Primary Care Commissioning Committee Part One

Fri 21 April 2023, 13:30 - 16:30

Agenda

13:30 - 13:30
0 min

Meeting Agenda

2023 04 21 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (1 pages)

13:30 - 13:30
0 min

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

James Bullion

13:30 - 13:30
0 min

2. Apologies for absence

James Bullion

13:30 - 13:30
0 min

3. Declarations of Interest

James Bullion

2023 04 21 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30
0 min

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

James Bullion

2023 03 14 Item 04 NWICB PCCC Minutes Part One.pdf (8 pages)
2023 04 21 Item 04 Action Log Part One.pdf (1 pages)

13:30 - 13:30
0 min

5. Terms of Reference

Sadie Parker

2023 04 21 Item 05 Terms of Reference.pdf (9 pages)

13:30 - 13:30
0 min

6. Forward Planner

Sadie Parker

2023 04 21 Item 06 ICB PCCC Forward Planner 2023-2024 P1.pdf (1 pages)

13:30 - 13:30
0 min

Service Development

13:30 - 13:30
0 min

7. Learning Disability Health Checks

Shepherd Ncube

13:30 - 13:30
0 min

8. N&W ICS Quality Strategy

Patricia D'Orsi

- 2023 04 21 Item 08 NW ICS Quality Strategy Front Cover.pdf (2 pages)
- 2023 04 21 Item 08 NW ICS Quality Strategy.pdf (22 pages)

13:30 - 13:30
0 min

9. Appointment of Dental Attendee to the Committee

Fiona Theadom

- 2023 04 21 Item 09 Dental Representative Report.pdf (9 pages)

13:30 - 13:30
0 min

10. NHS Transition – Report on provision of Pharmaceutical Services, Optometry and Dental Services

Fiona Theadom

13:30 - 13:30
0 min

11. CQC Reports• Mattishall and Lenwade Surgeries

Shepherd Ncube

- 2023 04 21 Item 11 CQC Report Mattishall and Lenwade.pdf (7 pages)

13:30 - 13:30
0 min

12. GP Contract Update

Shepherd Ncube

- 2023 04 21 Item 12 GP Contract Changes 2023-24.pdf (5 pages)

13:30 - 13:30
0 min

Finance & Governance

13:30 - 13:30
0 min

13. Finance Report

James Grainger

- 2023 04 21 Item 13 Finance Report.pdf (11 pages)

13:30 - 13:30
0 min

14. Prescribing Report

Michael Dennis

- 2023 04 21 Item 14 Prescribing Report.pdf (8 pages)

13:30 - 13:30
0 min

Any Other Business

13:30 - 13:30
0 min

15. Questions from the public

James Bullion

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Friday 21 April 2023, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	**Chair's introduction and report on any Chair's action**	Chair
2.		**Apologies for absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For Noting*	Chair
4.		**Review of Minutes and Action Log from the March 2023 meeting** *For approval*	Chair
5.		**Terms of Reference** *For Noting*	SP
6.		**Forward Planner** *For Approval*	SP
		Service Development	
7.	13:50	**Learning Disability Health Checks (verbal update)** *For Noting*	SN
8.	14:00	**N&W ICS Quality Strategy** *For Noting*	PD'O
9.	14:10	**Appointment of Dental Attendee to the Committee** *For Approval*	FT
10.	14:20	**NHS Transition – Report on provision of Pharmaceutical Services, Optometry and Dental Services** *For Noting*	FT
11.	14:30	**CQC Reports** • Mattishall and Lenwade Surgeries *For Noting*	SN
12.	14:40	**GP Contract Update** *For Noting*	SN
		Finance & Governance	
13.	14:50	**Finance Report** *For Noting*	JG
14.	15:00	**Prescribing Report** *For Noting*	MD
		Any Other Business	
15.	15:10	**Questions from the Public**	Chair

Date, time and venue of next meeting
Tuesday 9 May 2023, 13:30 – 16:30 – ICB PCCC
To be held by videoconference and You Tube

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

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

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

Declared interests of the Primary Care Commissioning Committee

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

	Waveney ICB	Castle Partnership				Indirect	Partner is a practice nurse at Castle Partnership	Ongoing		might have an interest
Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare	N/A			N/A	N/A	N/A		N/A
Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk		X		Direct	Represent N&WCCG as a member of the Active Norfolk Board	2019	Ongoing	Low risk. If there is an issue it will be raised at the time
NHS England and NHS Improvement Attendee										
Fiona Theadom	Contracts Manager, NHS England and NHS Improvement	Nothing to Declare	N/A				N/A	N/A		N/A
Local Medical Committee Attendees										
Mel Benfell	Norfolk & Waveney Local Medical Committee Joint Chief Executive	N&W ICB				Indirect	Personal friend of an employee of the ICB	2015	Present	Will not take part in any discussion or decisions relating to the declared interests.
		N&W ICB				Indirect	Close relative is an employee of N&W ICB	Ongoing		Will not take part in any discussion or decisions relating to the declared interests
		Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Naomi Woodhouse	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Long Stratton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Practice Managers drawn from General Practice Attendees										
James Foster	Member Practice Representative	St. Stephens Gate Medical Practice	X			Direct	Partner at St. Stephens Gate Medical Practice	2019	Present	Will not take part in any discussion or decisions relating to the declared interests.
		One Norwich	X			Direct	Director, One Norwich Practices Ltd (GPPO/PCN)	2019	Present	
		N2S	X			Direct	Director, N2S, Provider of day surgery in a primary care setting	2014	Present	
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice
		Norfolk County Council	X			Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division	Ongoing		Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.
		Norfolk County Council	X			Direct	Cabinet Member for Adult Social Care and Public Health	Ongoing		
		Norfolk County Council	X			Direct	Chair of Norfolk Health and Wellbeing Board	Ongoing		
		Breckland District Council	X			Direct	Elected Member of Breckland District Council, Upper Wensum Ward	Ongoing		
		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing		Low risk. If there is an issue it will be raised at the time.
James Reeder	Suffolk Health and Wellbeing Board	Suffolk County Council	X			Direct	Cabinet Member for Children and Young People's Services	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Suffolk County Council	X			Direct	Children's Services and Education Lead Members Network	Ongoing		
		East of England Government Association	X			Direct	East of England Government Association	Ongoing		

		James Paget University Hospital Trust	X			Direct	James Paget Healthcare NHS Foundation Trust Governors Council	Ongoing		
		Suffolk County Council	X			Direct	Suffolk Safeguarding Children Board	Ongoing		
		Norfolk and Suffolk NHS Foundation Trust	X			Direct	Norfolk and Suffolk Foundation Mental Health Trust – Governors Council	Ongoing		
		Suffolk and North East Essex Integrated Care Partnership	X			Direct	Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership	Ongoing		
		Suffolk Chamber of Commerce	X			Direct	Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce	Ongoing		
		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Surgery	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing		Low risk. If there is an issue it will be raised at the time.
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk	X			Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	
Sue Merton	HealthWatch Suffolk	Nothing to Declare	N/A				N/A	N/A		N/A
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC,	Ongoing		
Deborah Daplyn	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries	Integrated Care Board	X			Direct	Receipt of fees and honorarium for attendance at meetings with ICB and other interested parties	Apr-23	Onoing	Non-voting member - risks will be taken in accordance with COI Policy
		General Optical Services	X			Direct	Own a practice which works within primary care and receives money under a General Optical Services Contract	Apr-23	Ongoing	
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as “Community Pharmacy Norfolk”	CO of the LPC		x		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

Tania Farrow	Chief Officer of Community Pharmacy Suffolk representing Waveney contractors	Community Pharmacies		X		Direct	Local Representative body for Community Pharmacies involved in negotiation and support for local Community Pharmacy services	Nov-15	Present	Non-voting member - risks will be taken in accordance with COI Policy
Lauren Seamons	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)	Norfolk LPC	X			Direct	Employed by Norfolk LPC	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		The Hollies, Downham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Jason Stokes	Secretary Norfolk Local Dental Committee (LDC)	National Health Service	X				I have an NHS GDS Contract	2007	Present	I would exclude myself from any discussions particular to my own GDS contract. I would exclude myself from any section of a meeting that ICB members
		British Dental Association		X			I am a member of the British Dental Association (BDA) Principal Executive Committee (PEC) – board of directors	2015	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		Associate Dental Postgraduate		X			I am Associate Dental Postgraduate Dean for Early Years (Health Education England)	2022	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		St Stephens Gate, Norwich			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney Primary Care Commissioning Committee

Part One

Minutes of the Meeting held on Tuesday 14 March 2023 via video conferencing & YouTube

Voting Members - Attendees

Name	Initials	Position and Organisation
James Bullion	JB	Chair, Partner Member – Local Authority (Norfolk) Norfolk & Waveney ICB (chaired from 14:30)
Hein Van Den Wildenberg	HW	Non Executive Member, Norfolk and Waveney ICB (Deputy Chair) (chaired until 14:30)
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Chris Turner	CT	Associate Director of Nursing and Quality, Patient Safety Specialist, Norfolk and Waveney ICB, deputising for Patricia D'Orsi, Executive Director of Nursing

In attendance

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

Apologies

Name	Initials	Position and Organisation
Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee

Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Patricia D'Orsi	PDO	Executive Director of Nursing, Norfolk & Waveney ICB
Sue Merton	SM	Healthwatch Suffolk
Cllr James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council

Attendees to support the meeting

Name	Initials	Position and Organisation
Julian Dias	JD	Deputy Senior Delegated Commissioning Manager (Primary Care), Norfolk and Waveney ICB

No	Item	Action owner
1	**Chair's introduction**	**Chair**
	HW confirmed he would chair for JB until 14:30.	
2	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	None received. It was noted that Item 10 was for noting and therefore Chair had determined HB and JF would remain in the meeting accordingly.	
4.	**Review of Minutes and Action Log from the February 2023 Committee** *For Approval*	**Chair**
	The minutes were agreed to be an accurate reflection of the February 2023 Committee. **ACTION: SW to send HW minutes for signing.** **Action Log:** 0122 – CT to provide an update to SW. 0130 – SP confirmed this had been included in the Risk Register update – close. 0132 – SN confirmed he would continue to engage to resolve this. 0133 - closed **Matters Arising** SP raised with Committee from the minutes of last time in relation to the live public consultation. 2,500 completed surveys had been received which included emails, post and alternative formats. Members would be aware that there had been a press release. At the time of the consultation launch we were not aware of the pre-election dates where a pre-election period would start on 16 March 2023. SP confirmed the consultation itself would still remain live despite the ICB having to observe the pre-election period national guidance.	**SW**
5.	**Forward Planner** • **Draft Forward Planner 2023/24** *For Noting*	**SP**
	HW felt that the initial programme for 2023/24 would be of interest.	

	SP confirmed no items deferred from March 2023. SP presented the initial draft forward plan for 2023/24 and the areas that would be covered and this would eventually include pharmacy, optometry and dental services once the ICB had assumed responsibility. The Board had approved the establishment of two Delivery Groups – one for medical and one for dental and this would enable a more strategic focus at Committee. The next few months would be a transition period as we move to the new model with more business being undertaken in the delivery groups. Reports would be heard at Committee from those groups. HW requested an update on dentistry following the transition next month. **ACTION: FT to provide an update on dentistry at April Committee.** It should be noted that the ICB approved the Terms of Reference and the schedule of delegation that applied. HW asked that a suitable month be found for the health checks as a placeholder. **ACTION: SN/JD to review forward planner and confirm at April Committee.** HW thanked SP for the update.	**FT** **SN/JD**
6.	**Risk Register** *For Noting*	**SP**
	SP presented highlights to Committee. PC1 Workforce –GPs and nurses. SP proposed the target date was extended for 2 years and this would fit in with the planning being undertaken. PC6 LD annual physical health checks SP suggested this extended target date for a further year as no final outturn had been defined and data lags still remained. PC9 Hypnotics and anxiolytics SP confirmed that whilst this remained on track it was proposed that the target date be extended for a further year. PC10 Gabapentinoids prescribing in primary care There had been a reduction proposed with the risk score as steady progress continued towards the reductions in prescribing. SP recommended that the risk was closed. SP confirmed that the prescribing team would continue to monitor the prescribing of gabapentinoids at the prescribing leads meeting and through the monthly reports to committee. PC14 Resilience of General Practice SP had included in red type the interface areas that the LMC raised last month and the LMC had an opportunity to review the risk. SP proposed the target date be extended for at least a further year. Plans were being set out to improve resilience which was one of the ICB's priorities through the Joint Forward Plan.	

	PC16 Severe Mental Illness Annual Physical Health Check SP proposed a change in target date to allow the work being undertaken to bed in and enable an assessment of the out turn of this current financial year once this was known. PC17 Workforce AHP ARRS SP proposed a change in target date for a further year. PC18 Transition and Delegation of Primary Care Services SP proposed a reduction in risk score – the likelihood should be a 3. A number of risks had been mitigated as more information had become available and vacancies recruited to. Areas that remained outstanding were financial controls and budgets and these were being worked through and would not be available until system access on 1 April 2023. This was a national position. Some further delays experienced on data migration work and NHS England had put in controls to ensure there would be no impact on the transition of services or staff to ICBs. SP felt there had been good progress made with recruitment of dental staff and had interim support confirmed from two other ICBs. PC1 – HW asked what would be achieved with the change of target date as it was not clear on the deliverable for the target date. SP explained this would enable further work on putting the infrastructure in place to support the programme and try and improve the mitigation around the risk. There was no expectation to fully mitigate the risk around workforce by the new target date, however SP expected systems to be embedded next year and the training hub team would be fully recruited to. SP had ongoing concerns over the reducing number of GP partners in the system, however GP numbers had remained fairly stable. HB agreed regarding the establishment of the infrastructure, however given the demographics of Norfolk and Waveney, more of the workforce might retire. HB felt there was something that could be done in terms of conversations with the acutes as the numbers of consultants had risen and the numbers of GPs had gone down and there was need to ensure that there was an attractive option for people coming through the training systems. HB felt that without resilient primary care, costs would increase and there would be a burden on the system. SP thanked HB and would feed comments back to JR. BB agreed with HB comments, if the flow of appointments was moving away from primary care into the acute sector, that was the opposite direction of travel the system wanted to see delivered for supporting prevention. BB asked if the Committee should highlight this to the ICB Board. BB understood the rationale for moving target dates on the risk but would in future want to know why the new date was proposed and what would be achieved by then. **ACTION: SP would link in with the individual risk owners and would set this out within the next update.** HW echoed HB and BB sentiments as he had seen similar reporting in the Finance Committee where resource based in the acutes had risen in the last few years and was different to primary care. HW asked about PC14 as this showed a tolerance of 12, which seemed quite high. HW asked if this could be discussed with the executive director.	**SP**

	ACTION: SP agreed to take that point back to MB. Lastly HW asked about PC18 as the risks had been previously identified and mitigated and the score had been reduced before the whole picture became known. HW agreed with the reduction but stated he and other Committee members would be curious to see what was coming from April 2023 onwards. SP confirmed there would be a report coming to committee in April. There being no further comments or questions HW thanked SP for the update.	**SP**
7.	**Learning Disability Health Checks** *For Noting*	**SN**
	SN provided an update to Committee. SN gave an overview of the paper providing a national, regional and local picture in term of reviews completed. Norfolk and Waveney had performed well and there was a risk that the national target might not be met. SN reported that this was a "close call". HW thanked SN for the comprehensive update. BB expressed some disappointment in the update as there had been some promise earlier on in the year and asked if there was a realistic opportunity to meet targets next year. SN was confident that the position would be better placed next year. Progress had been made and SN was mindful that the system and country was going through a period of change with this area also being party to the prioritisation process of valuable resources. SN admitted that it was a challenge. BB referred to the background in trying to improve this for many years and BB was keen to obtain assurance that the ongoing work would result in a favourable position in future. SN was confident that would be the case and work was being done with other parts of the system and through partnership working arrangements with other systems. SN would continue to monitor the position, including regular reporting to Committee and noted this was why the request for the extension of the risk target date had been made. HB asked about data and coding and presumed that the data presented was for completed health checks that had been coded as a health check. With the many components of a health check, HB questioned whether some people had some components done and whether the gaps were completely reliable. SN confirmed there was qualitative work being done by the quality team working closely with practices. SN assured HB that the work being undertaken would address some of these issues. HW thanked SN for the update and reflected his curiosity around the end of year position.	
8.	**SMI Health Checks** *For Noting*	**JD**
	JD presented the quarter three position to Committee for noting and provided an update on the main points.	

