analysis.

3.0 Detailed Variance Analysis

Primary Care: Detailed Variance Analysis		9 months Budget ICB	Year to Date (September)			9 Months Forecast (ICB)			Narrative
		Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance	Variance (Fav)Adv	
		£m	£m	£ m	£m	£m	£m	%	
3.1	GP and Other Prescribing	142.2	47.1	47.3	0.2	141.8	(0.4)	-0.3%	The GP Prescribing costs are reported nationally 2 months in arrears, hence actuals for July and estimate for August and September are considered in the Year to Date (YTD) position, and Forecast Outturn (FOT) considers July actuals estimates from August to March. The YTD is on plan and forecast is marginally overspent by £0.2m An efficiency target of £(7.3)m is included in the budget for the 9 months. It is assumed the efficiency savings are delivered as per plan and these are therefore included in the FOT expenditure position. Analysis of the savings achieved to date validates this position. The FOT favourable variance is due to prior year benefits.
3.2	Primary Care Delegated Co-Commissioning	143.5	48.1	47.2	(0.9)	141.1	(2.4)	-1.7%	The undespend here is due to budgets held within Delegated Primary Care as per NHSE guidance costs shown in Locally Commissioned Services.

4.0 System Development Fund

Primary Care: System Development Fund	9months Budget ICB Budget £m	Year To Date(September) Budget £m	Actual £ m	Variance (Fav) Adv £m	9 months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
GP Retention	0.0	0.0	0.0	0.0	0.0	-0.0
Training Hubs	0.2	0.1	0.1	0.0	0.2	0.0
Online Consultation	0.2	0.1	0.1	(0.0)	0.2	-0.0
Fellowship-Core Offer	0.0	0.0	0.0	0.0	0.0	0.0
Flexible Pool	0.1	0.0	0.0	(0.0)	0.1	-0.0
Infrastructure & Resilience	0.2	0.1	0.1	0.0	0.2	0.0
Improved Access	5.5	1.8	1.8	(0.0)	5.3	-0.2
Practice Resilience	0.1	0.0	0.0	0.0	0.1	0.0
Transformational Support	0.3	0.0	0.0	0.0	0.3	0.0
Others	(2.9)	-0.2	-0.2	(0.0)	-2.6	0.2
	3.8	**1.9**	**1.9**	**0.0**	**3.8**	**(0.0)**
Variance as a % of Budget				*0.2%*		*-0.2%*

Variance Signage: (Favourable)/Adverse

Indicative allocations were

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

5.0 Delegated Co Commissioning Analysis

Primary Care: Delegated Co Commissioning	9months Budget ICB £m	Year to Date (September) Budget £m	Actual £ m	Variance (Fav)Adv £m	9 Months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
Contractual	94.0	31.3	31.4	0.1	94.7	0.7
QOF	11.9	4.0	4.0	0.0	11.9	0.0
Premises cost reimbursemen	11.1	3.7	3.8	0.1	11.3	0.1
Other - GP Services	10.7	3.7	2.8	(0.9)	9.7	(0.9)
Enhanced services	3.0	1.1	1.1	0.0	3.0	0.0
CCG Spend	0.3	0.1	0.1	(0.0)	0.3	(0.0)
PCN ARRS Staff	9.3	3.1	4.0	0.9	10.2	0.9
PMS to GMS	3.1	1.0	0.0	(1.0)	0.0	(3.1)
Prior Year	0.0	0.0	0.0	0.0	0.0	0.0
Total	**143.5**	**48.1**	**47.2**	**(0.9)**	**141.1**	**(2.4)**
Variance as a % of Budget				*-2.0%*		*-1.7%*

Variance Signage: (Favourable)/Adverse

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

Areas of material forecast variances:

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

6.0 GP And Other Prescribing

22/23 Primary Care: GP And Other Prescribing	9months Budget CCG	Year to Date(September)			9 months Forecast (ICB)		Forecast as at August		Comments on material Movement between August and September
	Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv	Actual	Movement in FOT (Fav)Adv	
	£m	£m	£ m	£m	£ m	£m	£ m	£m	
GP Prescribing Costs	133.7	44.3	44.5	0.2	133.0	(0.7)	132.9	0.2	**Marginal Difference**
Recharges to Local Authorities & NHS England	(3.9)	(1.2)	(1.1)	0.1	(3.9)	0.0	(3.9)	0.0	**No Movement.**
Rebates from pharmaceutical companies	(2.2)	(0.7)	(0.8)	(0.1)	(2.1)	0.0	(2.1)	0.0	**No Movement.**
GP Prescribing Subtotal	**127.6**	**42.5**	**42.6**	**0.2**	**127.0**	**(0.6)**	**126.8**	**0.2**	
Central Drugs	3.6	1.2	1.2	0.0	3.7	0.1	3.7	(0.0)	**No Movement.**
Dressings & wound care	4.4	1.5	1.4	(0.0)	4.4	(0.0)	4.4	(0.0)	**No Movement.**
Others (Medicine Management, Oxygen, incentives etc.)	6.6	2.0	2.0	0.0	6.7	0.1	6.8	(0.0)	**No Movement.**
Total Spend	**142.2**	**47.1**	**47.3**	**0.2**	**141.8**	**(0.4)**	**141.7**	**0.1**	
Variance as a % of Budget				*0.4%*		*-0.3%*		*0.1%*	

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

Variance Signage: (Favourable)/Adverse

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

7.0 Financial risks

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

7.0 Financial risks (Continued)

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