Primary Care Commissioning Committee Part One

Tue 11 July 2023, 13:30 - 16:30

Agenda

13:30 - 13:30
0 min

Agenda

2023 07 11 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

Information *Hein van den Wildenberg*

13:30 - 13:30
0 min

2. Apologies for absence

Information *Hein van den Wildenberg*

13:30 - 13:30
0 min

3. Declarations of Interest

Information *Hein van den Wildenberg*

2023 07 11 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30
0 min

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

Decision *Hein van den Wildenberg*

2023 06 12 Item 04 Minutes Part One.pdf (12 pages)
2023 07 11 Item 04 Action Log Part One.pdf (1 pages)

13:30 - 13:30
0 min

5. Forward Planner

Information *Sadie Parker*

2023 07 11 Item 05 ICB PCCC Forward Planner 2023-2024 P1.pdf (1 pages)

13:30 - 13:30
0 min

6. Risk Register

Decision *Sadie Parker*

2023 07 11 Item 06 Risk Register.pdf (19 pages)

13:30 - 13:30
0 min

Service Development

13:30 - 13:30
0 min

7. Delivery Plan for Recovering Access to Primary Care

Information *Sarah Harvey*

2023 07 11 Item 07 Delivery Plan for recovering access to Primary Care.pdf (10 pages)
2023 07 11 Item 07 Appendix A - Delivery Plan for recovering access to Primary Care.pdf (1 pages)

13:30 - 13:30
0 min

8. Covid Antiviral Supply

Decision *Sharon Gardner*

2023 07 11 Item 08 Covid Antiviral Supply.pdf (5 pages)

13:30 - 13:30
0 min

9. Care Market Sector Quality Assurance and Monitoring

Information *Paul Benton*

2023 07 11 Item 09 Care Market Sector Quality Assurance and Monitoring.pdf (17 pages)

13:30 - 13:30
0 min

10. Primary Care Complaints and Contacts

Information *Jon Punt*

2023 07 11 Item 10 Primary Care Complaints and Contacts.pdf (4 pages)
2023 07 11 Item 10 Appendix 1 - Primary Care Complaints and Contacts.pdf (1 pages)

13:30 - 13:30
0 min

11. Workforce and Training Update

Information *Jayde Robinson*

2023 07 11 Item 11 Workforce and Training Update.pdf (9 pages)

13:30 - 13:30
0 min

Finance & Governance

13:30 - 13:30
0 min

12. TIAA Audit Report

Information *Shepherd Ncube*

2023 07 11 Item 12 TIAA Audit Cover Report.pdf (2 pages)
2023 07 11 Item 12 TIAA Audit Report.pdf (21 pages)

13:30 - 13:30
0 min

13. Pharmaceutical Services Regulations Committee (PSRC) Terms of Reference

Information *Fiona Theadom*

2023 07 11 Item 13 Pharmaceutical Services Regulations Committee ToRs.pdf (5 pages)

13.1.

13:30 - 13:30
0 min

14. Finance Report

Information *James Grainger*

2023 07 11 Item 14 M2 Finance Report.pdf (13 pages)

13:30 - 13:30
0 min

15. Prescribing Report

Information *Michael Dennis*

2023 07 11 Item 15 Prescribing Report.pdf (12 pages)

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 11 July 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** • Five Locally Commissioned Services (verbal update)	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 June 2023 meeting** *For approval*	Chair
5.		**Forward Planner** *For Noting*	SP
6.		**Risk Register** *For Approval*	SP
		Service Development	
7.	13:40	**Delivery Plan for Recovering Access to Primary Care** *For Noting*	SH
8.	13:45	**Covid Antiviral Supply** *For Approval*	SG
9.	13:55	**Care Market Sector Quality Assurance and Monitoring** *For Noting*	PB
10.	14:00	**Primary Care Complaints and Contacts** *For Noting*	JP
11.	14:05	**Workforce and Training Update** *For Noting*	JRo
		Finance & Governance	
12.	14:10	**TIAA Audit Report** *For Noting*	SN
13.	14:15	**Pharmaceutical Services Regulations Committee (PSRC) Terms of Reference** *For Noting*	FT
14.	14:20	**Finance Report** *For Noting*	JG
15.	14:25	**Prescribing Report** *For Noting*	MD
		Any Other Business	
16.	14:30	**Questions from the Public**	Chair

Date, time and venue of next meeting
Tuesday 8 August 2023, 13:30 – 16:30 – ICB PCCC
To be held by videoconference and You Tube

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

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

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

Declared interests of the Primary Care Commissioning Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
James Bullion	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Skills for Care		X		Direct	Trustee of Skills for Care	Ongoing		Member prepared to leave any meeting where training and development provision might be likely awarded or recommended to be provided by skills for care
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			Direct	GP Partner at Attleborough Surgeries	2001	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		MPT Healthcare Ltd	X			Direct	Director of MPT Healthcare Ltd	2020	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Norfolk Community Health and Care Trust (NCH&C)				Indirect	Spouse is employee of NCH&C (Improvement Manager)	2021	Present	
		South Norfolk PCN				Indirect	Clinical Director of SNHIP Primary Care Network	2022	Present	
Steven Course	Executive Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for March Physiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.
Norfolk and Waveney ICB Attendees										
Mark Burgis	Executive Director of Patients and Communities, Norfolk and Waveney ICB	Drayton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Castle Partnership				Indirect	Partner is a practice nurse at Castle Partnership	Ongoing		
Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare	N/A			N/A	N/A	N/A		N/A

Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk		X		Direct	Represent N&WCCG as a member of the Active Norfolk Board	2019	Ongoing	Low risk. If there is an issue it will be raised at the time
NHS England and NHS Improvement Attendee										
Fiona Theadom	Contracts Manager, NHS England and NHS Improvement	Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Local Medical Committee Attendees										
Mel Benfell	Norfolk & Waveney Local Medical Committee Joint Chief Executive	N&W ICB				Indirect	Personal friend of an employee of the ICB	2015	Present	Will not take part in any discussion or decisions relating to the declared interests.
		N&W ICB				Indirect	Close relative is an employee of N&W ICB	Ongoing		Will not take part in any discussion or decisions relating to the declared interests
		Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Naomi Woodhouse	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Long Stratton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Practice Managers drawn from General Practice Attendees										
James Foster	Member Practice Representative	St. Stephens Gate Medical Practice	X			Direct	Partner at St. Stephens Gate Medical Practice	2019	Present	Will not take part in any discussion or decisions relating to the declared interests.
		One Norwich	X			Direct	Director, One Norwich Practices Ltd (GPPO/PCN)	2019	May 2023	
		N2S	X			Direct	Director, N2S, Provider of day surgery in a primary care setting	2014	Present	
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice
		Norfolk County Council	X			Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division	Ongoing		Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.
		Norfolk County Council	X			Direct	Cabinet Member for Adult Social Care and Public Health	Ongoing		
		Norfolk County Council	X			Direct	Chair of Norfolk Health and Wellbeing Board	Ongoing		
		Breckland District Council	X			Direct	Elected Member of Breckland District Council, Upper Wensum Ward	Ongoing		
		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing		Low risk. If there is an issue it will be raised at the time.
James Reeder	Suffolk Health and Wellbeing Board	Suffolk County Council	X			Direct	Cabinet Member for Children and Young People's Services	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Suffolk County Council	X			Direct	Children's Services and Education Lead Members Network	Ongoing		
		East of England Government Association	X			Direct	East of England Government Association	Ongoing		
		James Paget University Hospital Trust	X			Direct	James Paget Healthcare NHS Foundation Trust Governors Council	Ongoing		
		Suffolk County Council	X			Direct	Suffolk Safeguarding Children Board	Ongoing		
		Norfolk and Suffolk NHS Foundation Trust	X			Direct	Norfolk and Suffolk Foundation Mental Health Trust – Governors Council	Ongoing		
		Suffolk and North East Essex Integrated Care Partnership	X			Direct	Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership	Ongoing		

		Suffolk Chamber of Commerce	X			Direct	Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce	Ongoing		
		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Surgery	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing		Low risk. If there is an issue it will be raised at the time.
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk	X			Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	
Sally Watson	Healthwatch Suffolk (Community & Engagement Manager)	Nothing to Declare	N/A				N/A	N/A		N/A
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC,	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	
		Sheringham Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as “Community Pharmacy Norfolk”	CO of the LPC		x		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
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
Monday 12 June 2023
via video conferencing & YouTube

Voting Members - Attendees

Name	Initials	Position and Organisation
Hein Van Den Wildenberg	HW	Non Executive Member, Norfolk and Waveney ICB (deputy Chair)
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Karen Watts	KW	Director of Nursing and Quality (deputising for PD'O)

In attendance

Name	Initials	Position and Organisation
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
Colin Bright	CB	Associate Director of Financial Management, Norfolk and Waveney ICB
Tony Dean	TD	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as "Community Pharmacy Norfolk")
Michael Dennis	MD	Associate Director of Medicines Optimisation, Norfolk and Waveney ICB
Julian Dias	JD	Deputy Senior Delegated Commissioning Manager, (Primary Care), Norfolk and Waveney ICB
Carl Gosling	CG	Senior Delegated Commissioning Manager – Primary Care, Norfolk and Waveney ICB
Joni Graham	JGr	Executive Officer (Estates, Digital, Pharmacy & Prescribing) Norfolk and Waveney Local Medical Committee.
Sarah Harvey	SH	Head of Primary and Community Care Strategic Planning. NHS Norfolk and Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
Anne Heath	AHe	Associate Director of Digital, Norfolk and Waveney ICB
Jonathan Milne	JM	Contract Manager, Delegated Commissioning, Norfolk and Waveney ICB
Cath McWalter	CMcW	Senior Primary Care Estates 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
Cllr James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council
Gary Walker	GW	Mental Health Change Manager, Norfolk and Waveney ICB
Sarah Webb	SW	Primary Care Administrator, Minute Taker

Sally Weston-Price	SW-P	Consultant in Dental Public Health, NHS England, East of England
Ian Wilson	IW	Executive Officer, Norfolk and Waveney Local Medical Committee
Naomi Woodhouse	NW	Joint Chief Executive, Norfolk and Waveney Local Medical Committee

Apologies

Name	Initials	Position and Organisation
Andrew Bell	AB	Vice Chairman, Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney
Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Deborah Daplyn	DD	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries
Patricia D'Orsi	PD'O	Executive Director of Nursing, Norfolk & Waveney ICB
Tania Farrow	TF	Chief Officer, Community Pharmacy Suffolk
James Foster	JF	Practice Manager Committee Attendee
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk and Waveney ICB
Lauren Seamons	LS	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)
Fiona Theadom	FT	Head of Primary Care Commissioning
Sally Watson	SWa	Community and Engagement Manager, Healthwatch Suffolk

No	Item	Action owner
1.	**Chair's introduction**	**Chair**
	HW welcomed attendees to the June Committee and confirmed that this would be recorded and made available on YouTube. Several members of the public joined and HW noted there would be an opportunity for them to ask questions at the end and there would be a further opportunity for them to ask questions directly following Items 7&8. There were no Chair's actions.	
2.	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	There were no Declarations of Interest.	
4.	**Review of Minutes and Action Log from the June 2023 Committee** *For Approval*	**Chair**

	The minutes were agreed to be an accurate reflection of the June 2023 Committee and minutes would be sent to the Chair for signing. **ACTION: SW to send HW minutes for signing.** **Action Log:** None outstanding.	**SW**
5.	**Forward Planner** *For Noting*	**SP**
	SP noted there was no Finance report this month due to only one month's budget being available. Primary Care Network Contract update deferred due to congestion on agenda and would feature on July Agenda.	
6.	**Joint Forward Plan** *For Approval*	**SH**
	SH introduced herself to Committee and presented the Joint Forward Plan to Committee for approval. SH confirmed an early draft version of the Joint Forward Plan had been presented at a previous part 2 meeting, which outlined the strategic direction for the next five years, however this was a one year plan which would be updated annually. SH confirmed two objectives had been selected: • Deliver our vision for providing a wider range of services closer to home, improving patient outcomes and experience • Stabilising dental services through increased dental capacity short term and to set the strategic direction for the next five years. SH opened up for questions. HW thanked SH for the update and input over the last few months and welcomed comments or questions from members. KW thought that from her perspective the five year forward plan was comprehensive but had concerns with regard to the workforce and the ability to deliver it. KW asked if there were any further updates for bolstering the workforce. SH confirmed that workforce had not been specifically included within the Joint Forward Plan as it was a focus within the delivery plan to recover access to primary care services which would be reported on separately. SH did not have a workforce update prepared for the Committee but outlined that there were streams of work ongoing around recruitment and retention which linked to the requirements outlined within the delivery plan for recovering access to primary care. These would be reported on formally through this Committee in the coming months. NW built on KW comments and confirmed she had provided feedback to SH directly and reiterated the resilience concerns in general practice against the aspiration to bring services closer to home. NW was supportive of services that would support general practice.	