	JD noted the point HB had made around health checks and for SMI there were 12 core components. 6 of them were core funded and 6 were funded under the LCS. One of the areas of focus was to ensure a patient had their check fully completed. If they had part but not all of the check done, practices were being encouraged to complete the missing components of the health check. JD then went on to outline the rest of his paper to Committee. HW thanked JD and reflected on the proposal for quarterly updates in future. He asked for a combination of the data with the qualitative improvements to form future updates. HW also asked if the Committee could be updated on how the roadshow First Defence had gone. HW thanked JD for the update.	
9.	**CQC Reports** *For Noting* • High Street Surgery	**JD**
	HB asked if it would be helpful for members of this Committee to have a brief summary of what the main issues were, as opposed to having to review the full report through the link. This would be noted for future reports. SN noted the concerns at High Street were unique. These were in relation to leadership, governance and effective systems, however this practice had continued with a rating of requires improvement for some. HB asked if practices post COVID generally received lower ratings than they had experienced in the past. She enquired how the learning had been shared across practices. SN noted the ICB and CQC were running sessions and these reflected on the issues which emerged from the CQC inspections with the CQC leading on practice leadership. The quality team had led on serious incidents and safeguarding issues training. Sessions had been run around learning disabilities and there was a programme of work which reflected the issues that were emerging from CQC inspections. The plan was to continue this programme. Other platforms of communication were also used and SN welcomed ideas on what would be helpful to ensure the system had the full benefit of the learning obtained. CT added that monthly bite size sessions continued and were fairly well attended. CT confirmed his team led on that and they were aligned to some of the key findings in CQC reports. These sessions were regularly refreshed to ensure they addressed key areas identified by the CQC. HW thanked JD for the update and handed over to JB to chair the rest of the agenda.	
10.	**General Practice Contract Reissue Project** *For Noting*	**FT**
	FT provided an update to Committee for noting. There being no questions JB thanked FT for the update.	
11.	**Prescribing Report** *For Noting*	**MD**
	MD went through medicines availability and the process agreed with the LMC and the LPC which dealt with the supply shortages, as previously requested.	

	He referred to Bulletin 46 which had been circulated with the papers and went through the detail for Committee. MD explained the global market and that Department of Health had regulated prices in generic medicines. MD then went on to explain the process behind the detail in Bulletin 47 which had also been circulated with the papers and provided background detail on this for Committee's information. MD then presented his standard prescribing report. JB thanked MD for his report and opened for questions. AH reflected on having spent an afternoon outside of a pharmacy as part of his Healthwatch role, the most common comments were around obtaining stock and not surprisingly patients did not understand the problems and issues around it. He wondered if there was a need for more communication as the concerns were directed towards the pharmacy, as there was a perception that they were not doing their job, as opposed to these being national constraints. Healthwatch was undertaking a further project on pharmacies and would produce a report and share when available. MD confirmed he was happy to talk to patient groups and felt this would be useful to deflect some of the blame from healthcare professionals. **ACTION: MD to consider how to reach out to patient groups.** JB asked AH if he was highlighting whether the ICB communications could do more or whether it was more specialist in terms of what MD had said around talking to particular groups. AH observed people's concerns were not being addressed as they were not always understood. HB agreed with AH - primary care was on the front line of people's negativity when they do not get what they want. HB didn't think the steps that would be followed if something was not available was happening in practice and sometimes patients thought they had been prescribed the wrong medication, rather than their medication had been substituted. HB noted the whole system was complex and generated a significant workload for pharmacies and general practice and HB wanted to understand how they could be better supported. MD was aware of particular problems in HB's area as the two pharmacies used the same wholesaler. MD reiterated the policy had been agreed with the LPC and expected this to be followed. After April, when the ICB have responsibility for community pharmacy compliance and local procedures, closer work would be undertaken with the LPC and pharmacies facing issues. JB thanked MD for his report.	**MD**
13.	**Finance Report** *For Noting*	**JG**
	JG presented his usual monthly Finance Report to Committee for noting. JG had included a new slide as Appendix 1 which was a summary of the N&W position for this last year 2022/2023 for the new pharmacy, optometry and dental services. Although this had not yet been delegated to the ICB there had	

	been work done with NHS England to monitor the financial performance of these new services to enable the ICB to understand the potential financial risks which may transpire in 2023/2024. Of the three services, dental and optometry had underspent compared to their indicative allocation due to lack of access and/ or activity whilst the pharmacy area had seen an overspend. These trends have been replicated at region level and there would be a need to understand the drivers of these variances as they become delegated to the ICB. JG offered to take questions. HW noted the positive receipt of the ARRS funding. HW referenced Appendix 1 and noted that JG highlighted a national picture and an underspend on dental which was potentially ironic given people were seeking out that service. HW hoped that once this had been delegated, work would begin to make progress in the right direction and HW felt some comfort that the figures were being worked on now. JG noted the underspend was often due to the way that dental was contracted, as there was a tendency to see large clawbacks when the activity had not been reached or on an annual basis and this seemed to be the case this year. JB asked how reporting would be done at Board level. JG confirmed these additional services would be added to reporting and there would be a separate cost centre, so this would be analysed as any other area would be. JB thanked JG for the report.	
14.	**Any Other Business** **Questions from the Public**	**Chair**
	There being no questions from the public the meeting then closed at 14:50	

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

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One
Action Log 21 April 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0122	11-Oct-22	6	MMcD	Risk Register - GP resilience - Primary Care Multi Profressional Forum scheduled for 2 November 2022	Forum rescheduled to February 2023. Added to forward planner Feb - Paused again CT to provide update. Action reopened for CT to provide an update. 14.03.2023 CT confirmed would update SW. 04.04.2023 Date agreed 27 April 2023 - Marie McDermott taking forward. Propose to close now that date is confirmed.	21-Apr-23		14/12/2022 Reopened Feb 2023
0131	10-Jan-23	8	JD	JD to set out focus on data and updates on SMI in the forward planner	SN confirmed this would be on the paper on the agenda and this would be agreed. 14.03.2023 To be confirmed 11.04.2023 SN confirmed that a comprehensive SMI report would be provided every quarter which would include performance data and quality of checks completed.	7 Feb 2023 21 April 2023		11-Apr-23
0132	10-Jan-23	8	SN	SMI healthchecks - SN to engage with partners and consider how and when to provide an update on NHS Health checks	SN to ensure due date added for 14 March 23 Committee to ensure this is tracked. 14.03.2021 SN would try to resolve this. 11.04.2023 links with 0136.	14 March 2023 21 April 2023		11-Apr-23
0134	14-Mar-23	4	SW	SW to send signed March 2023 minutes to HW for safekeeping	SW sent signed minutes	21-Apr-23		15-Mar-23
0135	14-Mar-23	5	FT	Forward planner - HW requested an update on dentistry at April Committee	On agenda	21-Apr-23		21-Apr-23
0136	14-Mar-23	5	SN/JD	HW requested a suitable month to be found for all the healthchecks	SN has suggested August and this has been added to the forward planner. NHS healthchecks report from Healthwatch received and is in the process of being reviewed.	21-Apr-23		11-Apr-23
0137	14-Mar-23	6	SP	Risk register - SP would link in with the individual risk owners on new target dates and would set this out within the next update.	All risk owners contacted. In addition new BAF forum has been established to manage risks consistently across the ICB	09-May-23		
0138	14-Mar-23	6	SP	Risk register - SP/MB to discuss tolerance of PC14	SP and MB have discussed. In addition new BAF forum has been established to manage risks consistently across the ICB.	09-May-23		
0139	14-Mar-23	11	MD	Prescribing Report - MD to consider how to reach out to patient groups.		21-Apr-23		

Item No 5

APPENDIX F

Norfolk and Waveney Integrated Care Board
Primary Care Commissioning Committee
Terms of Reference

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
January 2023	Changes made to reflect transition of responsibility for pharmacy, dental and ophthalmic from NHS England to ICB		

Approvals
This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number
1 July 2022	ICB Board		1
28 March 2023	ICB Board		2

1 Constitution

1.1 The Primary Care Commissioning Committee (the Committee) is established by the Norfolk and Waveney Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.2 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its terms of reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
- Create a Primary Medical Services Delivery Group and a Dental Services Delivery Group that will undertake specific agreed tasks and decision making as set out in the ICB Governance. The Committee shall appoint the Chair and agree the membership and terms of reference of these groups in accordance with the ICB's constitution, standing orders and SoRD.

2.2 For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3 Purpose

3.1 To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.

The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year, however this will be flexible to new and emerging priorities and risks.

3.2 The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

4 Membership and attendance

Membership

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than 4 members of the Committee based on their specific knowledge, skills and experience.

4.2 The members of the Committee who will attend Part 1 and Part 2 meetings are:

- A Local Authority Partner Member from the ICB Board (Chair)
- Non-Executive Director (Deputy Chair)
- Director of Nursing or their nominated deputy
- Director of Finance or their nominated deputy

4.3 Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The nominated deputy will count in the quorum for the meeting and be able to cast a vote if required.

Chair and Vice Chair

4.4 The Chair of the ICB will appoint a Chair of the Committee who has the specific knowledge, skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair from amongst the members.

4.5 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

Attendees

4.6 Only members of the Committee have the right to attend Committee meetings. The following individuals, who are attendees and not members of the Committee, will be invited to attend Part 1 and Part 2 meetings subject to s.4.10:

- ICB Board Partner Member – Providers of Primary Medical Services
- Local Representative Committee members – Local Medical Committee, Local Dental Committee, Local Pharmacy Committee and Local Optical Committee
- Director of Patients and Communities
- Director of Primary Care
- One practice manager (or other suitably experienced individual) from primary medical services and one from (NHS) primary dental

The following attendees will be invited to attend Part 1 meetings only:

- Healthwatch Norfolk
- Healthwatch Suffolk
- Health and Wellbeing Board representative – Norfolk
- Health and Wellbeing Board representative – Suffolk

4.7 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Boards, Secondary and Community Providers.

Attendance

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

5 Meetings Quoracy and Decisions

5.1 The Committee will meet at least 4 times a year in public subject to the application of 5.4 below. The Committee will operate in accordance with the ICB's Standing Orders. The Secretary to the Committee will be responsible (or delegate where appropriate) for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each voting member and non-voting attendee at least 7 calendar days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he/they shall specify. Additional meetings may take place as required in public or private as appropriate for the nature of the business to be transacted.

The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

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

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Quorum

5.3 For a meeting to be quorate a minimum of 3 Members of the Committee are required, including the Chair or Vice Chair of the Committee.

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

5.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out at 5.11 and 5.12 may be followed.

Decision making and voting

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

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

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

Urgent Decisions

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

In the event that an urgent decision is required, if it is not possible for the Committee to meet virtually an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).

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

6 Responsibilities of the Committee

6.1 NHS England has delegated to the ICB authority to exercise the primary care commissioning and dental functions in accordance with section 13Z of the NHS Act with specific obligations set out in Schedule 2 of the Delegation Agreement and general obligations set out below:

Schedule 2A: Primary medical services

- decisions in relation to the commissioning and management of Primary Medical Services;
- planning Primary Medical Services in the Area, including carrying out needs assessments;
- undertaking reviews of Primary Medical Services in respect of the Area;
- management of the Delegated Funds in the Area;
- co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

Schedule 2B: Primary dental services and prescribed dental services

- decisions in relation to the commissioning and management of Primary Dental, Services; for clarity this includes primary care, community care/special care dental services and secondary care dental services;
- planning Primary Dental Services in the Area, including carrying out needs assessments;
- undertaking reviews of Primary Dental Services in the Area;
- management of the Delegated Funds in the Area;
- co-ordinating a common approach to the commissioning and delivery of Primary Dental Services with other health and social care bodies in respect of the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

Schedule 2C: Primary ophthalmic services

Ophthalmic services are hosted by Hertfordshire and West Essex Integrated Care Board (H&WE ICB) on behalf of the ICB. In accordance with the Memorandum of Understanding with HWE ICB and other ICBs in the East of England region H&WE ICB will report general optometry services matters to the Committee including information to support decision making as and when matters arise. The ICB remains responsible and accountable for the provision of this service.

- decisions in relation to the management of Primary Ophthalmic Services;
- undertaking reviews of Primary Ophthalmic Services in the Area;
- management of the Delegated Funds in the Area;
- co-ordinating a common approach to the commissioning of Primary Ophthalmic Services with other commissioners in the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

Schedule 2D: Pharmaceutical services and local pharmaceutical services

Pharmaceutical services are hosted by HWE ICB on behalf of the ICB.

NHS England has established mandated local committees to be known as Pharmaceutical Services Regulations Committees (PSRC). The PSRC is an ICB committee with representatives from all East of England ICBs attending. NHS England has delegated decision making to each PSRC in relation to matters under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended.

H&WE ICB will coordinate and host the PSRC to agreed Terms of Reference as set out in the NHS England Pharmacy Manual (**https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-manual/**).

In accordance with the Memorandum of Understanding with HWE ICB and other ICBs in the East of England region H&WE ICB will provide quarterly reports to the Committee on decisions made at the PSRC.

Applications and Notifications will be made by H&WE ICB on behalf of the ICB to the PSRC for determination.

The ICB remains responsible and accountable for the provision of this service.

6.2 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the ICB acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary care services. The Committee has the remit for reviewing primary care quality. Due to the interface with other services, however, the Quality and Safety Committee will maintain oversight of issues which may require more system wide assurance and support.;
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);

- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

6.3 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the Committee shall be to carry out the functions relating to the commissioning of primary services under the NHS Act and detailed in the Delegation Agreement with NHS England.

6.4 In performing its role, and in particular when exercising its commissioning responsibilities, the Committee shall take account of:

a) The recommendations of the executive management team, the relevant Delivery Group and other Board committees;

b) The needs assessment and plan for primary medical care services in the areas covered by the ICB including the resilience of all primary care providers;

c) The co-ordination of a common strategic and operational approach to the commissioning of primary care services generally including supporting developments in respect of integration with providers and local authority services including co-location of services;

d) The management of the budget for commissioning of primary care services in the area covered by the ICB;

e) In accordance with its duties to reduce inequalities,14T, in the exercise of its functions, the Committee will have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services, and
- reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services

7 Behaviours and Conduct

ICB values

7.1 Members will be expected to conduct business in line with the ICB values, objectives and follow the seven principles of public life (the Nolan Principles), comply with the standards set out in the Professional Standards Authority guidance.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy and Conflicts of Interest Policy.