	SH thanked NW for her feedback provided prior to the meeting and recognised that the delivery of the Joint Forward Plan would be dependent on having a resilient and stable workforce and work was ongoing to support this. The ongoing strategic development work would run alongside this in response to the delivery plan. There were no further comments or questions. HW thanked SH for the report, which was approved.	
7.	**Holt Medical Practice – Proposed Closure of Blakeney Surgery Branch Site** *For Noting*	**JM**
	Given the public interest HW confirmed that JM would provide an introduction. There had been an updated version of the provided paper this morning and asked JM to confirm the updates. HW would then ask Committee members to ask questions and make comments and then make the same offer to members of the public in attendance. HW emphasised that this revised version was for Committee to note in line with our agreed process, and not for approval. JM introduced himself to Committee and outlined the purpose of the paper and the changes within the paper. HW thanked JM and opened up to questions and comments from Committee members first. KW asked whether an equality impact assessment had been completed to ensure that people were not unintentionally compromised in the changes. JM confirmed the practice had already undertaken a brief options appraisal before commencing the process. The next stage of the process was for patient and stakeholder engagement and feedback and he would engage with the practice to ask them to include an EIA in their final application. AH introduced himself to Committee and outlined Healthwatch's approach to this and had invited comments from the public in order to collate and present to Committee. AH confirmed he was meeting with Blakeney Parish council with the CEO of Healthwatch on 23 June 2023. AH would be in a better position to present information from Healthwatch at this point as it was their purpose to represent the views of the public. There were no further comments from Committee members and HW opened up to members of the public. Victoria Holliday (VH) introduced herself to Committee as the Parish Councillor for the next village, the Chair of the Parish Council and the District Council. VH confirmed she had already submitted a question in writing but was not assured within the response provided that the consultation would be fair and without prejudice as it was being carried out by the practice itself. HW asked SP to provide a response to this. SP confirmed the requirements around the engagement were clearly set out in the national policy guidance manual and our processes and Primary Care Committee would have oversight of the whole process. SP went on to confirm that ICB staff would be available to the practice to provide any support and guidance throughout the consultation and Healthwatch support could also form part of the process. SP confirmed that a final report would come to Committee	

	which would give Commissioners the opportunity to raise any concerns about the process and any concerns from ICB officers would be highlighted as part of the report. Members would then be able to ask any questions and if they were not satisfied with the consultation that had taken place, they would not approve at this stage of the process. HW gave VH an opportunity to follow up. VH asked if there would be any sight of the documents in order to be assured. SP confirmed the consultation report would be heard at Primary Care committee. VH thanked SP. HW then went to Alex Hooper (AH) for their question. AH confirmed they had submitted a question and wanted to know how the ICB would ensure that of not only transportation environmentally but also in terms of cost and accessibility, because the idea that there were other options within 15 minutes was not true if you were in Stiffkey and you did not have a car, or could not get to Wells, or there were issues where you could not get about. AH thought this removed choice from where you would like your GP and who you would like your GP to be and AH asked how the ICB would ensure that any study or practical proposals by Holt Medical Practice would be considered. HW thanked AH and referred to SP to response. SP thanked AH and referenced the Equality Impact Assessment that KW had raised and expected these considerations would be undertaken as part of the overall application to address matters raised. HW gave AH an opportunity to follow up. AH confirmed she would wait to read the documents. HW then went to Jill Morston (JM) for their question. JM asked why the practice at Blakeney was considered unworkable when it functioned very well pre pandemic. JM had understood that considerable investment had been made recently with the two other practice bases but not at Blakeney and asked why, especially in light of planning policies which would increase the residential population, particularly at Blakeney and Langham. HW asked JM or SP to comment. SP thought that was a very difficult question to answer. For the first part of the question SP thought that directly related to the practice and their decision to start progressing down this particular route and the second part of the question was around estates and SP asked CMcW if she could help with a response. CMcW introduced herself to Committee and confirmed she worked in the Primary Care Estates team and responded by saying that part of the answer was that the main site that the practice occupies at the Kelling hospital was owned by a third party investor and they were prepared to invest an amount of money as well as applying to the NHS for funding. The practice invested in their site at Melton and, at the time they made that application for funding to the NHS, those were the two sites prioritised over and above Blakeney. Again this could be explored more as part of the consultation.	

	JM thanked CMcW. HW asked if there were any further comments and questions and confirmed that any questions could be raised by email inbox which was available on the website. HW deferred to SP for concluding remarks. SP was aware that other questions and comments had been made and written responses would be made to these. SP referred to the themes of these questions from local residents. One area asked about whether the planned closure was a management or clinical decision and what mitigations for access would be put in place. SP confirmed it was not a planned closure at this stage and during the process we would see the reasons behind any final application for closure and any mitigations around access. SP thought that this question would be better answered further down the process, assuming it continued. SP referred to AH concerns around limited transport and would ensure these were published on the website along with written answers. HW thanked everyone for their contributions and confirmed this report was for noting and the process would go to step three as outlined in the consultation document.	
8.	**Primary Care Estates Project: Attleborough – Primary Care Estate Capacity** *For Approval*	**CMcW**
	CMcW presented the paper to Committee for approval and highlighted a few key points from the paper for Committee's attention. HW thanked CMcW for the paper and asked if there were any comments or questions. KW thought that given the predicted growth and development in that area it seemed sensible to expand the premises to meet future needs. AH had concerns about third party involvement, given the history of such buildings in the North and Norwich: AH referenced the Thetford Healthy Living Centre. Having read the paper AH noted that neither the NHS nor the Local Authority had the capital funding to establish the building that was required. AH accepted that third party funding was an alternative, but to ensure that robust monitoring system to confirm that the NHS gets value for money. AH also noted that it was not only a question of premises capacity, but also of workforce. HW thanked AH for his point well made. BB pointed out that most GP surgeries were not owned by the NHS but by practices and the NHS reimbursed funding for the sites – the majority of GP surgeries were in third party ownership. BB noted that the demand was clearly there and the town needed this. BB thought that this would be value for money to the practice. CMcW responded by agreeing that around 30% of GP practice premises in Norfolk and Waveney were owned by private landlords and third party involvement in development of premises had been established. CMcW provided some assurance on value for money by saying that the NHS was	

	advised by the Valuation Office Agency (the District Valuer Service) and Value for Money reports were required during the business case development. What was being proposed was not a PFI (private finance initiative), the third party return on investment would arise through a long term lease and the NHS rent reimbursement. HW was interested to hear about a potential health campus approach, as this was being undertaken in a number of locations. HW asked whether the Committee was in favour of approving engagement with the market for third party capital investment to design and deliver a long-term solution for the town and members confirmed they approved this.	
9.	**Oral Needs Health Assessment (presentation)** *For Noting*	**SW-P**
	SW-P introduced herself to Committee and shared some slides with Committee for noting. HW thanked SW-P for the slides and opened to Committee for questions. KW asked about high levels of social economic deprivation particularly in Great Yarmouth and Waveney and in the West and about whether there was an overlay in capacity and a link in terms of demand and capacity within these areas. Was oral health worse as patients were not able to access the dental care they needed. KW had looked at the data mapping and what could be done differently within those areas to try and improve access. SW-P confirmed work was underway to look at a mapping exercise and this was part of a bigger piece of work. SW-P confirmed a colleague was mapping access to dental care so that there was an idea of where there were services and where people were accessing services. SW-P confirmed there was data at national level for dental health which demonstrates oral health inequalities. BB referenced anecdotal evidence which showed that dental services were not good and this supports that. BB thought that Norfolk and Waveney were an outlier in particular in Great Yarmouth and Kings Lynn and this was a serious issue and that Norfolk and Waveney were not the only outliers in the East of England and BB felt this was an area of great concern. SW-P agreed that children with dental decay was an important area. BB asked when the strategy would be available and would this come to Committee. HW responded by saying that there would be a short-term plan presented to Committee in September. HW asked whether some of those follow-on workings from the presentation be reflected in the plan. BB then asked what would happen next. SP confirmed that FT had committed to bringing the short-term plan to Committee in September and the dental strategy be set out by the end of the financial year. SP thought the data was important to help prioritise resources accordingly as Norfolk and Waveney currently does not have any NHS dentists accepting new patients. Work was being done with public health colleagues on developing an approach to prevention and this will be developed jointly with both Councils.	

	JR thanked SW-P for the presentation and supported BB with his comments. JR noted there were a number of initiatives that could be scaled up to help identify children with problems and to enable the prevention work to be started. JR thought the timelines were too long and that some of the work should be initiated quickly. JR suggested that there would be an underspend in the amount of the dental contract because the UDAs would not be used in the current financial year and to develop some initiatives that were being seen in other parts of the country that could make a real difference to the problem. HW thanked JR and SW-P for the presentation and welcomed the update in September.	
10.	**Severe Mental Illness Health Checks** *For Noting*	**JD/GW**
	JD introduced himself and presented his report to Committee for noting. JD provided key highlights for Committees attention. JD then handed over to GW for his presentation. GW introduced himself and shared a presentation on SMI Physical Health Check roadshow with Committee for their information. JD confirmed that one of the key deliverables for the project was to reduce and tackle health inequalities and obtain real time feedback from services users. JD thought that this had made an improvement in performance for the last year and wanted to thank GW had the team for launching the roadshows and working in collaboration with the Delegated Team. GW took the opportunity acknowledge the hard work of Norfolk Integrated Housing and Community Support Services (NIHCSS) also known as Together Mental Health UK along with members of ICB staff for their help with these roadshows. GW offered to take questions. HW thanked both JD and GW for the presentation and the information captured in the engagement sessions during the roadshows. HW opened up for questions. KW thanked GW and commented on what mattered to her was the individual and some of the stories shared in terms of social isolation, loneliness and the courage to go out and meet likeminded people, and to have someone to help support and make referrals. KW thanked GW for a brilliant piece of work. GW thanked KW and shared that he had plans and was working with 3 service users to develop some videos on their personal journeys. BB thanked GW for his report and BB commented that he was interested in hearing about the different partners who had worked together. BB asked what percentage missed their health check and how many of those get missed more than one year in a row. If 50% are seen are these the same 50% referred to and who hadn't been seen. BB was keen to know how many people hadn't been seen for a while as he felt that it was important for this to be an effective programme.	

	GW did not have the figures available and went on to say that there would be some Outreach workers signed up with Together Mental Health UK (where GP surgeries had signed up) and data would be shared then. If the service user or patient had 3 invitations to a physical health check and they declined or had not engaged, then their details would be passed to Outreach whereby an expert by experience would reach out to them. GW confirmed he was collating facts and figures. One of the common issues was transportation and taxis which were being commissioned for people to get to their mental and physical health check. If service users want a chaperone, then they can be attended with an expert by experience from Together UK. GW confirmed he would be happy to present again at a future Committee. JD confirmed GW comments on transportation was one of the highest priorities along with more isolated patients that could be in rural areas or areas of high deprivation. JD would provide an update in his next SMI report. BB was keen to see data of how long there had been between health checks. **ACTION: JD to provide numbers at his next update.** HW thanked JD and GW for their update and confirmed that Committee would like to hear from GW at a future Committee.	**JD**
11.	**Care Quality Commission Inspections Reports** • **Matishall and Lenwade** • **Orchard Surgery** • **Hellesdon Medical Practice** *For Noting*	**SN**
	SN presented the three inspection reports to Committee for noting and offered to take questions. HW asked for clarity on Mattishall and Lenwade. HW asked if there were immediate concerns and HW also was interested in the safety aspect. SN confirmed it was a follow up inspection to manage the warning notice issued at the last inspection, and the CQC and the ICB were assured by what the practice were doing. There was an action plan in place and regular meetings every two weeks continued to support the practice and SN believed the practice would improve over time. SN confirmed that this was not a rated inspection, but a follow up inspection focussing on the warning notice. BB asked when Committee would hear about progress at Mattishall. SN confirmed that this practice would be discussed further in Part 2 and further recommendations would be made there. The next reinspection would be September 2023 and a report would be provided to committee once the reinspection had taken place. BB thanked SN. NW thanked SN for the update and thought it was important to capitalise on the learning from these practices as there had been so much learning and asked if this could be shared around to proactively support practices from preventing them getting in a situation where there are rated inadequate. NW confirmed the LMC had offered support with the ICB. HW thanked SN for his update.	
12.	**Estates Quarterly Report** *For Noting*	**CMcW**

	CMcW confirmed the report was the regular quarterly report produced to the Committee for information. CMcW took the opportunity to provide more information and update on two areas. Wave 4b These were the 4 primary care hub developments and the business case process was on track. The business case for Thetford had been approved, the draft business case for Sprowston had been submitted to NHS England for review before formal submission and the business cases for the Rackheath and King's Lynn schemes were being drafted for initial submission to NHS England on 20 June 2023. The programme timeframe remained challenging and was the biggest area of focus. The NHS England proposed round table discussion, referred to in the report, had not happened and the rescheduled date was awaited. Rent Reviews This function had been taken on by the ICB from NHS England since April. There were some overdue rent reviews which had been identified, 42 in total, and 24 of those practices were in receipt of notional rent, which referred to reimbursement for those practices who own their own premises. The initial focus would be on these practices and all 24 practices had been contacted. The Primary Care Estates Team were working alongside the District Valuer to bring these reviews up to date. The number of outstanding reviews was expected to reduce over the coming months. There would be a backdated rent liability for the ICB and the Team was working with colleagues within Finance on this. HW thanked CMcW for the update and thought it was good that the rent review process had been taken in house. HW opened for questions or comments. BB welcomed the approval of the Thetford scheme as this was an area of deprivation and that the Section 106 issue was being discussed further. HW thanked BB and CMcW for her report.	
13.	**Digital Quarterly Report** *For Noting*	**AHe**
	AH presented her Digital Quarterly Report and outlined the current position of digital projects and initiatives to Committee for noting. AH offered to take questions. HW confirmed AH had responded to a question he had submitted offline around the shared care record and asked when AH expected full coverage for GP practices. AH expected this to be over the coming weeks and confirmed that engagement sessions had taken place with practices. The regular practice digital meeting was upcoming and another forum where the Shared Care Record is promoted. Those that were using it had been able to access mental health and social care data and this had made a difference to the patient and to the time spent by staff who had to seek out the information.	

	HW requested that an action be taken to report at the next update on both the technical deployment and how it was working and the user experience. **ACTION: AHe to provide an update on the technical deployment of the shared cared records and provide examples of the user experience**. HW hoped that cloud-based telephony would also be available and opened up for questions. KW asked if the cloud would be interoperable with the shared care record and asked for example if IC24 for NHS 111 and out of hours would be able to view the records. AH responded by saying that IC24 had already gone live and that all 3 Trusts had identified their Emergency Departments as an early adopter and change managers would be supporting to get the system live. There being no further questions HW thanked AH for her update.	**AHe**
14.	**Annual E-declaration for GP Practices** *For Approval*	**JD**
	JD presented the annual e-declaration report to Committee for approval and provided brief background on the recent republication of the results for Norfolk and Waveney. HW thanked JD for the update and opened to questions and comments. SP took the opportunity to highlight that this was an important part of annual contract monitoring and delivering the responsibilities under the delegation agreement with NHS England. Subject to the scheme of delegation paper later on the agenda, SP wanted to monitor progress on what had been set out in JD's paper more frequently. SP pointed out that the report included themes and noted there was a difference between what enables a practice to be contractually compliant, and non-contractual areas. She suggested that the contractual compliance areas would be a priority in the first instance and then consider what actions would be taken to support the other areas, for example access improvement. HW echoed the priority on the contractual side and was pleased to note the themes and wanted to understand why 4 practices did not submit information. How would we obtain data and insight from them. There were no further comments or questions. HW again took the opportunity to highlight the importance of this piece of work and Committee members confirmed their approval of the plan.	
15.	**Scheme of Delegation** *For Approval*	**SP**
	SP presented the Scheme of Delegation to Committee for approval and took the paper as read. HW thanked SP for her paper and welcomed any feedback from Committee. HW mentioned that he had provided comments to SP offline and it was a very practical proposal, which over the coming months would define what goes	

	where. The regular reports from the Delivery Groups to Primary Care Commissioning Committee along with a maturing performance report would help greatly and HW was happy to support this. HW confirmed members had agreed the Scheme of Delegation as approved.	
16.	**Prescribing Report** *For Noting*	**MD**
	MD provided his regular prescribing report for Committee for noting. HW opened for comments or questions. KW asked if there was anything further that could be done around dependence forming medicines (DFM) and Antimicrobial Stewardship (AMS) prescribing around CLASS education sessions, which were run for the multi professional group as she thought there had been some time since that conversation had been held. MD responded by saying that he would provide an item for CLASS on DFM via the DFM lead. The team was also working on the toolkit and MD would look to the regional antimicrobial lead to give a talk on antimicrobial and requested some dates from KW. KW confirmed she would link in with Sheila Glenn. There were no further comments or questions and HW thanked MD for his report	
17.	**Any Other Business** **Questions from the Public** HW confirmed there was no further business and no other questions from the public had been received. The Committee ended at 15:20	**Chair**

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

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One
Action Log 11 July 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0148	09-May-23	6	SN/SH	Risk register - PC14 the resilience of general practice. SN and SH to bring a joint update on the Delivery Plan for Recovering Access in General Practice and the Better together document to a future Committee.	Delivery plan on the agenda this time, incorporating Better Together.	11-Jul-23		
0149	09-May-23	7	JRo	Workforce and Training report - JRo to provide an update in the next workforce report around planning in her next update	We have increase of Educators and Supervisors across the system as part of an incentive within primary care by another 25%. We now have 91 GP Trainers (Tier 3) educators and 46 (Tier 2) educators in the system.	11-Jul-23		
0150	09-May-23	11	JRo/SP	Resilience Funding for Community Pharmacy Integration - JRo/SP to discuss workforce recruitment and retention.	Exploring a Virtual Careers Office within the People Directorate to support recruitment and retention programmes for the ICS.	11-Jul-23		
0151	12-Jun-23	4	SW	Signed minutes to Chair	SW sent signed minutes to Chair	11-Jul-23		15-Jun-23
0152	12-Jun-23	10	JD	Severe Mental Illness Health Checks - JD to provide data on how long there had been between health checks within his next update.		12-Sep-23		
0152	12-Jun-23	13	AHe	Digital Quarterly Report - AHe to provide an update on the technical deployment of the shared cared records and provide examples of user experience within her next update.		12-Sep-23		

Webb,Sarah
04/07/2023 12:58:03

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	11th	14th	12th	9th	6th	5th
Standing items:	Risk Register		Y		Y		Y		Y		Y		Y
	Monthly Finance Report	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Estates Quarterly		Y	Y		Y	Y		Y	Y		Y	Y
	Digital Quarterly			Y			Y			Y			Y
	Prescribing Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Workforce and Training	Y	Y		Y			Y			Y		
	PCN DES		Y	Y	Y		Y				Y		
	CQC Inspections Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Spotlight items:	Annual or Bi Annual Report on Delegation tbc	TBC											
	Terms of Reference Review tbc							Y			TBC		
	Learning Disability /Autism Health checks	Y		Y		Y		Y		Y		Y	
	PCCC Self Assessment tbc										TBC		
	Severe Mental Illness Health checks			Y			Y			Y			Y
	Healthcheck Stocktake report					Y							
	Dental Short Term Plan							Y					
	Dental Strategy and Workforce Plan												Y
	Oral Health Needs Assessment			Y									
	Place development and interface with PCCC						Y						
Items noted without a date:													

Workforce and training no time critical items - deferred

Estates brought forward one month

PCN DES brought forward two months - will now be heard at July 2023 General Practice Delivery Group

No M01 Finance update (June 2023)

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

Webb Sarah
04/07/2023 12:58:03

2023 – 2024

Ref	Risk description	Month risk rating											
		1	2	3	4	5	6	7	8	9	10	11	12
PC1	General Practice – Workforce (GPs and nurses)	12	12	12	12								
PC6	Learning Disability Annual Physical Health Checks	12	9	9	9								
PC9	Hypnotics and anxiolytics prescribing	12	12	12	12								
PC 14 BAF16	The resilience of general practice	16	16	16	16								
PC15	Wave 4B Primary Care Hubs – loss of capital funding	8	8	8	8								
PC16	Severe Mental Illness (SMI) Annual Physical Health Checks	12	12	12	12								
PC17	General Practice – Allied Health Professionals Workforce including PCN Additional Roles	12	12	12	12								
PC18 BAF18	Resilience of NHS general dental services in Norfolk and Waveney (agreed at May PCCC to convert risk from transition into the resilience of services)	12	12	20	20								

2022 – 2023

Ref	Risk description	Month risk rating											
		1	2	3	4	5	6	7	8	9	10	11	12
PC1	General Practice – Workforce (GPs and nurses)				12	12	12	12	12	12	12	12	12
PC6	Learning Disability Annual Physical Health Checks				12	12	12	12	12	12	12	12	12
PC9	Hypnotics and anxiolytics prescribing				16	16	16	16	12	12	12	12	12
PC10	Gabapentinoids prescribing in primary care				9	9	9	9	9	9	9	9	6
PC 14 BAF16	The resilience of general practice				12	12	16	16	16	16	16	16	16
PC15	Wave 4B Primary Care Hubs – loss of capital funding				8	8	8	8	8	8	8	8	8
PC16	Severe Mental Illness (SMI) Annual Physical Health Checks				12	12	12	12	12	12	12	12	12
PC17	General Practice – Allied Health Professionals Workforce including PCN Additional Roles				12	12	12	12	12	12	12	12	12
PC18	Transition and delegation of Primary Care Services (Dentistry, Optometry and Community Pharmacy)								16	16	16	16	12

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

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

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

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

Controls	Assurances on controls
• Workforce team recruited in ICB structure. • Primary Care Workforce Transformation Team supported by Medical SRO Lead, two clinical roles recruited to support Placement and Quality of Learning Organisations and Educators (GP and Nurse) and GPN Development lead. • Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS). • PCN ARRS Workforce – online portal for 2023/24 for PCNs to update and draw national funding down. to NHSE to inform Training Hub spending. • National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). • Primary Care Health & Wellbeing Professional leads recruited. • Wide range of initiatives in place to support GP retention • Advanced Practice Forum established • Workforce and Communication Engagement strategies updated to reflect PCN development updates and post pandemic environment. • Workforce data to measure trajectory levels against actual recruitment. • Succession planning lead recruitment to support practice and PCN with demand vs capacity requirements. • Training Needs Analysis completed for 23/24. • Coastal and Rural project to support geographical areas facing greater challenges in recruitment, e.g. West and East	**Internal:** Reporting to Primary Care Commissioning Committee (PCCC) and the People Board. Reporting to the Norfolk & Waveney People Board. **External**: NHSEI returns monthly as part of the NSHE Primary Care Oversight Board KPI's and quarterly assurance meetings.

Gaps in controls or assurances

- Lack of national or regional plans to increase GPs and Nurses in training
- ICS level working required to support Nurse recruitment and retention throughout their career pathway from Trainee Nurse Associates to senior level roles.
- Understanding general practice resilience as work challenges increase may lead to higher numbers of the workforce leaving/retiring during 2023 and 2024
- Cost of Living crisis impact on workforce yet to be fully understood.
- Ability to attract new workforce to Norfolk and Waveney and can be mitigated by system level action.

Updates on actions and progress

Date	Action	RAG	Target completion
April 2023	Latest HEE workforce data illustrates the following: • 1.8% growth in Nursing workforce roles across N&W during the period of Feb 22 vs Feb 23. 444 WTE are in place across the system. • -4.6% decline in GP workforce roles (excluding training GPs) during the same period. 513 WTE are in place across the system. A contributing factor in the decline is the loss of GP Partners (12 WTE in the last quarter). 158 WTE GP salaried, • 24.5% growth in GP Trainees across N&W during the same period. 137 FTE are in place across the system. Apprenticeships and Fellowships have seen an increase within Norfolk & Waveney for primary care, this includes: • 33 Training Nurse Apprenticeships • 34 GP Fellowships • 2 Nursing Fellowships General Practice Partnership Model - 19 new GP partnerships have been supported during Q4 as part of this pilot concept. This pilot required a commitment of 6 clinical sessions to be delivered per week and a 2-year commitment in partnership with their N&W practice. This incentive also provided additional support through mentoring and training pathways for the new partners. A summary of the incentive uptake included: • 17 new General Practitioner Partners joined N&W • 1 Advanced Pharmacist Practitioner joined N&W • 1 General Practitioner returned to N&W. 61% of practices responded to the Training Needs Analysis, which closed at the end of March 23. A full analysis and review of the results will be undertaken shortly so the Primary Care Workforce Team can scope and plan the training provision for 2023-24.		July 2023
June 2023	Latest HEE workforce data illustrates the following: • 2.1% growth in Nursing workforce roles across N&W during the period of April 22 vs April 23. 448 WTE are in place across the system. • -2.2% decline in GP workforce roles (excluding training GPs) during the same period. 517 WTE are in place across the system. We have seen an increase of 8 WTE since Jan 23 to April 23 in partnerships and salaried roles across the system. • 23.1% growth in GP Trainees across N&W during the same period. 134 FTE are in place across the system.		September 23

	General Practice Partnership Model – 20 new GP partnerships will be supported during 23/24. To date we have 1 new GP partnership has been appointed and two applications are pending. Newly qualified incentive - 17 newly qualified GPs will be supported to take up substantive roles in Norfolk & Waveney. To date 3 newly qualified GP's have received substantive employment and a further 11 EOI's have been received across practices. Most of the training doctors are due to qualify in August 2023. We will be introducing two new primary care fellowship roles to support over the next 18 months the following: **Green Sustainability Fellow**: to produce a Primary Care Green plan, aligned to the principles of the ICS Green Plan, including the carbon reduction of: • Medicines, medical equipment, and other areas of the supply chain such as construction, freight, food and catering • The carbon footprint from our buildings and materials • Personal travel (including patient and staff travel, as well as visitors) • Commissioned health and care services **Health and Wellbeing Fellow**: to align to the four key pillars of the ICS Health and Wellbeing Strategy 2023 -2025, which include: • Mental and Emotional • Physical • Social • Financial In April 2023 the introduction of the Advance Nurse Practitioner role, claimable under ARRS has been introduced, we are working with several PCN's to support this role. A full review of the Training Needs Analysis has now taken place, which has provided the intelligence to identify the top three requirements for clinical and non-clinical training. This tool allows us to identify the needs by locality and by role, so that we can build the training programme tailored to meet these needs. The training programme needs to be submitted to NHSE by 31st July 2023 so that funding can be released nationally.		