Equality and diversity

7.2 Members must demonstrably consider the equality and diversity implications of decisions they make.

Conflicts of Interest

7.3 Members and those attending a meeting of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.

A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Conflicts of Interest Policy.

Confidentiality

7.4 Issues discussed at Committee meetings held in private, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

8 Accountability and reporting

8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Chair of the Committee, if not a member of the ICB Board, may be invited to attend Board meetings at the request of the Chair of the ICB.

8.2 The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the Committee.

The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary. A report of the Committee's work will be submitted to the Board following each meeting.

8.3 The Committee Chair shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

9 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Committee Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored, highlighting to the Chair those that do not meet the minimum requirements.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.

- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

10 Review

10.1 The Committee will review its effectiveness annually.

These terms of reference will be reviewed annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Date of approval: 28 February 2023

Version 2

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

		April	May	June	July	August	September	October	November	December	January	February	March
	Proposed date:	21st	9th	13th	11th	8th	12th	10th	14th	12th	9th	6th	5th
Standing items:	Risk Register		Y		Y		Y		Y		Y		Y
	Monthly Finance Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Estates Quarterly		Y	Y		Y	Y		Y	Y		Y	Y
	Digital Quarterly			Y			Y			Y			Y
	Prescribing Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Workforce and Training	Y	Y		Y			Y			Y		
	PCN DES		Y				Y				Y		
	CQC Inspections Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Spotlight items:	Annual or Bi Annual Report on Delegation tbc	TBC											
	Terms of Reference Review tbc							Y			TBC		
	Learning Disability /Autism Health checks	Y		Y		Y		Y		Y		Y	
	PCCC Self Assessment tbc										TBC		
	Severe Mental Illness Health checks			Y			Y			Y			Y
	Healthcheck Stocktake report					Y							
	Dental Short Term Plan							Y					
	Dental Strategy and Workforce Plan												Y
	Oral Health Needs Assessment			Y									
Items noted without a date:													

Workforce and training no time critical items - deferred

Estates brought forward one month

Please note this is subject to change once the delivery groups are established and once pharmacy, optometry and dental commissioning has been transferred

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	ICS Quality Strategy (2022-2025)
Presented by:	Tricia D'Orsi, Executive Director of Nursing
Prepared by:	Evelyn Kelly, Quality Governance & Delivery Manager
Submitted to:	Primary Care Commissioning Committee
Date:	21 April 2023

Purpose of paper:

To present the Committee with a copy of the draft ICS Quality Strategy (2022-2025) to note its contents and formalise primary care links to support the development of the system Implementation Plan.

Executive Summary:

The ICS Quality Strategy (2022-2025) sets out a strategic direction for how we develop as a system that has a culture of compassionate leadership, with a focus on improving care quality and outcomes and ensuring services are safe and sustainable, for now and for future generations, using insights around health inequalities and population to achieve fair outcomes for the people of Norfolk and Waveney. Quality will support the values of integration, personalisation, and outcomes-based commissioning, to develop local teams, services and communities that promote wellbeing and prevent adverse health outcomes.

The content benefitted from early engagement with a primary care GP and Advanced Nurse Practitioner, through ICB clinical lead input.

Next Steps: Pre-Publication Design and Implementation Plan

ICB Board approved the strategy content and direction in March 2023 and the ICB Communications and Engagement Team will lead on pre-Publication design work, to ensure that the document has a strong visual identity, is accessible, and reflective of the people living and working in Norfolk and Waveney. An operational implementation and resource plan will set out governance, progress and success metrics and a rolling schedule of evaluation and continuous engagement. Listening to our public, patients, carers, and staff will be central to the development, delivery and evaluation of the strategy and they will be included in our further developments.

Implementation Timeline

Recommendation to Committee:

The Primary Care Commissioning Committee is asked to:

1. To receive and respond to the content of the ICS Quality Strategy (2022-2025).

2. To consider how the Committee can support and oversee implementation of the strategy and the development of success metrics relating to primary care, which will be part of the formal system Implementation Plan. (Please note that the Local Representative Committees will be engaged in the development of the primary care elements of the implementation plan.)

Key Risks	
Clinical and Quality:	The ICS Quality Strategy (2022-2025) supports the collaboration approach to quality across the system.
Finance and Performance:	None
Impact Assessment (environmental and equalities):	None
Reputation:	The ICS Quality Strategy (2022-2025) provides strategic direction for the ICS commitment to quality.
Legal:	None
Information Governance:	None
Resource Required:	The office of the Executive Director of Nursing has led on strategy development and have requested Communication & Engagement Team support with pre-Publication Design.
Reference document(s):	None
NHS Constitution:	The ICS Quality Strategy (2022-2025) provides strategic direction for the ICS commitment to quality.
Conflicts of Interest:	None
Reference to relevant risk on the Board Assurance Framework	None

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

Norfolk and Waveney Integrated Care System

Quality Strategy 2022-2025

Document Control Sheet

Name of document:	Norfolk and Waveney Integrated Care System Quality Strategy 2022-2025
Version:	Final v1.0
Owner:	ICB Executive Director of Nursing
File location / Filename:	Executive Director of Nursing QTER Channel ↳ Strategy & Submissions
Date of this version:	12 April 2023
Produced by:	ICB Quality Governance & Delivery Manager
Synopsis and outcomes of consultation undertaken:	None Undertaken
Synopsis and outcomes of Equality and Diversity Impact Assessment:	None Undertaken
Approved by (Committee):	ICB Board
Date ratified:	28 March 2023
Copyholders:	ICB Executive Director of Nursing
Next review due:	30 December 2023
Enquiries to:	ICB Quality Governance & Delivery Manager

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
17/03/23	Final draft taken to Board for ratification on 28 March 2023	TD/KW/EK	v0.20
29/03/23	Amendment made to data and evidence diagram, to include VCFSE. Formatting.	EK/ER/PH	v0.21/22
12/04/23	Final version.	As Above	v1.0

Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
N/A	Integrated Care Board	28/03/23	0.20

Contents	Page

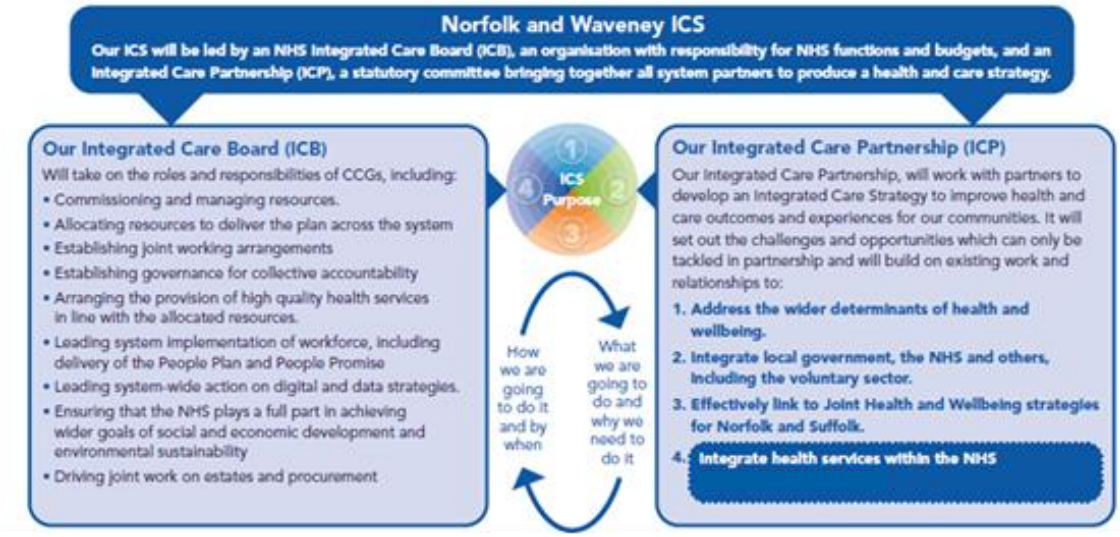
What Should Quality Feel Like?
Throughout this strategy, you will also see sections on how we believe quality touches on the experiences of patients and service users, carers and health and social care staff.

Look out for **Charlie** on page 8, **Nelson** on page 9, the Staff and Service Users at **Canary Care** on page 18, **Ben and his family** on page 20 and **Aaliyah** on page 22…




1.0 Introduction

1.1 Our Integrated Care System (ICS)



The Norfolk and Waveney Integrated Care System (ICS) is made of a wide range of partner organisations, working together, with our local communities, to achieve three main goals for our population:

1 To make sure that people can live as healthy a life as possible.

This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2 To make sure that you only have to tell your story once.

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

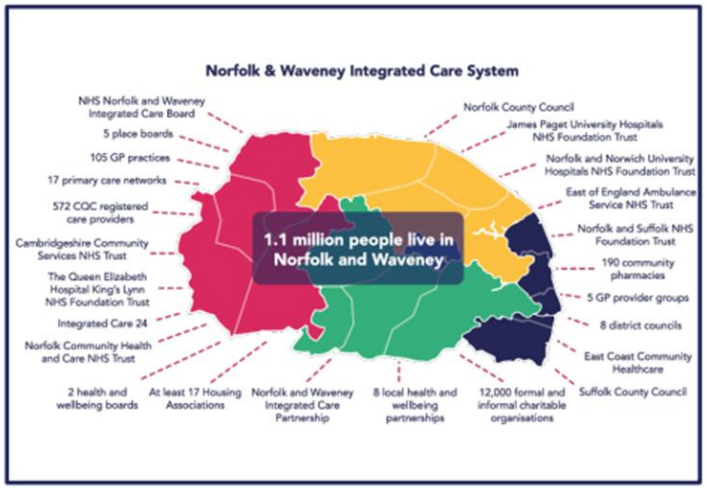
3 To make Norfolk and Waveney the best place to work in health and care.

Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Like all Integrated Care Systems in England, we will work to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Our system includes:

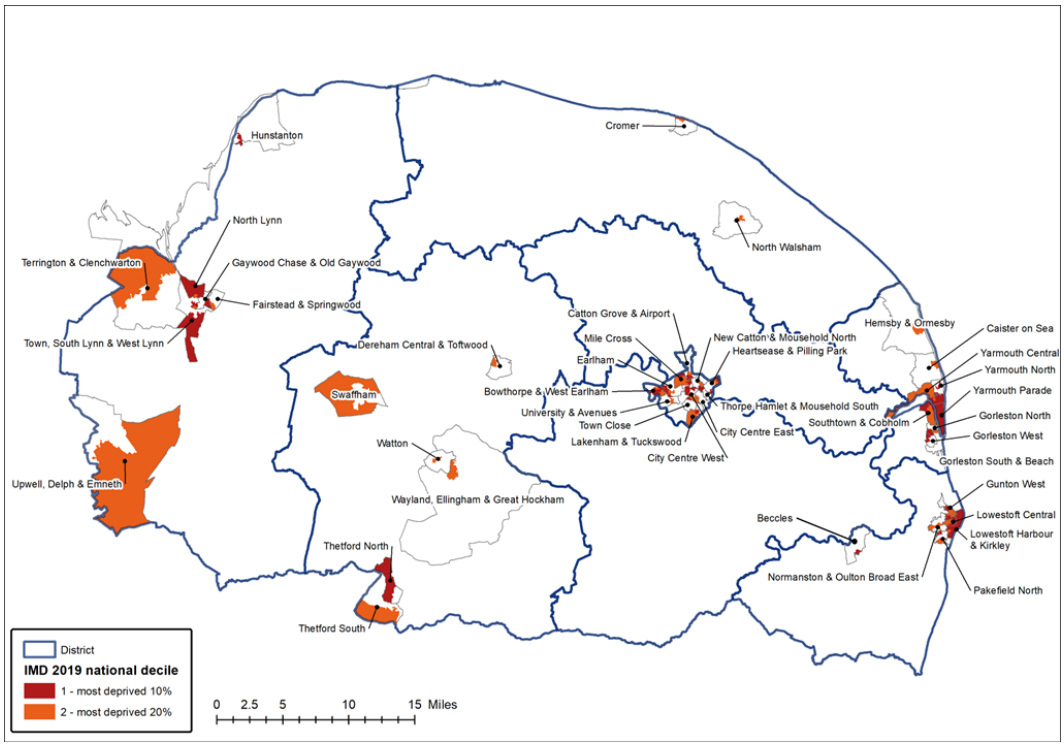


Our communities are rich in different experiences and backgrounds, situated in rural, coastal, and urban geography.

1.2 Population Health and Health Inequalities

The Norfolk and Waveney Public Health Joint Strategic Needs Assessment highlights inequalities present in Norfolk and Waveney and how this is experienced by people, in relation to:

- Healthy life expectancy
- Lifelong health outcomes
- Social, economic, and living conditions
- Healthy lifestyle factors
- Access and quality of health services



There are 42 communities across Norfolk and Waveney where some or all the population live in the 'Core20' of the 20% most deprived areas in England. The largest contributors towards the life expectancy gap between the most and least deprived populations in Norfolk and Waveney are **circulatory**, **cancer**, and **respiratory** diseases.

In addition to social deprivation, there is a strong relationship between service quality, including service user experience and access, and the underlying health needs of our population. This strategy supports key elements of population health medicine, by enabling the delivery of safe, timely and evidence-based care and support, to:

- Impact on demand and need for healthcare and the role of high-quality treatment and support as a prevention for further illness.

- Ensure a healthy standard of living for all, whilst also working to reduce disparities in health outcomes.

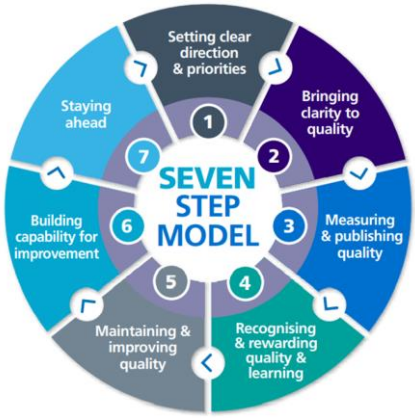
- Look at what improves quality and length of life and influence people's health behaviours, while improving experiences of care and delivering effective public health and primary prevention interventions.

Workforce skills around health coaching and goal setting are a key skillset to help empower service users, to engage with health improvement opportunities and personalise care.

2.0 Strategy Context, Purpose, Values and Priorities

2.1 National Strategy Context

In April 2021 the National Quality Board refreshed its Shared Commitment to Quality, which provides a nationally agreed definition of quality and a vision for how quality can be effectively delivered through Integrated Care Systems. It sets out seven clear steps to achieving a cohesive and collaborative system approach to quality:



The shared commitment uses the following measures to describe what high quality care should look and feel like for patients, carers, and staff; delivered **safely** and **effectively**, with a **positive experience**. It should be **well-led**, **sustainably resourced,** and **equitable** across all communities and populations.

2.2 Norfolk and Waveney Quality Strategy Purpose

The Quality Strategy for Norfolk and Waveney Integrated Care System (ICS) outlines our quality priorities for 2022-25 and makes a commitment to the people of Norfolk and Waveney, to deliver quality, based on what matters most to the people using our services and the insight and expertise of our compassionate, skilful, and innovative workforce. The Strategy is underpinned by continuous development of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) model for clinical leadership, quality management and assurance, and research and innovation. The delivery of safe, high quality, evidence-based care empowers patients, service users, carers and staff and

must be supported by a quality governance and delivery infrastructure that has influence, impact, and accountability to the people of Norfolk and Waveney.