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

	PC6
Risk Title	Learning Disability (LD) Annual Physical Health Checks
Risk Description	National delivery targets to improve the uptake and quality of annual health checks for people aged 14 and over with a learning disability have been set for commissioners by NHSE. ICB is at risk of not meeting the national target (75% uptake) set by NHS England designed to tackle health inequalities associated with this population group. All practices in Norfolk and Waveney have signed up to deliver the LD Health Checks (apart from UEA Medical Centre), but there are significant challenges in relation to workforce and resources. For the past two years, the ICB via practices has successfully delivered up to 70% of LD Health Checks. There is a risk for the 30% remaining without checks being done.
ICB priority	

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Commissioning Committee	Shepherd Ncube	01.07.2022	31.03.2024

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	3	9	2	3	6

Controls	Assurances on controls
• LD Health Checks is one of the 5 key national priorities for general practices and one of the IIF Indicators for 23/24. • Review the plan implemented in 22/23 to increase uptake of LD Health Checks across practices and additional support needed for practices in order to achieve the target in line with the LD DES. • All practices signed up to the LD DES (bar 1 - UEA as they feel their student population does not meet the criteria) • Regular monitoring by Norfolk Health Overview and Scrutiny Committee • CQC inspections usually include review of LD health checks performance • The Health Improvement Team for Learning Disabilities remains in place until 31st March 2024 (due to Transformation funding secured in 22/23) . The small team supports practices with training around delivering high quality LD Health Checks, as well as increasing take up and promoting the service to LD patients. • Peripatetic team and GP with a special interest are now in post and supporting with guidance and advice on quality improvement. • Regular assurance reports to NHSE/I & PCCC • Implementation of the Point of Care Testing (POCT) Pilot Programme during 23/24 should see improved quality and uptake of annual LD Health Checks within practices across the ICB who are participating.	**Internal:** Primary Care Commissioning Committee **External**: NHSE Checkpoint and Assurance Framework, Health Overview and Scrutiny Committee Reports to NHSE/I

Gaps in controls or assurances

LDAHCs are now being undertaken face to face.

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
May 2023	Significant progress has been achieved in 2022/23, the ICB has met its national set target for Learning Disability Annual Health Checks (LDAHC). The Health Facilitation Team within the nursing directorate remains in place to provide additional support for struggling practices. Additional support will be made available to practice via the new initiative agreed with NHSE-Point of Care Testing Kit (POCT). The recommendation is that the risk score is reduced to a moderate score (from 16 to 9) to reflect our end of year landing position and structures in place to continue supporting delivery.		31.7.23
June 2023	According to NHSE national data sets Norfolk and Waveney achieved 70.7% completed LD Health Checks in 22/23, which is less than our locally reported data showing 75%. The discrepancies in data continue to be examined, though NHSE has no intention of amending their national reporting. ICB Delegated Commissioning and BI colleagues are working together to ensure future regional reporting aligns with national data. It is noted that any PCN delivery of checks was not picked up in national data. While the ICB only has access to performance achieved in April and May 2023/24, as of the end of May practices had achieved 5.7% performance against a quarterly target of 25%, having delivered 410 LD Health Checks. This is a slight drop in activity compared to the same period last year. Equal distribution of activity in each quarter is challenging and we continue to encourage practices to bring forward review dates. In light of the organisational changes, associated pressures in the ICBs, and funding challenges we are considering a recommendation to increase the risk score. A decision will be made once Q1 figures have been validated.		30.9.23

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

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

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	Primary Care Commissioning Committee (PCCC)	Michael Dennis	28.07.2020	31.3.2024

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated**		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	4	3	12	3	3	9

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

Gaps in controls or assurances
This workstream is supported by the prescribing quality scheme but practices need to have capacity to deliver.

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
May 2023	Jan 23 data = ADQ/1000 patients = 359.627 96th percentile (31 days this month) Rate per day = 11.60		31.3.24
July 2023	April 23 data = ADQ/1000 patients = 332.881 96th percentile (30 days this month) Rate per day = 11.10, so continuing to reduce		31.3.24

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

PC14 BAF16	
Risk Title	The resilience of general practice
Risk Description	There is a risk to the resilience of general practice due to several factors including workforce pressures and increasing workload (including workload associated with secondary care interface issues). There is also evidence of increasing poor behaviour from patients towards practice staff. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health services take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/09/2020	31/03/2024

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

Controls	Assurances on controls
• Locality teams and strategic primary care teams prioritised around supporting the resilience of general practice. All practices have previously been supported to review business continuity plans • PCN ARRS (additional roles reimbursement scheme) funding has increased again in 2023/24 • Primary care workforce and training team working closely with locality teams to ensure training available to support practices and PCNs in setting up and maintaining services • Interface group with representation from primary, community and secondary care system partners • Standard contract requirements on interface – gap analysis and action plans, including monitoring being reviewed by contracts team	**Internal:** Executive Management Team, workforce steering group, primary care strategic planning meetings, establishment of new medical operational delivery group **External**: Primary Care Commissioning Committee, NHS England via delegation agreement and assurance framework, Health Education England, Norfolk and Waveney Local Medical Committee

Gaps in controls or assurances

- Practice visit programme, CQC inspections focused on where there is a significant risk or concern
- Vacancies within primary care, workforce, quality and locality teams impacts the level of support which can be provided to practices. Potential for organisational change to also impact on support available going forward
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position
- Progress on interface action planning process across Trusts impacted by ongoing pressures
- Reporting process for inappropriate transfers of workload from community and secondary care providers to general practice not yet fully utilised by practices, leading to under-reporting of issues
- Workforce and capacity shortages across community pharmacy and dental practices, and ongoing drug shortages, are having an impact on general practice and the rest of the system
- Lack of clarity on primary care budgets leading to delays (or potential ceasing) of work to support resilience and transformation in general practice

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
13.6.23	• Support from internal ICB teams for practices rated inadequate or RI continues. Bite size training sessions to share learning are ongoing • 67 practices benefitted from the quality, stability and support payment with a total investment from the ICB of £788,020 • Interface reporting was encouraged intensively for 2 weeks in May to maximise understanding of issues facing practices. Significant increase in reporting with themes reported to the working group. Pace of developing Trust action plans is slow • Ongoing support being provided by locality teams to support development of PCN access recovery plans in line with national contract requirements. System plan under development with regional assurance meetings underway • Attended Norfolk Health Overview and Scrutiny Committee to discuss the issues and ICB plans to support patient access • Comms campaign launched with focus on the additional roles forming part of modern general practice • Agreement of final primary care budgets still awaited, causing delay to some areas of work • Publication of national guidance to support investment of primary care system development funding to enable delivery of system and PCN access recovery plans, however budget availability may impact on this		30.9.23

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

PC15	
Risk Title	Wave 4B Primary Care Hubs – loss of capital funding
Risk Description	There is a risk that there could be a loss of £25m capital funding if the Wave 4b Primary Care Hubs are not operational by March 2024. The Programme Business Case was revised and resubmitted June 2022, following NHSE feedback, reducing the programme from 5 schemes to 4. Programme Business Case was approved September 2022, Full Business Cases to be approved by Summer 2023. The Thetford scheme was approved by DHSC in March 2023. Business cases for Sprowston, Rackheath and King's Lynn have all now been submitted to NHSE in either final or draft form.

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

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
April 2023	New completion date reflects the project progressing to its next stage and the next milestone in terms of business case approval. Due to the timescale for the project, the ICB can no longer be in a position to take on ownership of the new build schemes initially. NHS Property will assume ownership with the intention of ownership transferring to the ICB when the national policy to enable this is reinstated. Scheme full business cases for the Sprowston, Rackheath and King's Lynn schemes are now in progress and – pending NHS England confirmation of dates – would reach the final stage of approval in August 2023.		30.08.23
June-July 2023	Completion date is the same as April 2023 update as next stage of business case approval remains ongoing.		30.08.23

	Sprowston business case approved by PCCC 13.06.23 and submitted to NHS England 21.06.23: on time. Issue with Letters of Commitment (from practice) outstanding. Rackheath and King's Lynn business cases due for consideration by PCCC in July ahead of formal submission to NHS England in July: on time. Issues connected to both sites (outside NHS control) being managed – relating to connection of utilities and site access. "Round-table" meeting requested by NHS England to discuss the Wave 4b Programme took place on 22 June. The ICB took this opportunity to talk through key risks of cost and delivery. 1. Delivery. The ICB received verbal permission to delay operational opening of new build sites to September '24 if required. The ICB are waiting for this confirmation to be received in writing before adjusting risk score. 2. Cost. The ICB talked through cost mitigation. The largest mitigation will be to elect the new builds for tax which will see a VAT benefit of c.£4m. The consequence will be increased revenue costs of approx. £60k per year. A paper is being present to ICB EMT on 10th July to seek approval to elect the building to tax. Risk score can be adjusted following this outcome. NHS England approval still expected in August 2023.		

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

PC16	
Risk Title	Severe Mental Illness (SMI) Annual Physical Health Checks
Risk Description	1. The ICB is at risk of failing to meet its commissioning commitment to meet the needs of its SMI population which leads to a **clinical risk** that patients with SMI will experience significant health inequalities and a 15-20% higher mortality when compared to their peers. 2. There is also a **performance risk** identified with regards to delivering the national target of the Norfolk and Waveney system delivering 60% of SMI health checks.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Commissioning Committee	Shepherd Ncube	10/05/2022	31.03.2024

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
May 2023	• Achieved slightly above 55% completed checks against a national target of 60%, which is the best uptake seen in Norfolk and Waveney • System wide improvements have been observed across all the 4 quarters in 22-23 and provide organisations in General practice and at NSFT. It is intended these will be embedded during 2023/24		31.7.23

June-2023	• Performance figures for Q1 period are expected to be published by NHSE at the end of July/August • Good progress was achieved last year and we are expecting this upward trend to continue this year. • Community outreach work via drop in sessions for members of public to raise the profile of SMI checks has been completed across all localities. • Improvement Stakeholder Group will be closely reviewing performance results for Q1 23-24 to make sure this progress is continued. • Work is ongoing to identify patients who have not had their checks in the last 12 months across the system (currently this is only achievable at an individual per practice level).		31.8.23

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

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04/07/2023 12:58:03

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

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

Risk Scores

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

Controls	Assurances on controls
• Workforce team recruited in ICB structure. • Primary Care Workforce Transformation Team supported by clinical leadership via 6 Ambassador roles, Medical SRO Lead and GP Quality and Differential Lead. • Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS). • PCN ARRS Workforce – online portal for 2023/24 for PCNs to update and draw national funding down. to NHSE to inform Training Hub spending. • National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). • ICS Social Prescribing Lead recruited. • Primary Care Health & Wellbeing Professional leads recruited. • Workforce and Communication Engagement strategies updated to reflect PCN development updates and post pandemic environment. • Workforce data to measure trajectory levels against actual recruitment. • Succession planning lead recruitment to support practice and PCN with demand vs capacity requirements. • Training Needs Analysis completed for 23/24.	**Internal:** Reporting to Primary Care Commissioning Committee (PCC). Reporting to the Norfolk & Waveney People Board. **External**: NHSEI returns monthly as part of the NSHE Primary Care Oversight Board KPI's and quarterly assurance meetings.

Gaps in controls or assurances

- Recruitment of mental health practitioners, community pharmacists and technicians remain challenging. Similar roles recruited into PCNs from community pharmacy
- System approach for paramedic rotational roles agreed approach subject to national and regional review.
- Understanding general practice resilience as work challenges increase may lead to higher numbers of the workforce leaving/retiring during 2023 and 2024
- Ability to attract new workforce to Norfolk and Waveney and may be mitigated by system level action

- Some geographical areas facing greater challenges in recruitment, e.g. West and East
- Challenges of recruitment, retention and integration can only be addressed if PCNs and commissioning bodies can understand the huge values the additional roles can bring.
- Data quality discrepancies against ARRS reporting on the national reporting service is reflective across the system which is impacting trajectory targets.