The Strategy does not replace existing quality assurance and improvement strategies developed by our partners but highlights the importance of quality within our wider system working.

2.3 Norfolk and Waveney Quality Strategy Values

We will always value our people and our communities and keep them central to the focus of our strategy.

We will always treat people with dignity and respect and will encourage compassion and understanding, through our quality improvement work.

We will continue to develop trusted relationships and embrace partnership working, across services, networks, and organisations, including VCFSE and communities.

We will deliver on our strategy commitments and share our progress in a way that is open and transparent, and we will be accountable to patients, carers, and staff.

The ICS Clinical Strategy sets out the following priorities to fully integrate care services and improve population health outcomes, so that people living in Norfolk and Waveney can feel that their NHS sees them as a whole person, is one high quality, reliable and resilient service, works to reduce waiting times, acts early to improve health, and addresses health inequalities. You can find out more about the clinical strategy here.

2.4 Co-production with our staff, people and communities

People-centredness is a key part of our quality journey and culture of improvement, acknowledging the value of people's lived experiences as a powerful driver for change. If our co-production work is effective, our people, communities, and ICS partners, will be able to see that:

- People feel listened to and empowered. They can see the difference their views and insight have made.
- The voices of our people and communities are looked for early, when planning, designing, and evaluating services.
- People have shared their story and it has made a difference and been listened to by partners all over the ICS.

We will continue to work closely with all our ICS partners, including Healthwatch, to offer opportunities for a diverse range of voices to be heard and to use patient, carer, and community feedback to improve care.

Case Study: Norfolk and Waveney Carers Identity Passport

Carers, Carers Voice Norfolk and Waveney and health and social care have worked together to co-produce a Carers Identity Passport. It was recognised that Carers need to be respected and valued and an equal partner in the health and care of those they care for. Carers requested a passport so that there is early identification of their caring role by means of a digital card or physical card and lanyard.

From the outset, Carers Voice worked to develop a systemwide project to ensure the Carers Identity Passport is recognised in hospital settings across Norfolk and Waveney and these are distributed by Carers Voice Norfolk and Waveney. To obtain a Carers Identity Passport click here.

What Should Quality Feel Like? Meet Charlie

Charlie, aged 19, has been a family carer for most of her life and a member of Norfolk Young Carers' Forum, supported by the charity Caring Together as part of Norfolk and Waveney ICS. The Forum helps to recognise the lives of young carers and ensure that health, care and education services across Norfolk understand their needs. The Forum has carried out surveys of young carers and ran a conference for people working across the health and care system. Forum members have recorded videos, shared their experiences and reviewed all of the materials which are used in carer-awareness training. Charlie has put a lot into the forum, and got a lot out of it too.

Charlie says: "At first I was surprised they gave a 15-year-old the responsibility of doing the lectures, but I'm used to it now. It's still nerve-wracking but I know exactly what I am doing. I was a shy kid, but when I joined the Forum, I felt a real surge in confidence; it gave me a voice. In the Forum, everyone accepts who you are. Everyone is in a similar boat. They all just get it. I've made a lot of friends that I will be friends with for the rest of my life and pushed me to do what I want to do." Charlie's caring role continues and when she reflects on five years in the Forum, she is positive about the changes that have happened in that time. She remains committed to driving further change for young carers.

Find out more at Working with People & Communities - Norfolk and Waveney ICS (improvinglivesnw.org.uk)

2.5 Our 2022-2025 Quality Priorities

We should all expect to receive timely care and support that is consistently safe, effective, equitable and evidence based.

Our experiences of this should be positive and personalised, empowering us to make informed decisions about our needs and how we access timely care and support, both at home and in care settings and communities, throughout our lives. To achieve this, we commit to delivering a systematic and consistent approach to quality care, delivered in a way that is:

To achieve this, we will develop the Norfolk and Waveney system's approach to collective quality assurance, embedding a strong culture of collaborative learning and continuous improvement, delivered by confident, empowered, and motivated staff, students and volunteers who have the right tools and skillsets. We will continue to support a 'research-positive' culture in our health and care organisations so that we benefit from having strong evidence behind our treatment and care interventions and encourage and enable opportunities for evaluation and innovation. We will ensure that we examine patient experience and outcome metrics and will enable patients, service users, families, and carers to be involved with quality improvement in a way that is meaningful.

What Should Quality Feel Like? Meet Nelson

Nelson lives in Norfolk & Waveney. He has accessed lots of different health and support services over his lifetime, from childhood right up to now.

For Nelson, quality feels like being able to make informed choices so that he can stay well and do the things in life that he cares about. It means being able to access the right services and tools to help prevent ill-health and manage any emergencies or long term conditions, promptly and safely. It means being able to access the right care and support at the right time, at the right place; at home, in the community or hospital. Wherever care is delivered, Nelson has a right to privacy, dignity and safeguarding from harm. He wants to be involved in planning his care and this relies on open, transparent and clear communication. It means being able to build relationships with the professionals that support him, and only having to explain his story once. It means having a personalised approach which works for Nelson, and support that can step up and down depending on his changing needs and decisions about what matters most to him, his values and beliefs. If something goes wrong, quality means that Nelson can expect an open and honest apology and explanation, and to be involved in learning from what happened, to help prevent it happening again in the future. When services change or develop, quality means that he is kept informed and has an opportunity to contribute his views.

Quality will support the values of integration, personalisation, and outcomes-based commissioning, to develop local teams, services and communities that promote wellbeing and prevent adverse health outcomes, equitably, for all people who live in Norfolk and Waveney.

3.0 Delivery

3.1 Building a Quality Partnership

The National Quality Board Shared Commitment to Quality defines how the partnerships that form Integrated Care Systems need to work in order to deliver high quality care to their local populations, starting with a single understanding of 'quality' which is shared across services, networks and organisations, which allows partners to work together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges and risks.

Quality improvement priorities should be based on a sound understanding of the local population's needs, variation and inequalities and meaningful engagement, with patients, carers, and staff. While ownership of quality within services, networks, and organisations, needs to start internally, the partnership should be able to facilitate quality management at scale when required, to improve safety, health and wellbeing for the local population and share learning and good practice. Clear and transparent accountability and decision-making is essential across services, networks, and organisations; particularly when serious quality concerns are identified.

Our key partners in quality include:

- Provider organisations, professionals, and staff
- People and communities, including service users and carers
- Commissioners and funders
- Voluntary, Community, Faith, and Social Enterprise sector
- CQC, Healthwatch and other regulators
- Education, research, and innovation partners

3.2 Quality System Pillars

The following six pillars set out the core foundation for a system infrastructure that will enable us to deliver our quality priorities over the next three years:

3.3 Data and Evidence

Our commitment to delivering quality is underpinned and driven by good use of evidence and data, which enables us to identify risks and problems early and focus our resources they are needed most. Our main sources of data include, but are not limited to:

3.4 Risk Management

The way we manage system-level quality concerns and risk aligns with the national guidance on Quality Risk Response and Escalation in Integrated Care Systems. Key components include:

- **Effective risk profiling;** timely, triangulated data identifying healthcare concerns and risks, with commonly agreed metrics to measure quality and an active list of quality risks at each level.

- **Rapid quality management response;** sharing of intelligence to 'diagnose' and profile risks to develop actions to address immediate concerns and formulate a plan for longer term change or improvement.

- **Robust, collaborative action and improvement plans;** plan, co-ordinate and facilitate the delivery of mitigating actions, with clear action owners, timescales, and success criteria, and which reflect contractual requirements and regulatory frameworks. Where multiple commissioners are involved, this must join up.

Alongside the management of risk, we also look for opportunities. This means that while identifying and responding to risk, the ICS and its partners also seek out proactive, positive quality improvement opportunities that might otherwise not come to light.

The components described approach are delivered through the development of a 'whole system' approach, including agreed system risk appetite statements, common language and scoring, and risk frameworks which clearly link to associated accountability and

governance frameworks, and which cover quality alongside other risk frameworks (e.g., performance and finance, equality, and sustainability).

3.5 Quality Oversight Forums

Our key oversight and governance forums that support quality surveillance, escalation and improvement include:

The ICB Quality and Safety Committee has accountability for scrutiny and assurance of quality governance and internal control that supports the ICB to effectively deliver its strategic objectives and provide sustainable, high-quality care. It maintains assurance that ICB statutory duties are being met. Ensures that risks are addressed, and improvement plans are having the desired effect. It has delegated authority to approve ICB arrangements and policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes including arrangements for discharging the CCG's statutory duty associated with its commissioning functions to act with a view to securing continuous improvements to the quality of services.

The ICS System Quality Group enables routine and systematic sharing of intelligence and insight across the system, to identify ICS quality concerns/risks. It provides a forum to develop actions to enable improvement, mitigate risk and measure impact. Facilitates the testing of new ideas, sharing learning and celebrating best practice.

The ICS Quality Management Approach Hub facilitates a systemwide approach to quality management. Through its Quality Faculty, it brings system partners together to share insight and good practice in quality improvement (QI). Staff from across the ICS can access shared QI training and resources via the Hub to support cross-organisational and system-wide QI. A similar system approach will be taken to sharing quality control best practice. The Hub has led on the development and roll-out of a prioritisation matrix to support the system with quality planning and is supporting co-production of QI programmes across the ICS.

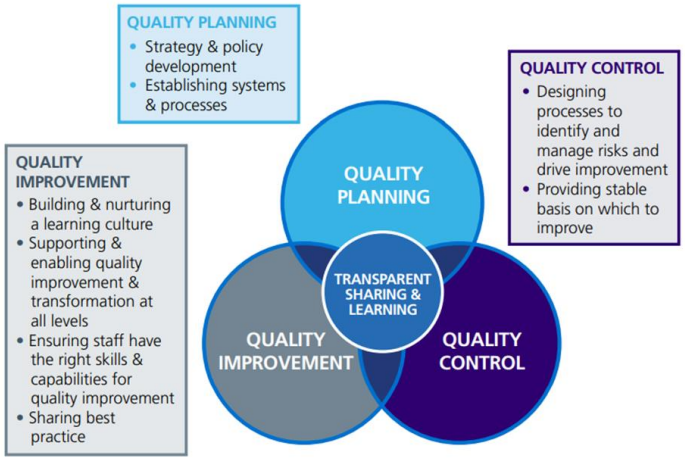
Key relationships with regulatory and monitoring bodies, including CQC and Healthwatch, are also central to the early recognition and response to warning signs and opportunities for improvement. Escalation from these forums go through our NHS System Oversight Framework, NHS England Regional Team, Regional Quality Group and Regulators.

3.6 Quality Management Theory

To deliver good quality outcomes, there are three core quality 'functions' that need to be delivered by systems, described in the **Juran Trilogy**, a quality management approach that is based on international best practice. When delivered effectively, these functions work together in an integrated way to ensure that systems can:

- Identify and monitor early warning signs and quality risks.
- Plan and coordinate transformation locally and at a system level.
- Deliver ongoing improvement of quality experience and outcomes.

These functions of quality management are fundamental to our approach in Norfolk and Waveney and are supported by ongoing collective quality assurance and a culture of learning and continuous improvement. The following diagram from the National Quality Board Shared Commitment to Quality (April 2021) illustrates how this is operationalised through organisational culture, processes, and policy:



[Find out more at Quality Management Approach (QMA) - Norfolk & Waveney Integrated Care System (ICS) (improvinglivesnw.org.uk)]

3.7 Research and Innovation

According to the National Institute for Health and Care Research (NIHR), encouraging a 'research-positive' culture in health and care organisations can lead to better quality outcomes for service users and staff:

J Eval Clin Pract. 2020 Feb;26(1):203-208. doi: 10.1111/jep.13118. Epub 2019 Feb 19.

Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study

Leon Jonker [1], Stacey Jayne Fisher [1], Dave Dagnan [1]

In Norfolk and Waveney, Research and Evaluation Teams work collaboratively across academic networks, health, and social care partnerships and Healthwatch, to deliver the following priorities:

- Research Development
- Research Management and Support
- Public and Patient Involvement
- Evidence and Evaluation

Case Study: Public & Patient Involvement in Research Project: this initiative brings together volunteers and community groups across Norfolk and Suffolk to collaborate with local researchers and health care professions working in research in Primary Care. In 2020-21, PPIRes supported 61 volunteers' involvement in 20 NIHR grant applications and developed and delivered training for volunteers supporting funded research studies.

An exciting priority for the year ahead is the co-production of a system Research, Evaluation, and Innovation Strategy, broadening opportunities for staff and communities in Norfolk and Waveney to participate in and benefit from, evidence-based, innovative care and support.

4.0 Focus Areas

4.1 Primary Care and Place

Primary Care includes a range of community-based services that are often people's first and main point of contact with healthcare, delivering preventative health care, education, advice, and treatment. These services are constantly evolving, and developments need to be made to offer patients with diverse needs a wider choice of accessible, high quality, personalised primary healthcare. This will be a priority for the system and includes:

- General Practice
- Dentistry
- Pharmacy
- Optometry (eye care)

Place-Based Partnerships

Working as a 'place' brings together the NHS, local councils and voluntary organisations, residents, people who access services, carers, and families, to design and deliver integrated services in their local area. The Norfolk and Waveney system benefits from a number of community 'champion' roles and VCFSE support, which helps to coordinate conversations about pathway transformation within local communities and signpost people to the right services.