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
March 23	Latest Health Education England workforce data illustrates the following: • 9.7% growth in Direct Patient Care workforce roles across N&W during the period of March 22 vs March 23. • 611 WTE are in place across the system. • 25.6% (156 WTE) are over the age of 55 years • 6.2% (28 WTE) are under the age of 25 years Additional Roles (ARRS) across Norfolk and Waveney utilised 96% of the national funding up to the end of February 2023, which recruited a total of 582.6 WTE into the system. However, the National Workforce Reporting tool is showing 370 WTE for this period. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately. System plans for allied health professionals, ARRS and non-clinical roles recruitment for 23/24 within general practice have been submitted. The trajectory predicted will show an increase of 381 WTE by the end of Q4. Succession planning through student placements, recruitment drives and exploring joint roles between general practice, community pharmacy was launched during Q4 of 22/23. Non-clinical roles are being supported through confidential coaching support and training requirements. 61% of practices responded to the Training Needs Analysis, which closed at the end of March 23. A full analysis and review of the results will be undertaken shortly so the Primary Care Workforce Team can scope and plan the training provision for 2023-24. Apprenticeships has seen an increased within Norfolk & Waveney for primary care, this includes: • 26 Pre-Registration Pharmacy Technician • 10 Administration from L2 and L3 • 4 Non-clinical Management.		July 2023
June 23	Latest Health Education England workforce data illustrates the following: • 10.2% growth in Direct Patient Care workforce roles across N&W during the period of April 22 vs April 23. • 615 WTE are in place across the system. • 25.3% (155 WTE) are over the age of 55 years • 5.7% (35 WTE) are under the age of 25 years Based on the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney is forecast to utilised 68% of the national funding up to the end of March 2024, we anticipate this will increase over the next few months. We currently have a total of 450		September 23

	WTE into the system. However, the National Workforce Reporting tool is showing 388 WTE for this period. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making good progress. Succession planning through student placements, recruitment drives and exploring joint roles between general practice, community pharmacy was launched during Q4 of 22/23. 7 pharmacy summer placements across Norfolk & Waveney will take place during July for 8 weeks in general practice. We have also started a programme with the University of East Anglia (UEA) for 20 x undergraduate pharmacy placements across General Practice and Community Pharmacy. The primary care Health and Wellbeing (HWB) programme has been operating now for two years and this survey is key to evaluate our successes, identify areas of improvement and outline what support they may need going forward. This health and wellbeing survey closed on the 30th June 2023 and we asked clinical and non-clinical staff to complete. We are now in the process of analysing the results. A full review of the Training Needs Analysis has now taken place, which has provided the intelligence to identify the top three requirements for clinical and non-clinical training. This tool allows us to identify the needs by locality and by role, so that we can build the training programme tailored to meet these needs. The training programme needs to be submitted to NHSE by 31st July 2023 so that funding can be released nationally. In April 2023 the introduction of a Physician Associate Apprenticeship, claimable under ARRS has been introduced, we are working with several PCN's to support this role. A 40% increase of Pre-Registration Pharmacy Technicians for the September cohort in 2023 has been recorded for Norfolk and Waveney in comparison to September 22. The next intake is February 2024 which we are supporting to meet our system allocation.		

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

PC18 BAF18	
Risk Title	**Resilience of NHS General Dental Services in Norfolk and Waveney**
Risk Description	Primary Care Services became the responsibility of the Integrated Care Board from 1st April 2023, the risk is the unknown resilience, stability and quality of dental services, and critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract, leading to a poor patient experience for our local population with a lack of access to NHS general dental services and Level 2 dental services.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/04/2023	31/03/2025

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	5	4	20	3	2	6

Controls	Assurances on controls
• ICB primary care team recruited and in place working alongside newly recruited Quality Dental Nurse in Quality team and Finance colleagues, and Planned Care Team (for secondary care dental services) • Ring fenced dental budget for investment • Active engagement with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place • Dental Development Group established to engage with key stakeholders to agree short term plan by Sept 2023 • Dental Services Delivery Group established reporting to PCCC • Dental Strategy and local workforce plan to be in place by March 2024 • NHS England Long Term Workforce plan published June 2023 • NHS Business Services Authority performance/quality management reporting and quality framework in place with regular meetings established with the ICB. Access to eDen dental data management reports and dashboard for ICB staff. • Clinical expertise provided by NHSE through the LPN and Dental Advisor roles for 2023/2024 • Oral Health Needs Assessment in final development to inform commissioning plans	**Internal:** EMT, Primary Care Commissioning Committee, Dental Services Delivery Group **External:** NHS England, Norfolk and Waveney LDC, regional Local Professional Network and Managed Clinical Networks, Healthwatch Norfolk/Suffolk, NHS Business Services Authority

Gaps in controls or assurances

- The level of the unmet need for general dental services and the associated financial consequence of this once addressed (if possible) given the transfer for funds was based on 2022-23 current expenditure which are below budget required to meet population need
- Concern around the financial consequences due to dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).

- Lack of access to NHS dentistry services is an area of quality concern. This impacts on some of our most vulnerable patient groups.
- Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning
- Lack of knowledge about the resilience and stability of existing dental services

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
July 2023	As agreed at May Executive Management Team and PCCC, this content of this risk (previously on the transition of services) has been replaced by the resilience of NHS general dental services. Active engagement with the dental profession to understand the challenges they are facing. Monthly meetings with the LDC and LPN established. Dental Development Group has met twice with regular meetings established for 2023/2024 to agree short term commissioning plans by September 2023 and the Dental Strategy by March 2024 Engagement with other ICBs in the region to agree regional approach to commissioning where appropriate and beneficial Workforce data analysis underway. There are no NHS dental practices accepting new NHS patients in Norfolk and Waveney – propose to increase risk rating to 20 due to the current state of provision.		30/9/2023

Visual Risk Score Tracker

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	12	12	20	20								
change	→	→	↑	→								

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**Delivery plan for recovering access to primary care and the General practice and secondary care: Working better together reports**
Presented by:	**Sarah Harvey, Head of Primary and Community care Strategic Planning**
Prepared by:	**Sarah Harvey, Head of Primary and Community care Strategic Planning**
Submitted to:	**PCCC**
Date:	**11 July 2023**

Introduction

The purpose of this paper is to provide an overview of the Delivery Plan for Recovering Access to Primary Care and the General practice and secondary care: Working better together reports and to provide an update on progress and the governance arrangements to support delivery.

Background

The delivery plan for recovering access to primary care, published on 9 May, outlines NHS England's commitments to “tackling the 8am rush” for GP appointments making it easier for patients to get the help they need from primary care and the asks of ICBs to support delivery.

The plan builds on the GP contract changes announced in March, while reaffirming the commitment to embed the Fuller stocktake vision for integrated primary care.

The Fuller Stocktake built a broad consensus on the vision for integrated primary care services and for this to be realised, actions are required to relieve the burden on general practice by transforming how services are delivered.

Plan Overview

The plan seeks to support recovery by focusing on four areas:

1. **Empowering patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.
2. **Implement Modern General Practice Access** to tackle the 8am rush and avoid asking patients to ring back another day to book an appointment.
3. **Build capacity** through recruitment to additional roles with increased flexibility for the types of staff recruited and how they are deployed.
4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care so practices have more time to meet the clinical needs of their patients.

Included below is a summary of the key ambitions outlined within the each of the four key areas within the delivery plan.

1. Empowering patients to manage their own health

The delivery plan outlines three key areas of focus for helping the public to manage their own health:

A. Improving information and NHS App functionality

This ambition is to provide the public with access to health information they can trust, find local services, and use the NHS App where this is their preference to see their medical records, order repeat prescriptions, manage routine appointments with their practice or local hospital and see messages from their practice.

By 31st Oct 2023, practices are contractually required to provide prospective access to records for all eligible patients and by March 2024 the NHS England ambition is for patients at 90% or more of practices to be able to see their records and have use of the NHS app.

B. Increasing self-directed care where clinically appropriate

The delivery plan outlines the ambition to increase the number of self-referral pathways for patients, guided by clinical advice, where general practice involvement in managing a patient's condition is not necessary. This is more convenient for patients and frees up valuable practice time.

As originally outlined within the 2023/24 operational planning guidance, by September 2023, ICBs are asked to expand self-referrals to community services (falls response, musculoskeletal physiotherapy, audiology-including hearing aid provision, weight management, podiatry and wheelchair and community equipment services) and set up direct referral pathways from community optometrists to Ophthalmology services for all urgent and elective eye consultations.

C. Expanding community pharmacy services

NHS England have outlined their ambition to increase services offered by Community Pharmacy. It is anticipated that Pharmacy First will launch by the end of 2023 which will enable pharmacists to supply prescription-only medicines,40 including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women).

There is also a proposal to expand the existing blood pressure and oral contraception services within Community Pharmacy, however this is subject to consultation.

2. Implementing modern general practice access

The plan's central ambitions are to tackle the 8am rush by making it easier for the public to contact their practice by phone and online, and to know the same day how their request will be handled.

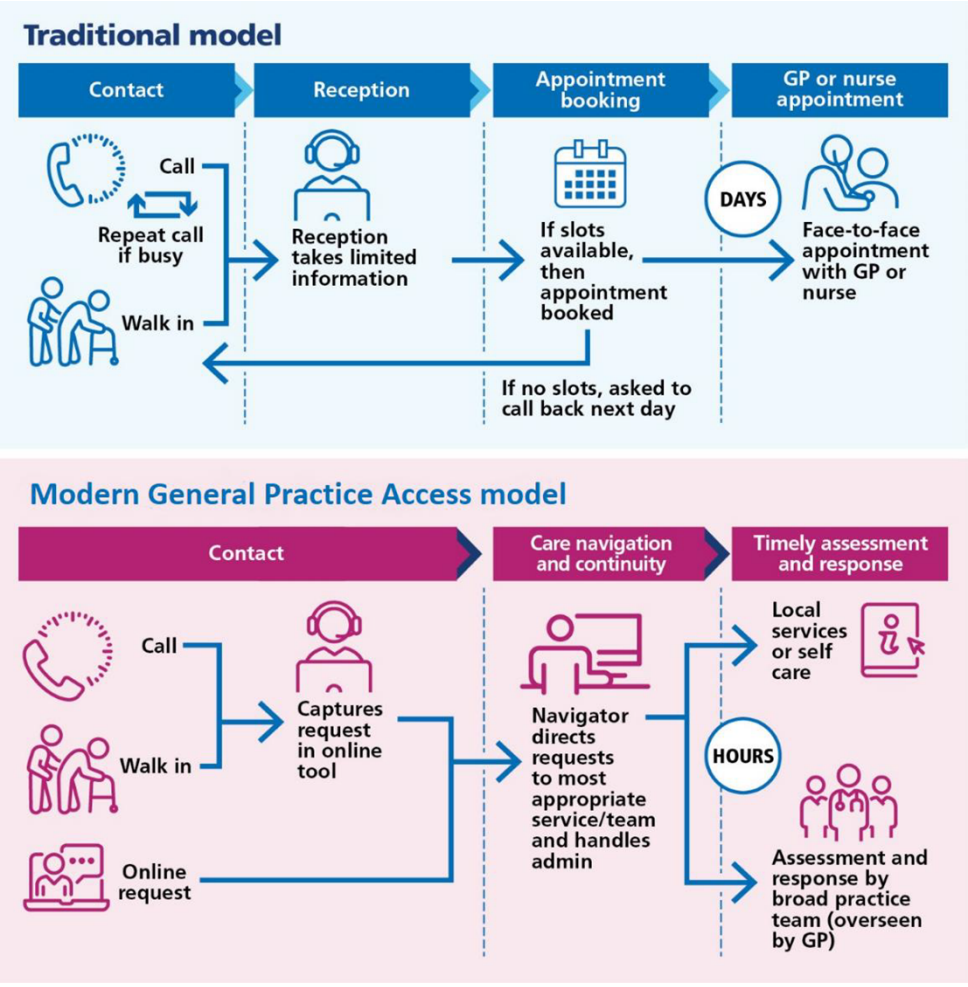


Figure 1 – Modern General Practice Model taken from the Delivery plan for recovering access to primary care

A. Better digital telephony

To support implementation to move to a modern general practice model, the ambition is to move all practices still on analogue systems to move to digital telephony that handles multiple calls and includes call-back functions so patients get a better experience. In line with the changes to the GP contract, all analogue phone systems across the country are due to be switched off by December 2025.

B. Simpler online requests

The plan outlines NHS England's intention to make high-quality online consultation, messaging and booking tools available to general practice to support the implementation of the modern general practice access model. Additional funding will be made available to ICBs to support implementation by March 2025.

C. Faster navigation, assessment and response

Care navigation is an essential element of delivering the modern general practice access model. It is estimated that approximately 15% of current GP appointments could be navigated to self-care, community pharmacy, admin teams or other more appropriate local services. With the right protocols it can also mean directing patients to the most appropriate staff member in the wider practice team. Care navigation supports practices to identify patients who would like or benefit from continuity, which is especially important for patients with multiple or complex conditions.

To support this, a national training offer is being provided using the care navigation competency framework developed by Health Education England (now NHS England). Places are available for all practices and PCNs.

3. Building Capacity

The plan outlines the need to continue to grow practice teams through investment in additional roles, strengthening the foundation for more multi-disciplinary working in the future. There are three key streams of work for ICBs to consider:

A. Larger multidisciplinary teams

The ambition builds on the work of the Additional Roles Reimbursement Scheme that was introduced in 2019 which has supported practices and PCNS to grow their multi-disciplinary workforce through additional roles such as pharmacists, care co-ordinators and social prescribing link workers to help to manage the increasing workload within general practice.

To support delivery, ICBs are being given additional ARRS funding (up to £10m for Norfolk and Waveney) with greater flexibility so PCNs have more choice over who they recruit and how they deploy them.

B. More new doctors

To support the on-going recruitment challenges seen by general practice nationally, the plan outlines the ambition to continue to support new doctors in general practice by training more GPs and supporting other doctors to transition to general practice through GP fellowships.

C. Retention and return of experienced GPs

Through investment in GP retention schemes, that plan outlines the ambition to make it easier for doctors to return to practice. NHS England will run a campaign to encourage GPs to return to general practice or to support NHS 111 in flexible roles where, for example, working from home is possible, as described in the delivery plan for recovering urgent and emergency care service.

A considerable amount of work is already in progress in relation to these schemes which has been outlined within the Primary Care Workforce Paper.

4. Cutting Bureaucracy

A major part of the access challenge is the rise in workload, particularly for experienced GPs, which risks them being overloaded and having less time available for patients. Pressure stems from the rising number of patient contacts, which practices report have grown by 20% to 40% since pre-pandemic.

GPs report that over 30% of their time is spent on indirect patient care (including paperwork such as referral letters, fit notes and medical certification, and analysing and responding to test results).

1. Improving the primary-secondary care interface

The ambition is to reduce time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface. Practices estimate they spend 10% to 20% of their time on this.

ICBs are asked to establish local mechanisms which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with LMCs, and to tackle the high-priority issues. ICBs are asked to address these four key areas:

- **Onward referrals:** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice which causes a further delay before being referred again.

- **Complete care (fit notes and discharge letters):** providers should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than leaving patients to return prematurely to their practice, which often does not know what they need.

- **Call and recall:** for patients under their care, providers should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf, which can often be frustrating when practices also do not know how to get the information.

- **Clear points of contact:** ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g. single outpatient department email for GP practices or primary care liaison officers in secondary care. Currently practices cannot always get prompt answers to issues with requests, such as advice and guidance or referrals, which results in patients receiving delayed care.

The priorities, implementation plans and timelines are part of the ICBs annual assessment of provider performance that has been a requirement of the NHS Standard Contract since 2021/22.

Actions to support delivery

A table summarising all the requirements of practices, PCNs and the ICB to support the delivery of this plan is included in appendix A.

As part of the Network Contract DES capacity and access improvement payment for 2023/24, PCNs and practices are asked to complete a baseline assessment against the following metrics and develop a Local Capacity and Access Improvement Plan:

1. Patient experience of access
2. Ease of access and demand management
3. Accuracy of recording in appointment books

Following completion of the PCN local capacity and access improvement plans, ICBs are expected to develop their own system-level access improvement plan, which includes a summation of the actions their PCNs and practices have committed to, including confirmation of the funding and offers each want to take up, and the

outcomes expected. The plan should reflect the strategic direction of the ICB in relation to the implementation of the Fuller stocktake recommendations. ICBs should take these plans to their public boards in October or November 2023 with a further update in February or March 2024.

ICBs are also expected to provide an update to their public board in October or November 2023 on their plans for improving primary-secondary care interface working.

The public board dates for Norfolk and Waveney ICB will be November 2023 and March 2024.

General Practice and secondary care: Working better together

In September 2022, NHS England asked the Academy of Medical Royal Colleges (AoMRC) to review how to reduce unnecessary work on the interface between general practice and secondary care. The General practice and secondary care: Working better together report was published alongside the delivery plan for recovering access to primary care and focuses on reducing friction and barriers between general practice and secondary care. The report includes case studies from across the country of collaborative working to improve communication or clinical processes across organisations.

In October 2021, Norfolk and Waveney established a Clinical Interface Group which aims to bring together system partners discuss interface issues requiring escalation and resolution, consider emerging issues and develop a shared strategy for resolution and to identify opportunities for improved system collaboration. The meeting is attended by the Medical Directors (or deputy) from each of the secondary care and community care providers, alongside representatives from within general practices and colleagues from the LMC.

The authors of the Working better together report recognise that the success of the case studies within the report is driven by many factors including local cultures, leadership and ways of working. To support systems to improve their interface between general practice and secondary care, the report outlines some relatively simple changes that are believed to be less dependent on local context (page 94) and the key drivers for success in implementing more complex change (page 95).

Following publication of the AoMRC report, the Norfolk and Waveney Clinical Interface group are undertaking a review of their current terms of reference and meeting structure to see how the focus of the meeting can be enhanced to take into consideration the recommendations within the report. This will help to inform the ICB report on plans for improving primary-secondary care interface working to the ICB board in public in November 2023.

General Practice Improvement Programme

To support the delivery of the ambitions outlined within the delivery plan, NHS England are providing support to general practice through the national General Practice Improvement Programme (GPIP). The programme will provide support for practices and primary care networks (PCNs) over two years (2023-2025) to make changes and improvements to how they work.

The programme focuses on helping practices and PCNs to have more control over their workload, maximise the use of all staff roles and local services, meet the needs of patients and provide safe, equitable care.

The programme is provided through three different offers:

1. Universal offer

Every practice is England can access the universal offer, which will be made up of:

- Webinars covering the five key priority areas and advice on how to make practical changes and improvements in general practice.
- Online resources on the five5 priority areas, including guidance on quick wins and best practice.
- Training opportunities including in quality improvement tools, techniques and leadership.

2. Intermediate offer

The intermediate offer for practices is a hands-on package of support delivered over three months to enable planning and delivery of improvements. This support will include facilitated, in-person sessions, a data diagnosis and a tailored analysis of demand and capacity.

The intermediate offer for PCNs consists of 12 facilitated sessions to support the PCN to develop and agree a jointly-owned shared purpose, understand demand and capacity across the network, and identify local solutions to issues. The sessions will encourage the PCN to develop or build on its existing at-scale working, effectively utilise Additional Roles (ARRS), and to share learning across the network.

3. Intensive offer

The intensive offer provides targeted, hands-on support for those practices working in the most challenging circumstances. Delivered over six months,

practices will benefit from on-site support as well as group-based sessions to facilitate peer-to-peer learning and sharing of experience across practices.

To date, we have had three practices sign up to the Intensive offer and six practices sign up to the Intermediate offer. The Primary Care Commissioning team are co-ordinating sign up with locality colleagues.

Governance to support delivery

A task and finish group led by the Primary Care Commissioning team has been established to support the development of the PCN Local Capacity and Access Improvement Plans.

A steering group to oversee the development of the system capacity and access improvement plan, chaired by the Director of Primary Care, will be established from July 2023.

Fortnightly touchpoint meetings have been established by the NHS England regional Primary Care Transformation team to oversee delivery and support the ICB with unblocking any significant issues to delivery of the plan.

Formal governance and sign-off of the system plan will be through PCCC.

Recommendation

PCCC is asked to note the update. A further progress update will be presented to PCCC in August and the system-level access improvement plan will be presented for approval at PCCC in September.

Risks

Key Risks	
Clinical and Quality:	The ask of practices to signpost patients to alternative services so their request is managed on the day could result in unintended consequences for other healthcare providers without consideration of their capacity.
Finance and Performance:	Without retaining the totality of the SDF funding allocation, delivery of the ambitions set out within this plan will be severely limited.
Impact Assessment (environmental and equalities):	N/A

Reputation:	Non-delivery of the ambitions outlined within the plan poses a significant reputational risk due to the high profile of the plan nationally.
Legal:	N/A
Information Governance:	N/A
Resource Required:	Existing workforce replating to Primary Care Workforce Transformation and Digital First Primary Care must be retained to support the delivery of this plan.
Reference document(s):	Delivery Plan for Recovering Access to Primary Care General practice and secondary care: Working better together
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.

Ambition	Workstream	Requirement	Date due	Practice/PCN or ICB action	Lead Team
Empowering patients	NHS App	Ensure directly bookable appointments are available online following the NHS England bookable online appointment guidance	31 July 2023	Practice / PCN	Digital
		Apply system changes or manually update patient settings to provide prospective record access to all patients	31 October 2023	Practice / PCN	Digital
		Enable patients at 90% or more of practices to be able to see their records / use of NHS App	31 March 2024	Practice / PCN	Digital
		Offer secure NHS App messaging to patients where practices have the technology to do so in place	On-going	Practice / PCN	Digital
		Encourage patients to order repeat medications via NHS app	On-going	Practice / PCN	Practice / PCN
	Self-directed care	Enable use of messaging software to support patients to communicate with practice including for self-monitoring	On-going	Practice / PCN	Digital
	Expand self-referrals to community service	Implement direct referrals from community optometrists to ophthalmology	30 September 2023	ICB	Planned Care
		Increase self-referrals to community weight management, audiology & hearing aid and MSK physiotherapy services	30 September 2023	ICB	Planned Care
		Increase self-referrals to community podiatry; wheelchair and community equipment services	30 September 2023	ICB	Community Commissioning
	Community Pharmacy	Develop plans to implement Pharmacy First (when formally launched) so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions	TBC	ICB	Primary Care
		Expand pharmacy oral contraception and blood pressure services (subject to consultation)	TBC	ICB	Primary Care
Modern General Practice Access	Cloud Based Telephony (CBT)	Validate CBT baseline information with practices, confirm practices are willing to proceed with implementation of CBT and return prioritised plan to NHSE	16 June 2023	ICB	Digital
		All practices moved to CBT (contractual requirement)	31 March 2025	ICB	Digital
	Digital Tools	Ensure call-back functionality and queuing is enabled (for practices already on CBT)	31 July 2023	Practice / PCN	Digital
		Select digital tools from the Digital Pathway Framework lot on DCS product catalogue, using peer networks and demonstrations with practices/PPGs/PCNs to help practices and PCNs identify and adopt the most usable software	31 August 2023	ICB	Digital
	Capacity and Improvement Plans	Complete baseline exercise for PCN/practice access improvement plan	30 June 2023	Practice / PCN	Localities
		Complete PCN/practice access improvement plan with committed offers	31 July 2023	Practice / PCN	Localities
		Assure and sign off PCN/practice access improvement plans	31 July 2023	ICB	Primary Care
		Sign self-certification of accurate recording of all appointments and compliance with GPAD guidance	31 March 2024	Practice / PCN	Localities
		Agree and distribute transition cover and transformation support funding (£13.5k / qualifying practice) to support practice teams seeking to implement Modern General Practice Access model - transition funding guidance TBC	On-going	ICB	Primary Care
		Set up process for practices to inform of diversion to 111 and monitor exceptional use when over capacity	On-going	ICB	Primary Care
		Develop system level access improvement plans which include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions and present to ICB Board in public	28 November 2023	ICB	Primary Care
	Training and Support offers	Confirm requested support offers to ICB (including care navigator, digital and transformation lead training, transformation support, capacity backfill support etc	15 July 2023	Practice / PCN	Localities
		Review practice/PCNs sign up to Phase B Intensive & intermediate support offers (NHSE regional team to provide data) - further phases to be nominated in July, September and November 2023	14 June 2023	ICB	Primary Care
		Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training	31 July 2023	ICB	Workforce
		Training all practices in the PCN to understand and use local DoS including self-referral, community pharmacy and other services	31 March 2024	Practice / PCN	Localities
		Fund or provide local hands-on support to practices to support the delivery of improvements	31 March 2024	ICB	Primary Care
Building capacity	ARRS recruitment	Submit ARRS and workforce plan to ICB	31 August 2023	Practice / PCN	Localities
		Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal	On-going	ICB	Workforce
	GP Training	Further expand on GP training and recruitment initiatives	On-going	ICB	Workforce
	Retention and return of experienced GPs	Further expand on GP retention initiatives	On-going	ICB	Workforce
Reducing Bureaucracy	Primary-secondary care interface	Establish local mechanism to interface between professional groups, jointly prioritise working with LMCs and tackle high priority issues.	On-going	ICB	Medical Directors Office
		Report in public board updates and plans for improving the primary-secondary care interface	28 November 2023	ICB	Contracts

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Transition of the Covid 19 Pathway into Primary Care**
Presented by:	**Sharon Gardner, ICS Community Pharmacy Clinical Lead**
Prepared by:	**Sharon Gardner and Catherine Hedges, Dental, Optometry and Pharmacy Primary Care Manager**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**11th July 2023**

Purpose of paper:

The purpose of this paper is to

- Inform the committee of the transition of the covid 19 antiviral pathway from the Acute trusts covid medicines delivery units (CMDU) to primary care as part of a NHSE directive to move to a business-as-usual model
- Advise of the proposed pathway for the triage and clinical assessment and the supply of antiviral medications to eligible vulnerable patients
- Seek support for the procurement of IC24 for the triage and assessment
- Seek Approval of the funding of a Community Pharmacy commissioned service to dispense and supply the oral antiviral medication

Executive Summary:

This paper provides a recommendation for the transition of covid medicine delivery unit (CMDU) service from acute to primary care providers. The national direction is for the CMDU service to become a business as usual (BAU) model within primary care from 26th June 2023.

The representing bodies of general practitioners (GPs) and community pharmacies (CPs) have not agreed that their current contracts include this BAU requirement.