In Norfolk and Waveney, the five ‘places’ (Norwich, South Norfolk, North Norfolk, West Norfolk and Great Yarmouth & Waveney) have collectively set the following system priorities for improving people’s experiences of care:

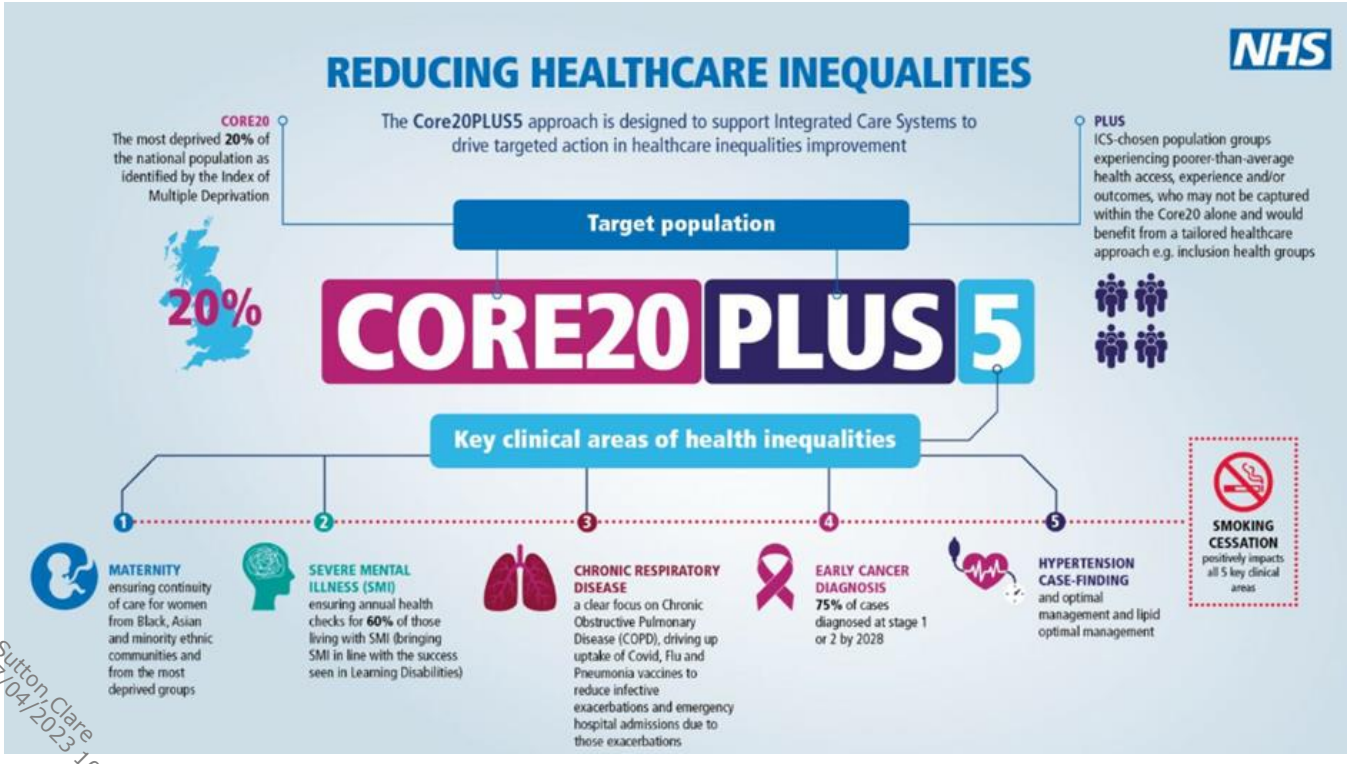
Long Term Condition Management	Personalisation	General Practice Resilience	Urgent & Emergency Service Pressures

4.2 Prevention and Health Inequalities

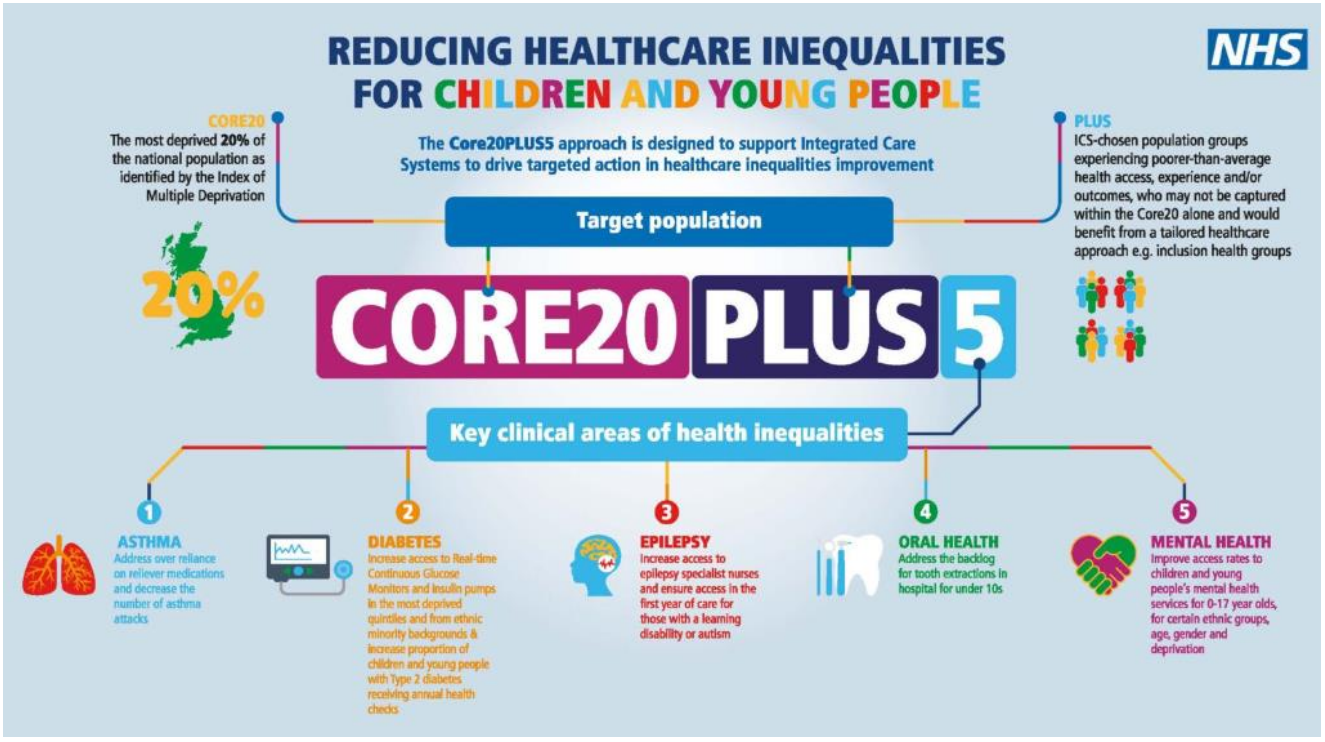
According to Norfolk Insight, health inequalities are “preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies”.

Core20PLUS5 is the national NHS England approach to inform action to reduce healthcare inequalities at a national and system level, by defining ‘Core20’ and ‘PLUS’ population groups, which include people who have additional inequality risk factors and include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others.

Core20PLUS sets out 5 focus clinical areas requiring accelerated improvement:



Initially, the approach focused on healthcare inequalities experienced by adults but has now been adapted to apply to children and young people too:



Inclusion Health Groups
Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the criminal justice system, victims of modern slavery and other socially excluded groups.

4.3 Infection Prevention and Control

Infection Prevention & Control (IP&C) is key to keeping service users and staff safe and well, and making sure services are resilient and we work as a system to ensure that we can work collaboratively, to maximise the skills and knowledge of professionals working in Infection Prevention & Control workstreams across the system, particularly around intelligence and learning, research development and innovation, and education, practice improvement and support.

Current IP&C system workstreams and projects include:

- Antimicrobial Stewardship
- Gram-negative Bacteria and Clostridioides Difficile Reduction
- MRSA Pathway
- Overuse of Gloves in Healthcare Settings
- Hydration and Urinary Tract Infection Prevention

As a system we undertake **surveillance** of community and hospital healthcare associated infections, including Gram-negative bacteria, Clostridioides difficile, Escherichia coli, Pseudomonas aeruginosa, Klebsiella species, Staphylococcus aureus and Surgical site infections.

We have **oversight** of infectious illness prevalence and quality of diagnostic and treatment services, including Seasonal, Pandemic and Avian Flu, Tuberculosis, COVID-19, and novel infections.

We provide **management** and enhanced support for care and non-care community settings experiencing outbreaks of infectious illness.

4.4 Mental Health

The continuous development and transformation of our local mental health services is underpinned by the core values of improving patient experience and access to high quality treatment and support. We develop skills and confidence across our entire workforce to consider a person's mental health alongside their physical health needs and valuing and listening to our mental health staff, to enable them to provide the best quality care.

As a system we need to identify opportunities for early support, to engage people in the right care, which is holistic, person centred, and appropriate for their mental health needs. Bridging the gap between primary and secondary care with excellent communication so that a person's care is seamless and appropriate to their level of need.

We must ensure that people experiencing mental health distress tell their story once, with single trusted assessments and patient identified goals at the heart of their care and that the views of our experts by experience and their carers are listened to, guiding the development of our mental health services and pathways.

Our Mental Health Transformation priorities include:

- Prevention and Community
- ‘Front Door’ and Access
- Children and Young People
- Crisis Support and Admission Avoidance
- Reasonable Adjustments for Neurodiversity
- Addressing physical health inequalities for people living with Severe Mental Illness

4.5 Learning Disability and/or Autism

Norfolk and Waveney ICB has a number of priorities in relation to improving the quality of provision for people with a learning disability and/or autism or other neurodiverse conditions, living within Norfolk and Waveney:

- To improve the number of annual health checks and health action plans being delivered by Primary Care for people with a learning disability.
- To build our care and support community models for the learning-disabled population and those people with autism.
- To improve the adult autism diagnostic offer across Norfolk and Waveney with reduced waits.
- To build capacity across the system in specialist health services for people with learning disability and/or autism to help prevent admission to inpatient hospital services (Transforming Care Programme).

What Should Quality Feel Like? Visit Canary Care

Canary Care* is a home care provider. It is a big local employer that provides opportunities for its staff to develop skills for caring, working as compassionate professionals who help to keep people healthy, happy and independent, in their own homes.

For the **staff at Canary Care**, quality feels like being able to provide care in a joined up system, with clear communication and processes shared with other partners, like hospitals, discharge teams and GP surgeries. It means that there are career pathways at all levels and recognition of social care talent and skills. Quality means taking pride in your work and having the right values, tools and resources to meet the needs of your service users. It means being part of a professional and well managed company that values and rewards your work.

For **Canary Care service users**, quality feels like being safe, healthy and having personal needs met by people that you can trust. It feels like being able to keep connected with friends, family and community and be a part of planning and decision making about your own life; from 'what's for dinner' to 'where do I live'. Quality means feeling safe, respected and involved in choices about your care. It means having equal access to a healthy, active lifestyle and a rich and fulfilling life.

4.6 Local Maternity and Neonatal System

The Local Maternity and Neonatal System (LMNS) has a continued commitment to maintaining safe and personalised maternity care, in order to support the transformation required by NHSE, for our pregnant women and people, families and staff, as detailed in Better Births, Ockenden Review and NHS Long Term Plan. The system partnership that the LMNS provides, brings together the Integrated care Board (ICB), providers, and service users to focus on maternity transformation priorities that will improve safety and experiences of antenatal, birth and postnatal care.

Our LMNS priorities include:

- System transformation, continuity of care and community hubs
- Safety, learning from incidents and sharing good practice
- Local response to the national Ockenden and Kirkup Reviews
- Perinatal mental health support
- Digital and data technology
- Prevention including Perinatal Pelvic Health Projects
- Neonatal Critical Care Review and Action Plan
- Workforce Development including Training and Education
- Equality and Equity Strategy

The LMNS also supervises and oversees the Norfolk & Waveney Maternity Voices Partnerships, (MVP) who are also aligned to the three Acute Hospitals in Norfolk and Waveney.

The MVP creates and maintains a co-production forum for maternity service users, service user advocates, commissioners, service providers and other strategic partners to ensure that service user voice is incorporated into in the development, review and updating of maternity guidelines, procedures, surveys and patient information, and the Maternity Transformation Programme.

4.7 Babies, Children, Young People and Families

Types of family services involved across the system include Maternity Services, Health Visitors, Children's Services , NHS Continuing Care, the Voluntary, Community, Faith, and Social Enterprise sector, parent peer and sibling support, hospital Children's Wards, Community Paediatricians and education teams in the local authority.

Norfolk and Waveney's quality vision is that every baby, child, young person, and family will FLOURISH (Family, Learning, Opportunity, Understood, Resilience, Individual, Safe and secure, Health).

This is the quality vision of the collective system in Norfolk for babies, children, and young people (CYP) and their families, through the CYP strategic partnership board. In every decision we undertake we will ask ourselves where the FLOURISH opportunities lie and what good looks like. Norfolk County Council's (NCC) 'vital signs' priorities and Suffolk County Council's (SCC) 'every child will have the best start in life' priority align and support FLOURISH to ensure quality. No child or young person will be excluded, and we will strive proactively to reach out to groups that may have previously been unseen or recognised to offer equitable quality services to all.

Find out more about FLOURISH here.

Our priorities for Babies Children and Young People (BCYP) include:

- Prevention and early help
- Mental health and emotional wellbeing
- Special Educational Needs and Disabilities (SEND)
- Addressing gaps in learning following the pandemic
- Improving the experience of all BCYP and families
- Improving health and reducing health inequalities
- Providing timely support for neurodiverse CYP
- Providing quality integrated support, personalised to the needs of each individual

We will think 'whole family, whole system' working to support BCYP in a way that is outcome and quality focussed and 'right time, right place'. We will adopt a strength orientated and personalised approach and work in partnership with BCYP, parents, carers, and communities. Safeguarding underpins all planning and delivery, and we will make the best use of collective resource based on population need and best available evidence.

What Should Quality Feel Like? Meet Ben and his Family

"When I was born, my parents and the professionals supporting them assumed that I would be a challenge, even though I hadn't had the opportunity to show them any of my skills!

I couldn't co-ordinate my tongue and swallow, so I have my milk through a tube. My parents were shown how to do it, and that 'quality' action helped me to thrive. We are four years into my journey, and busy planning my first day at school, how 'quality' is that?! Sometimes my parents need some extra reassurance, but I am teaching everyone to focus on **me** and not my extra chromosome. Oh yes, I forgot to mention I have a super power called Down's Syndrome! I happen to have a disability, but it doesn't define me. We are enjoying the journey, together and everyone is learning along the way, another part of 'quality' for me. Yes, the path is different, but it's my individual path to a full, happy and active life. Of course they still have the days when they worry or think too far ahead, but I like to teach them to slow down and take each day as it comes. I am showing them how I learn and what I need. They seem to be having a lot of fun too! I will never forget the look on my sister's face the day my parents brought me home. The way her face lit up when she saw me, showed me unconditional love. We bonded in that moment and she gets me better than anyone. She gets to have fun with other children who are lucky enough to have siblings with super powers too. I am glad that happens as she deserves that extra 'quality' time too."

4.8 Safeguarding

The Integrated Care Board has a statutory responsibility to ensure that all organisations commissioned to provide health and care services provide a safe system that meets the statutory requirement to safeguard and promote the welfare of children and adults.

It represents Health as a statutory partner at the Norfolk and Suffolk Safeguarding Adult and Children Partnerships, along with the Local Authorities, Police and wider partner agencies and voluntary sector.

Safeguarding Children Priorities

- Protecting Babies
- Child Exploitation (including Online) and 'At Risk' Adolescent Groups
- Preventing and Addressing the Impact of Neglect
- 'Build Back Fairer' Child Poverty and Health Inequalities
- Looked after Children and Care Leaver's Care and Support
- Children Seeking Asylum

Safeguarding Adults Priorities

- See Something, Hear Something, Say Something Campaign
- Domestic Abuse and Sexual Violence
- Modern Slavery and Human Trafficking
- Statutory Serious Violence Duty

Joint Priorities for Children and Adults: Domestic Violence, 'Think Family', transition into adulthood and developing 'trauma informed' awareness and skills across the health and social care landscape. Standards, equity of access and experiences of care for people with learning disabilities and autism, within community and inpatient settings. Safety-netting people while waiting for services, improving mental and emotional well-being through prevention, co-production and delivering ethical commissioning approaches.

4.9 #Wecaretogether Workforce

In August 2020 the local #Wecaretogether People Plan launched across the ICS; supporting the key system priority to ensure that Norfolk and Waveney is the **best place to work in health and social care**. Our local workforce priorities align to the national NHS People Plan.

Have you seen our photo documentary on social media?

This captures and celebrates our local people, working together to deliver compassionate care.

Follow and like it here:
#wecaretogethernw

As a system, we will also work with VCFSE sectors to develop opportunities for volunteers and help smaller organisations to access training and support.

What Should Quality Feel Like? Meet Aaliyah

Aaliyah is a Norfolk & Waveney healthcare professional. From a young age, she felt passionate about having a career that helped people and made a real difference to her community.