Within Norfolk and Waveney (N&W) to date, CMDU's have operated from the three acute hospital trusts. All identified non hospitalized high-risk patients with COVID-19 over 12 years of age, with a positive test and/or symptomatic, are eligible for the pathway.
Over the past 12 months, there were a total of 1,693* treatments provided to eligible patients across N&W.

The proposed pathway is listed below and already holds approval from Planned Care and Medicines Management Working Group (PCMMWG) and Executive Management Team (EMT)

- Local communication via letter to inform patients of the new Norfolk and Waveney Pathway to treatment.

- NHS 111 commissioned (via IC24) to provide patient triage and if eligible IC24 assesses patient and prescribes oral antivirals or refers for IV treatment if required
- CPs to supply oral antiviral medications to those that are eligible through a commissioned supply service

The ICB proposes a six-week timeline (from 27th June), for the transition of the assessment, triage, and provision of the oral antiviral medications. During the six-week lead up time, the acute trusts will continue to provide the full CMDU service, allowing training to be undertaken by NHS 111, IC24 and CP staff. Full handover of these elements of the service would occur week commencing (w/c) 14th August 2023

The ICB proposes that the acute trusts continue to provide the IV antiviral treatments for three months following the 27th of June, with a view to full handover to the chosen provider from September 2023. The acute trusts currently providing the service will all require a formal notice period.

Report

CMDUs were set up in December 2021 following national guidance and provide access to COVID-19 treatments for non-hospitalised patients at highest risk.

As the NHS moves from a pandemic to an endemic response to COVID-19 infections, the N&W ICB will be responsible for providing timely access to COVID-19 treatments (existing and new) to the people we serve.

From 27th June 2023, ICBs are required to ensure that access to COVID-19 treatments becomes part of routine services, ideally through primary care. This is a move from a NHS led identification of patients to a model in which eligible patients self-refer to a primary care led triage service.

The Norfolk and Waveney Integrated Care Board (ICB) requires the new service to:

- Increase patient choice and ease of access to the right treatment in a timely manner
- be clinically safe and compliant with national guidance and policy,
- be intuitive, simple and patient-centred - delivered as a result of excellent integrated care between providers,
- reduce health inequalities,
- ensure service improvements are identified and delivered as a result of co-production between service users and providers,
- represent value for money

Neither general practice nor community pharmacy agree with NHSE decision that this is a BAU process. The position of general practice has currently been accepted nationally by NHSE, but the pharmacy position has not. This leaves each ICB to make a local decision as to whether they use a commissioned service model for pharmacy for which we as an ICB support over a BAU model.

In late March 2023, NICE published a Multi Technology Appraisal (MTA) which set out the recommended treatments and their use in primary care. Following this report, the NHS issued a requirement for ICBs to implement the NICE recommendation within 90 days of its publication.

Following this guidance, a working group was set up with lead colleagues from, planned care, contracting, finance, medicines optimisation and the primary care team to support us being able to move at pace and to implement the pathway of 3 required elements of triage, clinical assessment, and supply, from the existing CMDUs into primary care.

Early engagement with the LPC and LMC confirmed that they would not be supportive of a business-as-usual approach and other options were explored.

The Integrated Care Board (ICB) had already ringfenced £180,000 for the commissioning of CPs and there was a further £1.0 million allocated from previous NHSE funds, for the commissioning and running of the patient identifying, triaging and IV (intravenous) treatment elements of the CMDU service.

Triage within the current model was already accessible partly through 111 so engagement with IC24 re the triage and the clinical assessment of patients was explored.
After an initial engagement session it was determined that could be a viable option and final quotes are being obtained before contracts can be finalized.
IC24 were deemed as the best option in terms of coverage as they already cover the whole footprint of the ICB.

The preferred pharmacy model of a commissioned service was designed using examples of best practice from existing enhanced services in other ICBs with a consideration of existing pricing structures to ensure consistency. This model represented the best value for money for the ICB as it is limited to a maximum of 25 pharmacies only. It also guarantees stock always being held in these pharmacies so quick and easy access to the oral antivirals is always available. An initial set up fee also recognises the current resilience and workforce challenges being faced by our community pharmacies

The transition pathway for all 3 elements (triage and assessment through IC24 and a commissioned pharmacy supply service) has already achieved approval from the planned care and medicines management working group on 22nd June 2023 and the executive management team on 26th June

The means by which new patients are identified and informed of the pathway has not been finalised. This remains complex due to the sharing of patient identifiable data, so the working group are still engaging with the information governance team on the best next steps for this process. Engagement with any key stakeholders will take place once the mechanism for this data sharing is confirmed.

Outcomes

It must be noted that the funding identified is non-recurrent and is to support a transition model only. The aim is to reach a business-as-usual model across primary care.

IC24's contract for Integrated Urgent Care, expires on 8th September 2024 so the aspiration will be to move to a BAU model at this point. Several factors will influence this movement to BAU including future national NHS direction. The expected change in the charging of oral antivirals (currently available free of change) to community pharmacy when surplus stock is depleted will also need to be taken into consideration.

The current working group remains in place reviewing the options for the IV service. The use of our virtual wards and the existing community IV services are being explored. The ordering of the IV antiviral remains a hospital only process and therefore it is deemed reasonable for this part of the pathway to remain in the CMDUs until the primary care options can be explored. A primary care model may only become available if, and when, the ordering model for the IV formulation is amended.

A working group team will remain in place to help support the engagement of a transition to a business-as-usual model over the coming year. NHS direction regarding the triage and assessment part of the pathway will form a key part in this future piece of work.

Recommendation to the Board:

PCCC members are invited to:

- note the transitional procurement of IC24 until a business-as-usual model can be implemented
- approve the funding, utilising ring-fenced money, to commission 25 pharmacies to provide an antiviral holding and supply service.
- note the IV service remaining in the acute setting whilst further work is done on the primary care pathway

Key Risks	
Clinical and Quality:	➢ Moving from a specialty area to general provision. ➢ IC24 will require training. ➢ IC24 will be sole provider and therefore is single point of failure if they fail to meet service requirements ➢ Community Pharmacists will require training, but limitations within a BAU model. ➢ Element of handover risk between acutes, IC24 and CP provision.
Finance and Performance:	Funding needed to support ongoing running of CMDUs until fully considered BAU by primary care providers – aim 2024 BAU model could cost more than the secondary care model.
Impact Assessment (environmental and equalities):	N/A
Reputation:	Disagreement with local representative bodies as to whether the service will become BAU has the potential to negatively influence local relationships.
Legal:	Unknown
Information Governance:	Data will move between NHS111, IC24, CPs and central reporting. This must be controlled and in line with regulations.
Resource Required:	Ongoing use of existing estate and workforce. ICB resource to manage interim commissioning for IC24 ICB resource to continue to the move to BAU model by September 2024
Reference document(s):	See below
NHS Constitution:	➢ Service available to all – this service must seek to ensure those who need it can access it ➢ Based on clinical need not ability to pay – patients will have increased access and

	unexpected costs such as paying for transport will be reduced ➢ The patient will be at the heart of what NHS does – this option increases patient access ➢ Working across organisational boundaries ➢ Best value for taxpayers' money
Conflicts of Interest:	None known at the time of the report
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care

Governance

Process/Committee approval with date(s) (as appropriate)	PCMMWG 22nd June 2023 **approved** EMT 26th June 2023 **approved** PCCC 11th July 2023

References

Higher-risk patients eligible for COVID-19 treatments: independent advisory group report - GOV.UK (www.gov.uk) Department of Health and Social Care, May 2022. https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report

NICE guidelines March 2023 on the prescribing of antivirals (TA 878)
1 Recommendations | Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 | Guidance | NICE

NHS Covid 19 community based treatments updated June 2023
Coronavirus » COVID-19 community-based treatments (england.nhs.uk)

Community pharmacy England response to NHSE direction for a BAU model for Community Pharmacy
DHSC/NHSE announce new approach for C-19 antiviral supply - Community Pharmacy England (cpe.org.uk)

Deep Dive into the support for the Care Market Sector

Quality Assurance and Monitoring

Governance

Subject:	Deep Dive into the support for the Care Market Sector
Presented By:	Paul Benton
Prepared By:	Paul Benton and Quality Improvement Nurses (QINs)
Submitted To:	Primary Care Committee, Norfolk and Waveney ICB
Date:	11 July 2023

Purpose of Paper:	To provide assurance to the PCC regarding care home support
Executive Summary:	The following presentation will focus on the following Care Market Support: - Assurance on how we have quality oversight of care provision; - How we identify issues early, - How we respond to support the provider - Mitigate any risk to service
Recommendation:	

Key Risks	
Clinical and Quality:	This paper is related to the social care QI program
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	NA
Reputation:	This paper is related to a reputational impact
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	Enhanced Health Care Home Framework
Conflicts of Interest:	N/A
Reference to relevant risk on the Governing Body Assurance Framework	BAF 09

Integrated Quality Service (IQS) Combined Team

- Head of Integrated Quality Service (IQS) – Strategic direction, development and policy formulation, professional lead on care sector quality and statutory framework.
- Senior Quality Monitoring Officer (SQMO) – Oversees operational allocation and prioritisation of audit and improvement activity.
- Quality Monitoring Officer (QMO) – Maintains portfolio of allocated care provision, principal operational lead in audit and improvement activity, key point of contact for provider.
- Quality Improvement Nurses (QINs) support the IQS team with Quality Improvement from a health focussed perspective.

PAMMS

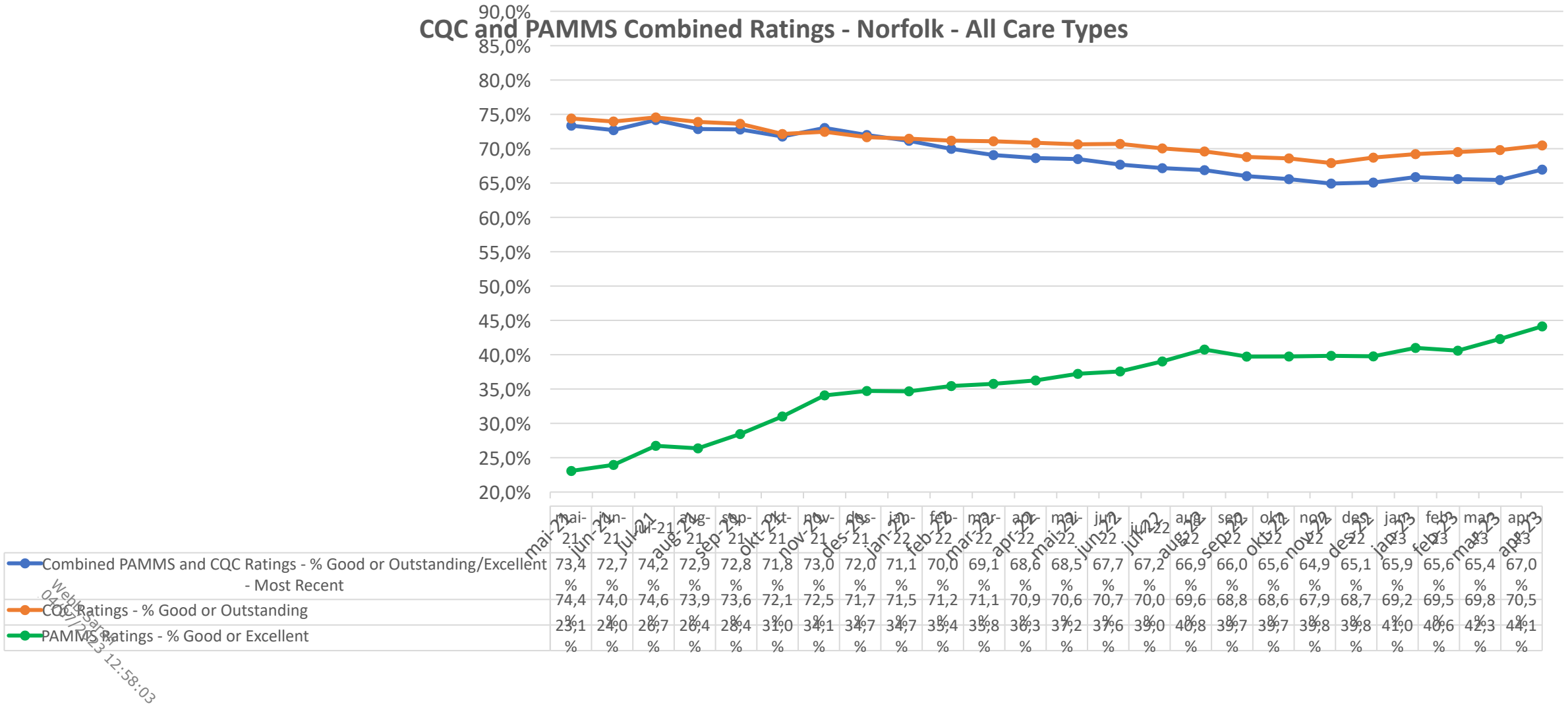
- Provider Assessment and Market Management Solution (PAMMS) used to help the local authority assess the quality of care delivered by providers of adult social care services
- All of the CQC regulated health and social care services, the local authority commission, will receive an audit using the PAMMS tool.
- PAMMS scheduling based on risk
- QIN's support PAMMS by providing expertise for health related elements to see if there are areas of quality which could be improved.