For Aaliyah, quality feels like being encouraged to pursue a rewarding and satisfying career, starting at school and continuing into adulthood and lifelong learning. It means access to education and training pathways that are high quality and tailored to her individual needs, experiences and values. It means working in a system that invests in its staff; developing skills and confidence, recognising and rewarding successes, retaining experienced colleagues and growing new talent. A clear and accessible career pathway is important so that clinical and non-clinical staff are able to thrive and the diversity of health and social care means that this could be in advanced practice, education, leadership and commissioning roles and more.

Quality means that Aaliyah feels listened to, working in a just culture that makes it easy to speak up and ask for help or flag concerns about standards of practice if needed. It means that she can access the right skills, tools and support to take action if they see an opportunity to improve services, in a way that is evidence-based, safe and sustainable. It also means taking a clear zero tolerance approach to abuse and discrimination.

5.0 Our Quality Journey

5.1 Next Steps

March 2023	May 2023	July 2023	December 2023 ➔
Strategy Publication	Implementation Plan	Resource Allocation	Monitor, Evaluate and Refresh
Share aspirations and making a commitment to staff, patients, service users, families and carers to deliver our strategic priorities.	Define key performance indicators. Plan delivery activities, milestones and outcome measures, being clear about who will deliver what, by when.	Allocate resources required for the system to deliver, monitor and evaluate the impact of the strategy.	Monitor delivery to ensure that the strategy is effective. Recommit to the existing direction, or stop, reflect and refresh if needed.

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Primary Care Committee Membership – Dental Representative Member recruitment**
Presented by:	**Fiona Theadom, Head of Primary Care Commissioning**
Prepared by:	**Catherine Hedges, Pharmacy, Optometry and Dental Primary Care Manager**
Submitted to:	**Primary Care Commissioning Committee, 21 April 2023**

Purpose of paper:

To seek Committee approval for the appointment of a dental representative for Primary Care Commissioning Committee and the process for appointing a person.

Executive Summary:

The Norfolk and Waveney Primary Care Commissioning Committee includes a dental representative role within its membership. This paper sets out the proposed process and application pack to be issued to all practices in Norfolk and Waveney following this meeting, if agreed.

Recommendation to the Committee:

To note the report, agree the process for appointment of a dental representative to the Committee

Report

1. Introduction

The purpose of this paper is to seek approval from Committee members on the proposed process for appointing a dental representative member to this Committee and it includes the draft applicant pack for information and discussion.

2. Background

The Norfolk and Waveney Primary Care Commissioning Committee Terms of Reference include a dental representative as an attendee of the meeting. The role would suit an applicant who is currently involved in service delivery, either as a dentist, a dental care professional or a member of the dental team, or a recently retired dental representative who has a knowledge of the Norfolk and Waveney area, along with understanding the current challenges facing dentistry.

3. Proposed process

The draft application pack for the dental representative is appended to this paper. This sets out the role description and a simple form for interested applicants to describe their skills and experience.

The proposal is to issue the final draft of the pack to all dental practices in Norfolk and Waveney during late April/early May with the full process timeline set out in the covering letter below. We would also promote via social media and the ICB's website. This would see successful applicants attending the June meeting as their first meeting.

4. Recommendation

Committee members are invited to note the report and approve the process for appointing a dental representative.

Key Risks	
Clinical and Quality:	The Committee oversees primary care quality issues and as such having appropriate attendance from a suitably experienced dental professional is vital
Finance and Performance:	The role forms part of the running costs of the committee
Impact Assessment (environmental and equalities):	N/A
Reputation:	The role will provide specialist advice and guidance on matters to PCCC related to delegated commissioning of primary care dental services
Legal:	N/A
Information Governance:	N/A
Resource Required:	The primary care team will run the process with support from the corporate governance team
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	Conflicts of Interest will be managed in accordance with ICB policies
Reference to relevant risk on the Board Assurance Framework	N/A

DATE

address

Dentists/
Dental Care Professionals
Dental Practices

NHS
Norfolk and Waveney
Integrated Care Board

Dear Colleague

Dental attendance at the Norfolk and Waveney ICB Primary Care Commissioning Committee – invitation to apply

NHS Norfolk and Waveney ICB has a vacancy for a formal Dental attendee to join the Primary Care Commissioning Committee (PCCC). We would like to encourage a dentist, a dental care professional or a member of the dental team, who is currently working in NHS dental services in Norfolk and Waveney or who is very recently retired to read the enclosed pack and consider applying to join the Primary Care Commissioning Committee membership.

The purpose of the role is to bring dental experience and expertise into the Committee, rather than being representative of a particular practice or locality. The post holder will provide dental advice and support to the Committee in support of its responsibilities for the delegated commissioning of primary dental care and will provide specialist input into identified aspects of the primary dental care commissioning agenda. This role is in addition to the representative from the Local Dental Committee who is also attends the Committee.

The term of office for this post will be agreed with the successful applicants although it is anticipated to be for 2 or 3 years. A shorter period if preferred may be possible subject to agreement with the individual and the Committee Chair.

The terms of reference for the Primary Care Commissioning Committee, together with the Dental Representative role description are appended to this letter.

Payment for the Dental Representative role will be agreed with the successful candidate to reflect their current salary and the individuals will be required to join the ICB's payroll.

The timeline for the appointment process is as follows:

April 2023	Invitations issued by ICB office seeking applications.
May 2023	Return of application form by interested parties to catherine.hedges1@nhs.net
May 2023	Applications assessed against Role Specification

May 2023	Interviews for Dental Attendee position will be online via MS TEAMS (the panel will consist of the Chair and/ or Vice Chair of the Committee, Director of Primary Care and the Head of Primary Care Commissioning)
June 2023	PCCC and ICB Board members, plus stakeholders informed of successful appointment.
June/ July 2023	Newly appointed Dental Attendee attends their first PCCC meeting.

Thank you for your interest in this post. If you have any questions or would like to have an informal discussion about the role, please do not hesitate to contact Fiona Theadom, Head of Primary Care Commissioning on f.theadom@nhs.net

Our website is also available which provides further information about the ICB www.improvinglivesnw.org.uk

Yours faithfully

James Bullion
Chair, Partner Member – Local Authority (Norfolk) Norfolk & Waveney ICB
Norfolk and Waveney Primary Care Commissioning Committee

Dental Attendee of Norfolk and Waveney Primary Care Commissioning Committee Application form to be submitted to catherine.hedges1@nhs.net by 5pm on 19 May 2023

Name:	
Practice (if applicable):	
Personal statement:	*This statement should include how your personal attributes, competencies and experience meet the requirements of the role*
Conflicts of interest:	*Please note any conflicts of interest*

NHS
Norfolk and Waveney
Integrated Care Board

Dental Attendee

Norfolk and Waveney Primary Care Commissioning Committee

Job Summary

The purpose of the role is to bring dental experience and expertise to the Primary Care Commissioning Committee (PCCC). The post holder will provide dental advice and support to the ICB in support of its responsibilities for the delegated commissioning of primary dental care. The person undertaking the role will provide specialist input and capacity into identified aspects of the primary care commissioning agenda, they will not represent a particular practice, dental specialism, or locality. The person undertaking the role must have very recent or current experience of working in a dental practice either as a dentist or a dental care professional or a member of the dental team with knowledge and understanding of the Norfolk and Waveney area.

The role of dental attendee will support corporate decisions made by the PCCC as a whole and will help ensure that:

- Our open and honest culture is maintained which ensures the experience of dental practices and the public/patients is heard, and the interests of communities and patients remain at the heart of discussions and decisions.
- The ICB addresses achieving the best outcomes for the health and wellbeing of the local population, including addressing health inequalities.
- The ICB commissions the highest quality services with the intent of securing the best possible outcomes for patients, within the resources available, and maintaining a consistent focus on quality, safety, integration with other services provided to the public.
- Decisions are taken which will support the best use and value of public funding.
- The ICB is responsive to the views of local people and promotes self -care and shared decision making, being sensitive to the needs of localities but recognising the aim of providing a consistent level of access and quality across all dental practices.
- Decisions support the achievement of the aims and rights enshrined within the NHS constitution.
- Good governance remains central at all times.

Main duties and responsibilities for the role

- Demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer.
- Embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny.
- Bring a sound understanding of general dental practice management and general dental services provision to the committee to aid discussion and decision making, while remaining balanced and not representing a particular practice or locality
- Bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution
- Be committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business.
- Behave in line with the ICB values of being inclusive, respectful and innovative.

Personal Development and Commitment

- Actively participate in annual appraisal process – including annual personal objectives for the role

- Participate in any relevant development programmes or training sessions for committee members, as commissioned by the ICB.
- To commit to regularly attend formal and informal PCCC meetings and workshops.
- To undertake mandatory training required for the role and provide evidence of completion.
- To declare conflicts of interest for the ICB's register and as appropriate in meetings, agreeing any resulting action with the chair.
- To be responsible for one's own health and safety while performing the role of PCCC dental attendee.

Corporate responsibilities

- To work with other members of the ICB team and Primary Care Commissioning Committee to ensure that the PCCC delivers satisfactory performance, governance and management of risk
- To promote constructive working relationships with the Norfolk and Waveney wider health system, to ensure that obligations are discharged effectively and any opportunities for more efficient working with partners are identified.
- To represent the PCCC as required at external meetings and functions and to act as an ambassador for the committee.
- To champion the development of resilient, high quality dental practice
- To champion the integrating of services through Primary Care Networks

Time Commitment

Typically, 6 hours per month - worked flexibly, to include meeting attendance and preparation for meetings.

Remuneration ***drafting note – this is subject to final agreement with the ICB corporate team****

The rate of reimbursement will be agreed with the successful candidate to reflect their current salary and the individuals will be required to join the ICB's payroll.

Mileage and parking expenses from the successful applicant's normal place of work to meeting locations will also be reimbursed.

Tenure

The term of office will be agreed with the successful applicant and is expected to be either two or three years. A shorter term may be possible by agreement if preferred.

Voting rights

Non-voting attendee of the Primary Care Commissioning Committee (part 1 and part 2).

Base

The successful candidate's base will remain as their normal place of work. Committee meetings will be online on MS Teams. The successful candidate will be expected to attend at least 80% of meetings.

Key relationships

- ICB PCCC Chair
- PCCC members
- ICB dental practices
- Local Dental Committee
- Local Dental Professional Network and Managed Clinical Networks
- Staff of NHS England and other regional/national organisations
- Members and staff of Norfolk and Suffolk local authorities – county and district

- Staff of third sector and other voluntary/charitable organisations
- Patients and members of the public
- Healthwatch Norfolk and Healthwatch Suffolk

Person Specification

The Dental Attendee must:

- Be able to demonstrate commitment to the development of dental services in the Norfolk and Waveney area.
- Show an understanding of the population needs and circumstances across the Norfolk and Waveney area.
- Bring valuable skills and experience as a dental attendee.
- Attend local meetings where relevant to the role as necessary.

Core Understanding and Skills

- A general understanding of good governance and of the difference between governance and management
- Have a good knowledge of service developments nationally, regionally and locally within primary care particularly in relation to quality requirements.
- Capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform ICB deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions.
- The confidence to question information and explanations supplied by others, who may be experts in their field.
- The ability to influence and persuade others, articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill.
- The ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives.
- The ability to recognise key influencers and the skills in engaging and involving them.
- The ability to communicate effectively, listening to others and actively sharing information.
- The ability to demonstrate how your experience, skills and abilities can actively contribute to the work of the PCCC and how this will enable you to participate effectively as a team member.
- The ability to assess clinical and management information and draw practical conclusions.
- Bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution
- Demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in the work of the PCCC.

Core Personal Experience

- Preferable previous experience of working in a collective decision-making group such as a board or committee, or high-level awareness of 'board-level' working.
- A track record in securing or supporting improvements for patients, customers, clients, or the wider public.

Specific Attributes and Competencies

- Able to give an independent view on possible internal conflicts of interest.
- Demonstrable ability to provide objective advice to the ICB in support of its delegated commissioning responsibilities, through regular contact with key members of staff and attendance at appropriate committees.
- To undertake learning and development in relation to primary care commissioning requirements

- Able to undertake specific actions as agreed at Primary Care Commissioning Committee, providing advice, and reviewing data/documentation received.
- Able to develop and maintain relationships with a number of organisations including, but not limited to, the LDC, Local Dental Professional Network, NHS England
- Able to work on own initiative.
- Ability to work successfully as part of a team.
- Bring balanced dental experience to the development and monitoring of services and the commissioning of primary dental services.

Terms of reference to be added to application pack before distribution + Nolan Principles

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection Mattishall and Lenwade Surgeries**
Presented by:	**Shepherd Ncube – Head of Primary Care Commissioning**
Prepared by:	**Gemma Claridge Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**21st April 2023**

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:

- Mattishall and Lenwade Surgeries - Dr Jones and Partners

Executive Summary:

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

The CQC inspects against five key areas as follows:

Safe
Effective
Caring
Responsive
Well Led

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

GP Practice	Locality	Date of Inspection/ Re-inspection	Previous Rating/Year	New Overall Rating
Mattishall & Lenwade Surgeries (List size as at 1/1/2023 8,661)	South Norfolk	13 December 2022	Good February 2018	Inadequate

Report

Background

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

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

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

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

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

Mattishall and Lenwade Surgeries, South Locality – Inspected: 13 December 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	Domain not inspected	Domain not inspected	Inadequate

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

The CQC carried out a further announced focused inspection at Mattishall and Lenwade Surgeries - Dr. Jones and Partners on 13 December 2022, following concerns reported to the CQC.

The inspection focused on specific areas of the following key questions:
• Are services safe?
• Are services effective?
• Are services well-led?

Overall, the practice was rated Inadequate, with the following domains also rated as Inadequate.

Safe - Inadequate
Effective - Inadequate
Well-led – Inadequate.

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 (this was with consent from the provider and in line with all data protection and information governance requirements).
• Reviewing patient records to identify issues and clarify actions taken by the provider.
• Requesting evidence from the provider.
• A short site visit.

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.

The CQC found that:

- The practice leadership had failed to ensure the practice was led and managed in a way that promoted the delivery of high-quality, person-centre care.
- The practice did not provide care in a way that always kept patients safe and protected them from avoidable harm.
- Not all patients received safe and effective care and treatment that met their needs.
- The practice did not ensure that all medicines were prescribed safely to all patients.
- The practice did not have clear oversight that staff had received appropriate competency assessments

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:

- Encourage patients to attend their appointments for the national cervical cancer screening programme.
- Improve involvement of and engagement with the patient population to gain feedback in order to monitor and review the service.
- Encourage staff to report and improve knowledge regarding the reporting of significant events, with a no-blame culture.
- Review the system for NHS health checks for patients to improve uptake.

The CQC placed the 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 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 CQC will keep the service 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.

Background to High Street Surgery

Dr. Jones and Partners is located in Dereham at:

15 Dereham Road
Mattishall
Dereham
Norfolk
NR20 3QA.

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

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

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

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

Patients can access services at either surgery.

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

• Diagnostic and screening procedures

• Maternity and midwifery services

• Treatment of disease, disorder or injury

• Surgical procedures

• Family planning services.

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

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

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (7 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 99% White and 1% Mixed.

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

The practice at 15 Dereham Road is open between 8.30am to 6pm Monday to Friday with late opening on a Thursday until 8pm. Lenwade surgery is open on Mondays between 8.30am and 1pm and between 2pm and 6pm, and onTuesdays, Thursdays

and Fridays between 8.30am and midday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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

Download full report

Full Report

Download evidence table

Evidence Table

Following the inspection and the new CQC rating of Inadequate the ICB's Primary Care, South Norfolk Locality, Quality, and Medicines Optimisation teams have been working closely to support the practice to develop an action plan to address the areas rated as inadequate 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 reviewing and progressing on all actions.

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

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

NHS Constitution:	N/A
Conflicts of Interest:	GP practice members may be conflicted
Reference to relevant risk on the Governing Body Assurance Framework	An interim risk register is currently being developed for the PCCC. CQC inspections will form part of a wider risk on the resilience of general practice

GOVERNANCE

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**Changes in GP contract 2023/24**
Presented by:	**Shepherd Ncube Associate Director of Primary Care Commissioning**
Prepared by:	**Shepherd Ncube Associate Director Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**21 April 2023**

Purpose of paper:

- To provide a summary update and highlight key changes in the GP Contract for 2023/4
- This paper is for noting for committee members.

Executive Summary:

The purpose of this paper is to provide a summary update and highlight key changes made to the GP contract for this year.

The contract changes focus on improving patient access to primary care services by increasing the current digital offers to practices/PCN, repurposing the Investment and Impact Fund (IFF) and the funding related to the Quality and Outcomes Framework.

The indicators for IIF will be reduced from 36 to 5 priorities worth £59 million. The remainder of the IIF-worth £246 million will be used to target access and patient experience. PCNs will need to agree an access improvement plan with commissioners in Q1 this year.

The Quality and Outcomes Framework indicators have been reduced to from 74-55 and the funding associated with these changes will be released to practices.

Further details on the delivery plan for recovering access to primary care (to include further support for practice and PCNs on improving patient experience and satisfaction) are yet to be shared with systems by NHS England.

Introduction

NHS England published an overview of changes to the GP contract 2023/24 in March this year. Subsequently, a letter setting out the requirements of General Practice and Primary Care Networks (PCN) has been sent to all practices in England and PCNs for review and implementation of these changes (attached) placing emphasis on improving patient experience and satisfaction. The changes fall into the following categories:

1. Access in primary care
2. Performance based funding-Impact and investment fund (IFF) and Quality assurance Framework (QOF)
3. Workforce Flexibility
4. Immunisations and Vaccinations

Access to General Practice

- The GP Contract Regulations have been changed to ensure consistency in the access that patients can expect. Patients should expect to be offered an assessment of need or signposted to an appropriate service at first contact with the practice. Key ambitions are to tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients will no longer be required to call back another day to book an appointment.

- Regarding patient access to their medical records, access will be offered to all patients by 31 October 2023.

- Some changes to allow workforce flexibility to have been made in relation to the Additional Roles Reimbursement Scheme (ARRS) are set out in the attached letter circulated with this paper. During 2023/24 the ARRS will be reviewed to ensure that it remains fit for purpose and aligned to future ambitions for general practice.

Changes to the PCN Service Specifications

- NHS England in their correspondence to systems and practices acknowledged the current work pressures in general practice and no additional requirements are being added to the PCN service specifications in 2023/24. However, NHS England will instead publish guidance to suggest best practice to PCNs.

- With regards to, Enhance Access, a review will be completed in year by NHS England once PCNs have had an opportunity to operate for several months and connections with the wider system in urgent and emergency care have been established.

Performance based Funding

Changes have been made to the IIF and QOF arrangements

- The number of indicators has been reduced from 36 to 5 key priorities: Flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator. The funding for the remainder will be prioritised to focus on improving patient experience of contacting their practice and currently being assessed being same day or within 2 weeks where appropriate.
- In terms of QOF, the number of indicators in QOF from 74 to 55 (a reduction of 25%) and this will release funding of £97m to practices based on performance. Consultation on the future form and suitability of QOF will be undertaken in 2024/25.

Immunisations and Vaccines

The following changes have been made:

- The 'clawback' vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes will be removed.
- QOF indicator thresholds to be changed to 81-89 per cent for the lower threshold and 96 per cent for the upper. This will see fewer practices receiving no payments across the three (3) indicators.
- A new Personalised Care Adjustment will also be introduced for patients registering late.

Next steps and ICB Actions

- The Delivery Plan for Recovering Access to Primary care setting out how practices and PCNs can be supported to improve access during 2023/24 is yet to published. The contractual requirements have set out the areas to be covered by a plan for each PCN, co-owned by practices and the ICB.

- The focus will be on addressing the decreasing patient satisfaction and experiences.

- Meanwhile, Practice/ PCNs are to engage with ICBs to carryout baselining work before their final recovery plans submission in May. Achievement of the plan will be agreed by the ICB at the end of March 2024. The process for doing this will be discussed with the LMC

- Supporting PCNs to utilise their full ARRS budget

- Supporting the implementation of the primary care access recovery plan (including practice transformation, GP and nursing retention, BI tools, and extra telephone and digital investment).

- Understand and signoff PCN/practice capacity and Access IIF preparation phase (GPPS, CBR, GPAD) & practice/PCN recovery plans for IIF Capacity and Access Improvement plans

Recommendation to the Primary Care Commissioning Committee:

To note the changes in the GP changes for 2023/4 and the ICB actions to implement these changes.

Key Risks	
Clinical and Quality:	Access to general practice remains challenge for many patients. The demand of primary care services continues to increase and workforce flexibility and focus on access and investment in screening digital platforms will be helpful.
Finance and Performance:	The contract's focus is going to be on access. This will show reductions in Investment and Impact Fund (IIF) and the Quality and Outcomes Framework (QOF) indicators, as well as increased workforce flexibilities
Impact Assessment (environmental and equalities):	There are concerns are that the contract changes do not fully address the challenging context in practices and PCNs are experiencing including fewer GPs now than before.
Reputation:	Access challenges in general practices have attracted national and local media and public interest. In response to this, strengthening resilience in primary is one of the top clinical priorities in the ICB.
Legal:	Public Contracts Regulations 2015
Information Governance:	N/A
Resource Required:	Primary Care Commissioning, Finance and East Locality teams
Reference document(s):	NHSE General Practice Policy & Guidance Manual, GMS/APMS Regulations 2015
NHS Constitution:	• Everyone counts • The patient will be at the heart of everything the NHS does • The NHS works across organisational boundaries

	• 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	General Practice Resilience

Governance

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

Improving lives **together**

Norfolk and Waveney Integrated Care System

2022/23 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

February 2023

Primary Care Commissioning Committee 21st April 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M11 (February-23) of the ICB accounts. Since the ICB (Integrated Care Board) was formed July 2022 the forecast included is for the ICB for 9 months from July-March 2023.

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

- As at Month 11 (February), the 9 months forecast spend is £323.6m as against a plan of £321.6m leading to a total overspend of £2m for Primary Care and Prescribing in combination (excluding ARRS allocation due £5.6m if included then £3.6m underspend).

- 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 (February)			Forecast 11 Months (ICB)		Forecast at Month (January)		Comments on material Movement between January and February	*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	144.1	125.5	133.5	8.0	150.4	6.3	149.3	1.2	The No Cheaper Stock Obtainable (NCSO) cost pressures and increase in Sodium glucose cotransporter 2 (SGLT2) prescriptions have resulted in an increase in FOT at M11	*3.1*
Primary Care										
System Development Fund	3.8	2.5	2.4	(0.1)	3.6	(0.2)	3.2	0.3	New Allocation in M11	
Local Enhanced Services	12.4	11.1	11.1	0.0	12.4	0.0	12.4	0.0		
Other Primary Care	2.1	1.7	1.4	(0.3)	1.8	(0.3)	1.9	(0.1)		
Primary Care Delegated Co-Commissioning	153.0	134.8	130.9	(3.9)	149.6	(3.5)	149.1	0.5	Higher Dispensing fees	*3.2*
Primary Care IT	6.1	4.1	3.7	(0.4)	5.7	(0.4)	5.8	(0.0)		
Total Primary Care	177.5	154.2	149.5	(4.7)	173.1	(4.4)	172.4	0.7		
Total Directorate	321.6	279.7	283.0	3.3	323.6	2.0	321.7	1.9		
Variance as a % of Budget				*1.2%*		*0.6%*		*0.6%*		
Retrospective ARRS allocation to be received	0.0	0.0	0.0	0.0	-5.6	-5.6	-4.5	(1.1)		
Total Primary Care	321.6	279.7	283.0	3.3	318.0	-3.6	317.2	0.7		

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 (February)			9 Months Forecast (ICB)			Narrative
		Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance	Variance (Fav)Adv	
		£m	£m	£ m	£m	£m	£m	%	
3.1	GP and Other Prescribing	144.1	125.5	133.5	8.0	150.4	6.3	4.4%	The GP Prescribing costs are reported nationally 2 months in arrears, hence actuals from July to December and estimates for January and February are considered in the Year to Date (YTD) position, and Forecast Outturn (FOT) considers July to December actuals and estimates from January to March. The YTD is is overspent by £8m and FOT is overspent by £6.3m.This is driven by cost pressures of No Cheaper Stock Obtainable (NCSO) due to supply chain issues and increase in SGLT2 prescriptions mitigated by prior year benefits.
3.2	Primary Care Delegated Co-Commissioning	153.0	134.8	130.9	(3.9)	149.6	(3.5)	-2.3%	The YTD and FOTunderspend here is due to prior year release .

4.0 System Development Fund

Primary Care: System Development Fund	9months Budget ICB Budget £m	Year To Date(February) Budget £m	Actual £ m	Variance (Fav) Adv £m	9 months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
GP Retention	0.2	0.1	0.1	(0.0)	0.2	(0.0)
Training Hubs	0.2	0.1	0.1	(0.0)	0.2	(0.0)
Online Consultation	0.2	0.2	0.2	(0.0)	0.2	(0.0)
Flexible Pool	0.1	0.1	0.1	(0.0)	0.1	0.0
Infrastructure & Resilience	0.2	0.2	0.2	0.0	0.2	0.0
GP Fellowship	0.5	0.3	0.3	0.0	0.5	(0.0)
Improved Access	1.8	1.8	1.7	(0.2)	1.7	(0.2)
Practice Resilience	0.1	0.1	0.1	0.0	0.1	0.0
Transformational Support	0.0	0.0	0.0	0.0	0.0	0.0
Supporting Mentor	0.1	0.1	0.0	(0.0)	0.1	(0.0)
Nurse Fellows	0.1	0.0	0.0	0.0	0.1	(0.0)
GP Accelerate Programme	0.0	0.0	0.0	0.0	0.0	0.0
ARI Hubs	0.8	0.0	0.0	0.0	0.8	0.0
Others	(0.5)	-0.4	-0.4	(0.0)	-0.5	(0.0)
	3.8	**2.5**	**2.4**	**(0.1)**	**3.6**	**(0.2)**
Variance as a % of Budget				*-4.6%*		*-5.5%*

Variance Signage: (Favourable)/Adverse

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

5.0 Delegated Co Commissioning Analysis

Primary Care: Delegated Co Commissioning	9months Budget ICB £m	Year to Date (February) Budget £m	Actual £ m	Variance (Fav)Adv £m	9 Months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
Contractual	94.0	83.5	84.0	0.5	94.5	0.5
QOF	11.9	10.6	10.6	0.0	11.9	0.0
Premises cost reimbursements	11.1	9.9	10.0	0.1	11.3	0.1
Other - GP Services	10.7	9.6	9.9	0.3	11.5	0.8
Enhanced services	6.9	5.7	5.8	0.1	7.0	0.1
CCG Spend	0.3	0.3	0.3	(0.0)	0.3	(0.0)
PCN ARRS Staff	15.0	12.4	12.4	0.0	15.2	0.2
PMS to GMS	3.1	2.8	0.0	(2.8)	0.0	(3.1)
Prior Year	0.0	0.0	-2.1	(2.1)	-2.1	(2.1)
Total	**153.0**	**134.8**	**130.9**	**(3.9)**	**149.6**	**(3.5)**
Variance as a % of Budget				*-2.9%*		*-2.3%*

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

Areas of material forecast variances:

- **Contractual:** The major overspend is due to the Impact and Investment Fund (IIF), being funded to a level set by NHSE there is a prudent argument to increase this creating a cost pressure.
- **PMS to GMS:** Budgets held within Delegated PC as per NHSE guidance costs shown in Locally Commissioned Scheme.
- **Prior Year:** Prior year benefits £2.1m crystallised.
- **Other GP Services:** This is due to overspend in Locum and Dispensing Fees.

6.0 GP And Other Prescribing

22/23 Primary Care: GP And Other Prescribing	9months Budget CCG	Year to Date(February)			Forecast (ICB)		Forecast as at January		Comments on material Movement in Forecast Outturn (FOT) between January & February
	Budget £m	Budget £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Movement in FOT (Fav)Adv £m	
GP Prescribing Costs	135.7	118.5	127.8	9.3	143.6	8.0	142.7	0.9	The NCSO cost pressures and SGLT2 increased usage continue and hence the revised forecast is £1m more than previous month's forecast.NCSO cost pressures from April to December was £5.3m
Recharges to Local Authorities & NHS England	(3.9)	(3.5)	(4.3)	(0.8)	(4.5)	(0.6)	(4.6)	0.1	December Flu Rebates lower than estimate
Rebates from pharmaceutical companies	(2.2)	(1.9)	(2.0)	(0.1)	(2.4)	(0.2)	(2.4)	0.0	No Movement.
GP Prescribing Subtotal	**129.6**	**113.0**	**121.5**	**8.4**	**136.8**	**7.2**	**135.7**	**1.0**	
Central Drugs	3.6	3.2	3.4	0.2	3.8	0.2	3.8	0.0	No Movement.
Dressings & wound care	4.4	3.9	3.8	(0.1)	4.3	(0.1)	4.3	(0.0)	
Others (Medicine Management, Oxygen, incentives etc.)	6.5	5.4	4.7	(0.6)	5.5	(1.0)	5.4	0.1	Increased Beccles House rent
Total Spend	**144.1**	**125.5**	**133.5**	**8.0**	**150.4**	**6.3**	**149.3**	**1.2**	
Variance as a % of Budget				*6.3%*		*4.4%*		*0.8%*	

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

Variance Signage: (Favourable)/Adverse

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

7.0 Financial risks

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

7.0 Financial risks (Continued)

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

Appendix 1

POD Delegation M11 Norfolk and Waveney

Summary	NW FOT 22/23	NW Allocation 22/23	Var against allocation
Primary dental	36,928	42,330	5,402
Community dental	3,253	4,081	828
Secondary dental	9,135	9,348	213
Pharmacy	22,271	20,983	(1,287)
Optometry	9,737	10,528	791
Grand Total	**81,323**	**87,271**	**5,948**

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

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

Agenda item: 14

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:	**21 April 2023**

Purpose of paper:

Information

Executive Summary:

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

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

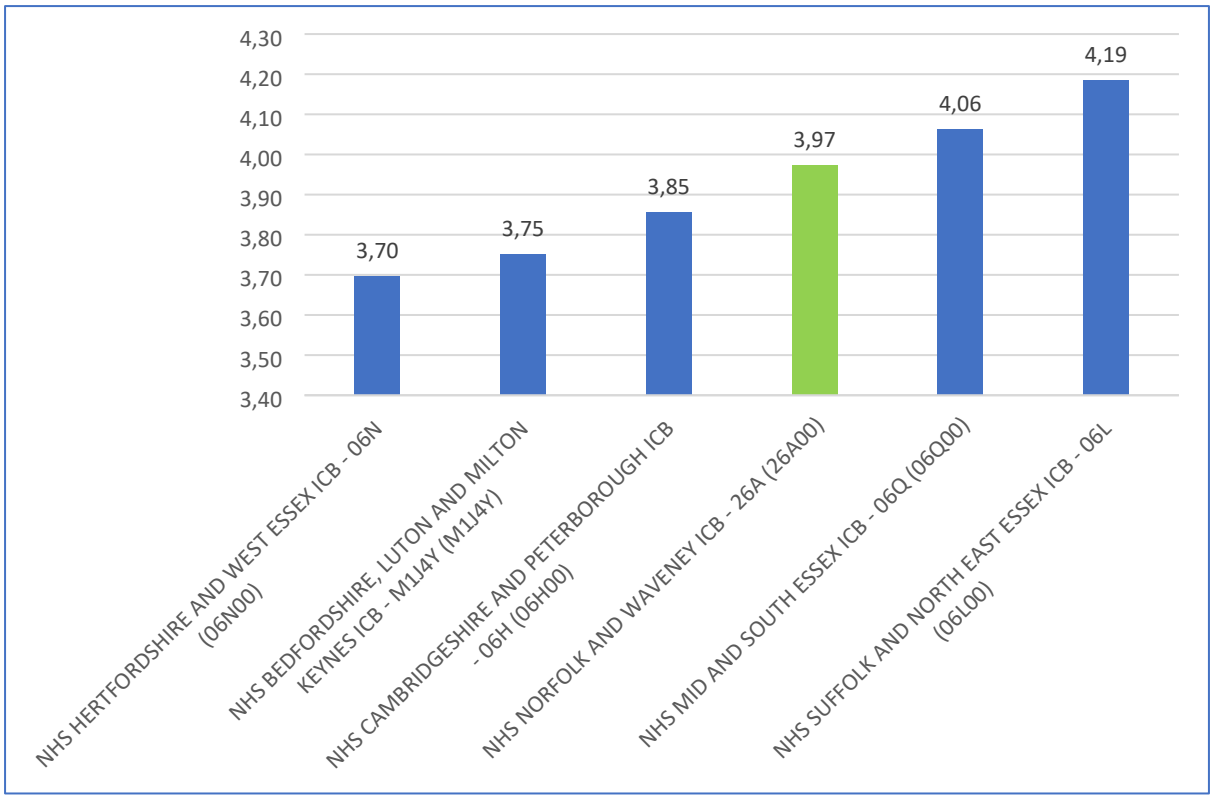
1. Prescribing team focus areas

1.1 The prescribing team is focused on supporting the prescribing quality scheme and potentially an additional switch scheme.

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

2. ICB Prescribing Performance

2.1 Net ingredient cost (NIC) per AstroPU (an attempt to normalise practice demographics) below is a proxy measure of relative cost-effectiveness. However, this does not take account of deprivation which is a key driver of prescribing spend. Norfolk and Waveney have moved from 2nd highest out of 6 to 3rd out of 6 in January. The available deprivation score can be accessed here (registration required).



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

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

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

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

NCSO (no cheaper stock obtainable)

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

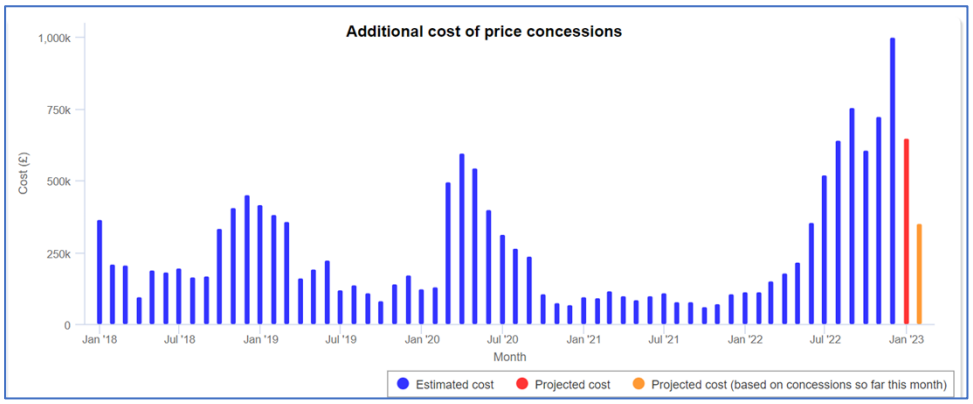
There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact YTD and projected for the following 2 months.

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

	YTD April-Jan	Projected Feb*	Projected March*
NCSO and other price concessions	£5,882,415	£557,677	£613,187
Back into DT at increased prices	£1,323,543	£363,691	£391,126
Increase In cat M	£630,978	£344,624	£344,563
Total	£7,836,936	£1,265,992	£1,348,876

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

Table 2. Bar chart of NCSO additional costs over time



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

3 Dependence forming medicines (DFMs)

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

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

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

- High dose opiates – a small increase in use to 83rd (86thpreviously (out of 106 organisations) 22nd percentile (previously 20th) on high dose opiate items as percentage of regular opiates

- Gabapentinoids – changed to 30th ,72nd percentile (29th, 73rd percentile previously) on defined daily doses of gabapentin and pregabalin

- Hypnotics and anxiolytics – dropped to 6th nationally 96th 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 NWCCG performance with national percentiles (NW is the red line and national average is the blue line)

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

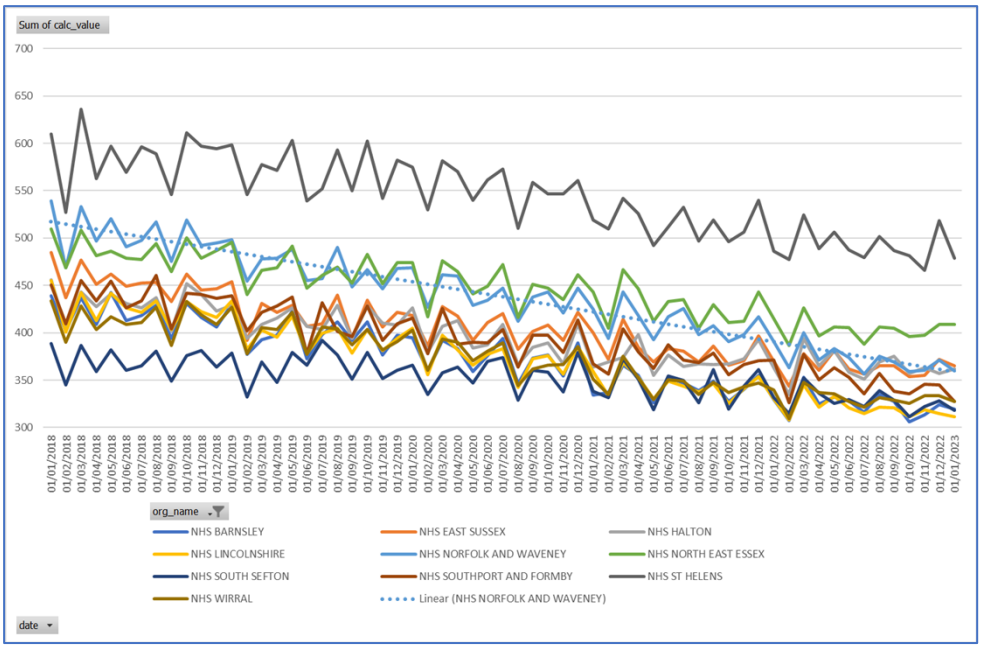
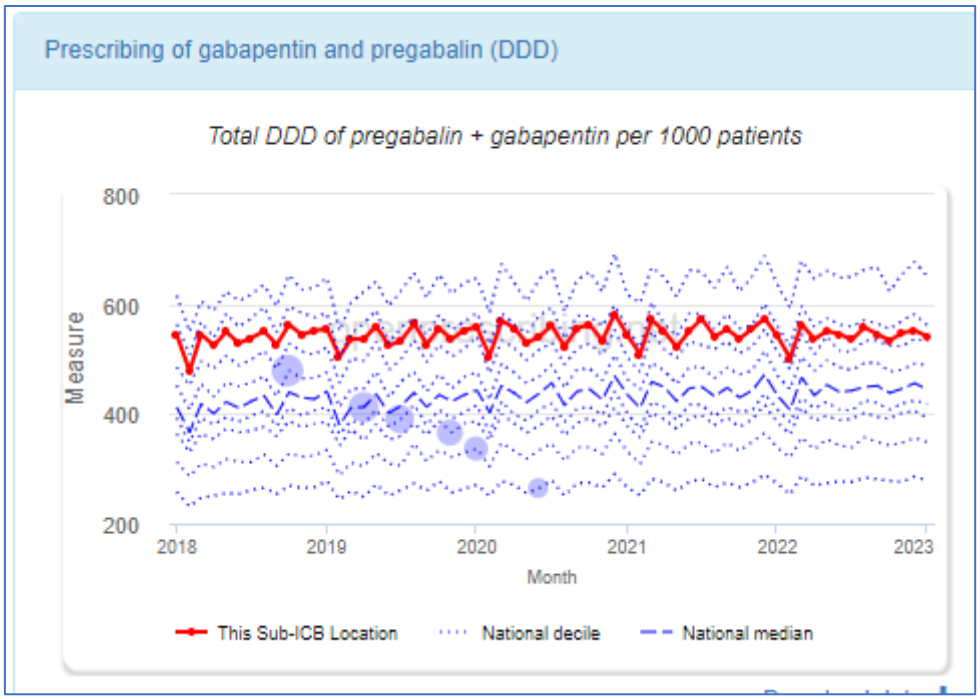


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



3.3 We are working with NSFT colleagues to ensure that discharge summaries reflect actual usage of PRN sedation and STOMP/STAMP.

4 Antibiotic Prescribing

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

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

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

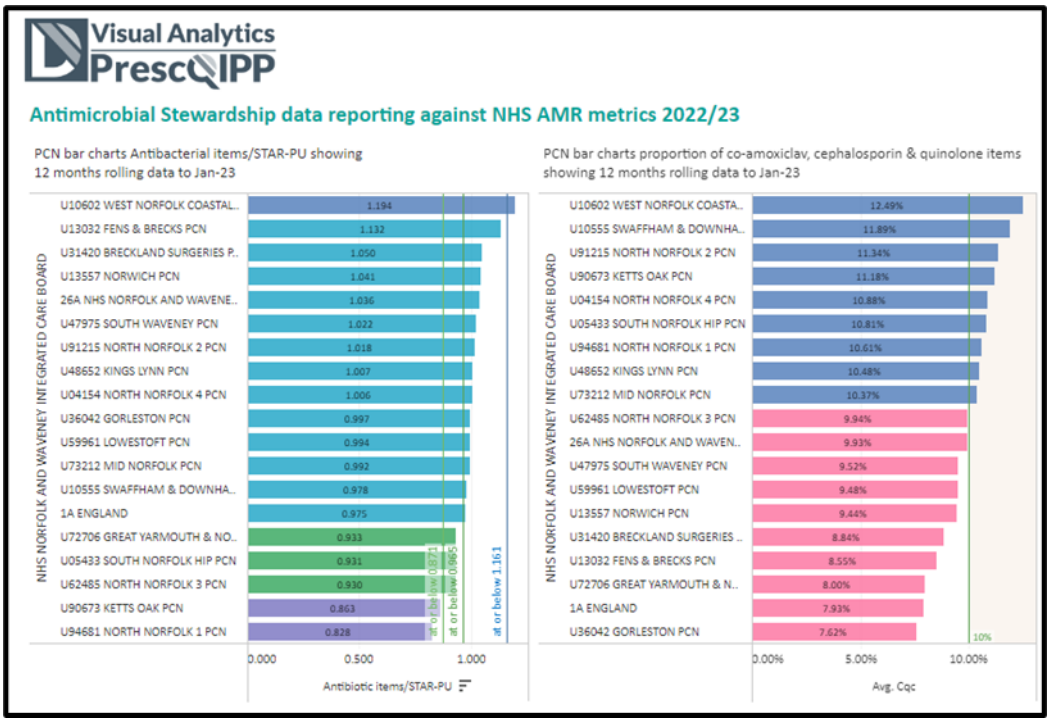
4.4 December 2022 saw a change in guidance for the threshold for prescribing antimicrobial agents due to a rise in Strep A cases in children. National stock shortages of antimicrobials led to alternative antibiotics being prescribed. Both factors have distorted the data for our practices and nationally. The

trend observed shows that overall antimicrobial prescribing increased, and the percentage of broad-spectrum antimicrobials decreased. This month data analysis therefore has a different focus.

4.5 Antibiotic volumes, the bar chart on the left (Table 6) shows the volume of antibiotic prescribing by PCN's. Norfolk and Waveney are now above the second volume target of 0.965 with a value of 1.036 antibacterial items per STAR-PU in the 12 months to January 2023, following the national trend.

4.6 Percentage of broad-spectrum antibiotics, the bar chart on the right (Table 6) shows the percentage by PCN. Norfolk and Waveney ICB are currently below the national target of no more than 10% of all antibiotics at 9.93% in the 12 months to January 2023, following the national trend.

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



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

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

Practice	Sum of percentile
NORWICH PRACTICES HEALTH CENTRE	99.95
ST CLEMENTS SURGERY	98.82
BRUNDALL MEDICAL PARTNERSHIP	97.46
GRIMSTON MEDICAL CENTRE	96.86
MUNDESLEY MEDICAL CENTRE	96.82
SCHOOL LANE SURGERY	96.72
LONGSHORE SURGERIES	95.72
HINGHAM SURGERY	95.55
HEACHAM GROUP PRACTICE	94.65
CUTLERS HILL SURGERY	94.33
BURNHAM SURGERY	93.39
GREAT MASSINGHAM SURGERY	91.80
MANOR FARM MEDICAL CENTRE	91.33

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

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

Practice	Sum of percentile	Percentage of broad spectrum antibiotics
TOFTWOOD MEDICAL CENTRE	99.55	16.67%
BURNHAM SURGERY	99.53	16.53%
WELLS HEALTH CENTRE	98.96	14.69%
E HARLING & KENNINGHALL MEDICAL PRACTICE	98.94	14.62%
BRIDGE STREET SURGERY	97.52	13.04%
MUNDESLEY MEDICAL CENTRE	97.10	12.77%
GRIMSTON MEDICAL CENTRE	97.00	12.69%
ELMHAM SURGERY	96.89	12.52%
THORPEWOOD MEDICAL GROUP	95.45	11.83%
OLD MILL AND MILLGATES MEDICAL PRACTICE	95.08	11.72%
WOODCOCK RD SURGERY	94.95	11.68%
BOUGHTON SURGERY	94.64	11.59%
WENSUM VALLEY MEDICAL PRACTICE	94.28	11.49%
CHURCH HILL SURGERY	93.80	11.38%
THE HOLLIES SURGERY	93.35	11.26%
BUNGAY MEDICAL CENTRE	93.03	11.17%
LITCHAM HEALTH CENTRE	93.01	11.16%
ALDBOROUGH SURGERY	92.76	11.11%
REEPHAM & AYLSHAM MEDICAL PRACTICE	92.76	11.11%
ACLE MEDICAL PARTNERSHIP	92.33	10.99%
BRUNDALL MEDICAL PARTNERSHIP	91.89	10.90%
LONG STRATTON MEDICAL PARTNERSHIP	90.74	10.64%
EAST NORWICH MEDICAL PARTNERSHIP	90.43	10.55%
OLD CATTON MEDICAL PRACTICE	90.36	10.54%

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