QMV

Quality Monitoring Visits (QMV) have two key functions:

- To follow up/review progress against agreed Action Plans arising from a PAMMS or CQC inspection
- To make focused enquires in response to concerns received.
- QIN’s provide expertise for any health-related elements for the QMV to see if there are sustainable improvements being made.

Our combined Impact and ratings



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Escalation Process

Non-compliance by providers triggers the escalation process.

The means available to remedy non-compliance are:

- Provider Meeting
- Quality Improvement Notice
- Performance Notice
- Termination of contract

Care Market Quality Forum Meetings

Care Market Quality Forum (CMQF) meetings across Norfolk chaired by Director for Quality in Care.

Waveney Care Market Review meetings chaired by Suffolk County Council

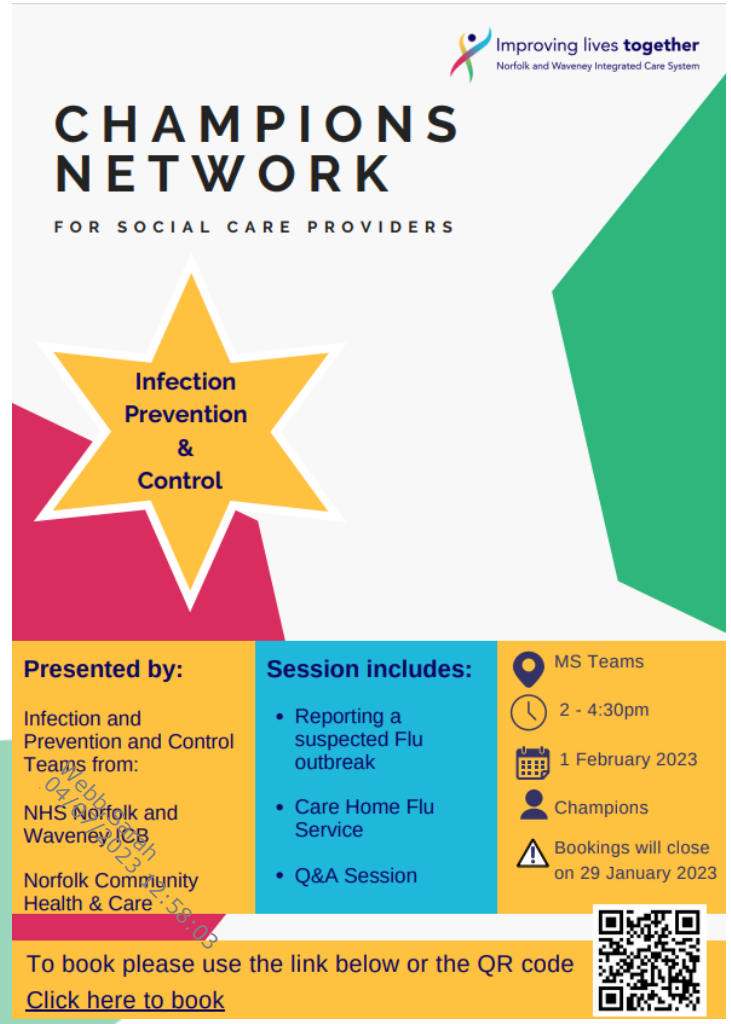
Membership:
- CQC
- NCC/SCC Quality Monitoring Officers
- ICB Continuing Healthcare (CHC)

Future:
- NCC Domestic Abuse Project
- ICB Medicines Optimisation in Care Home team (MOCH)
- ICB Care Provider Digital Team
- ICB Senior Nurses for Quality Improvement
- ICB/NCC/SCC Safeguarding
- ICB/NCHC/ECCH Infection Prevention and Control team (IPaC)
- NCHC/ECCH Community Nursing and Therapy Quality Matrons
- Primary Care

Bitesize Learning and Champion Sessions

- Training is **not** a part of our role
- Plan and facilitate Bitesize learning and Champion sessions with subject matter experts delivering, centred around the priorities of the Enhanced Health in Care Home framework
- Bitesize learning and Champion sessions aim to enhance knowledge base of staff, to increase staff confidence and seek to improve the quality of care provision
- Not intended to replace formal training from an approved training provider
- Staff knowledge can be measured by a reduction in falls, pressure ulcers, catheter acquired infections, medication errors and/or appropriate timely escalation/referrals to primary and/or community care.

Champions Network



Improve the quality of care for residents and service users

Increase staff knowledge and morale

Improve the position in the care sector market

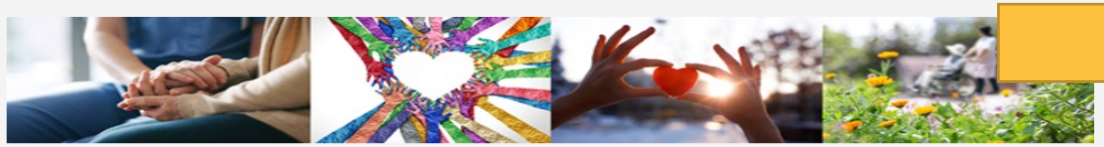
Supporting Admission Avoidance

Learning Sessions:

- Falls
- ReSPECT and End of Life
- Catheter Care and Management
- Skin and Wound Care
- Nutrition and Hydration
- Oral Care
- Epilepsy
- Signs of Deterioration
- Sepsis
- Bowel Care

Knowledge Anglia

Care Providers - Latest News and Updates



The Care Providers page, on the Knowledge Anglia website, supports health and social care professionals by providing information and resources needed to support individuals' care.

For any further information, please email the Care Provider Quality Improvement Nurses at nwccg.careprovidernurses@nhs.net.

Care Providers - Page Index by Category

0 review soon 0 review overdue

Advanced Care Planning and End of Life

Advanced Care Planning and End of Life	U: 05/01/22	R: 05/01/28
End of Life and Palliative Care	U: 05/01/22	R: 05/01/28
Notification of Death	U: 05/01/22	R: 05/01/28
ReSPECT	U: 05/01/22	R: 05/01/28
Verification of Expected Adult Death	U: 05/01/22	R: 05/01/28

Ageing Well

Ageing Well	U: 06/01/22	R: 05/01/28

Bladder and Bowel

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Medication Management

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Nutrition, Hydration and Oral Care

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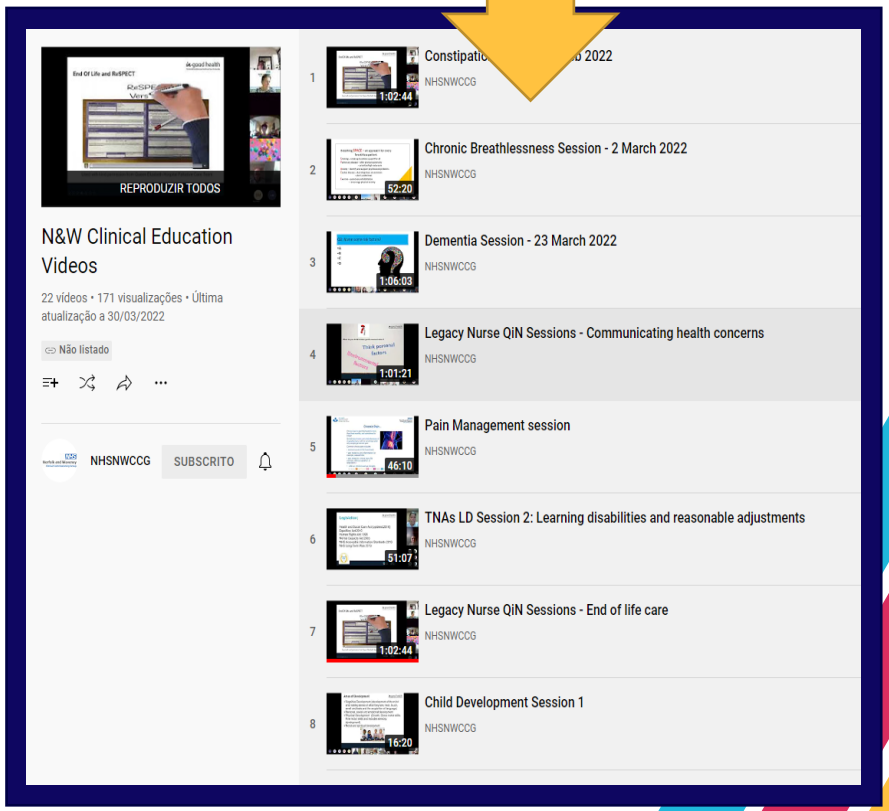
Oral Health	U: 05/01/22	R: 05/01/28
Speech and Language Therapy (SLT)	U: 05/01/22	R: 05/01/28

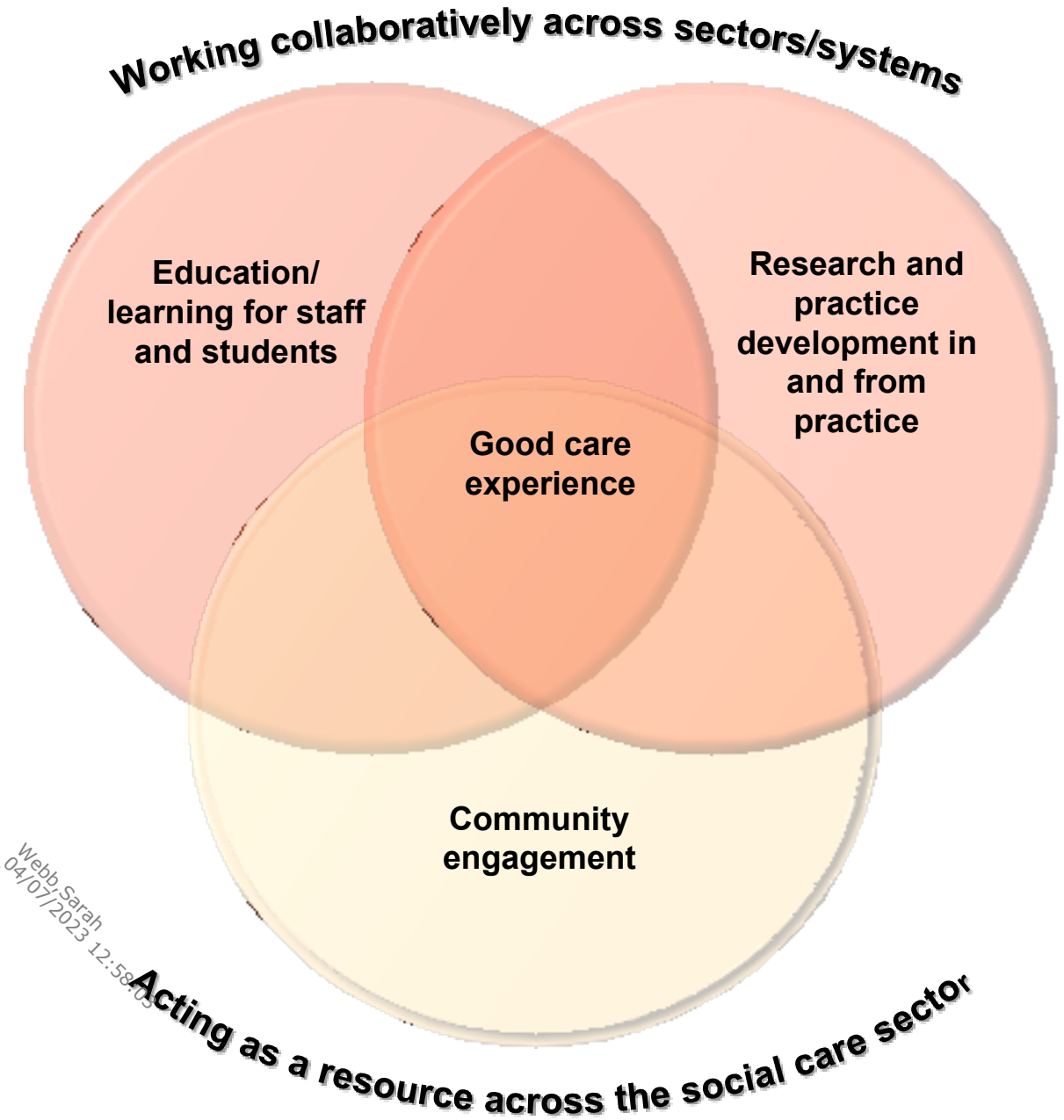
Pain Management

Pain Management	U: 06/01/22	R: 05/01/28

Clinical Education and Competencies

Competencies	U: 05/01/22	R: 05/01/28
NWCCG Clinical Education Videos	U: 05/01/22	R: 05/01/28





Teaching Care Homes demonstrate an ongoing commitment to person-centred care and ways of working, which will be experienced by all who live, die, visit and work in the home.

They are centres for learning, practice development and research, actively engaging with staff, students, residents and the community. They work across sectors and systems and are a resource for other care homes.

About the programme across Norfolk and Waveney

- 3 care homes recruited to the TLCH Programme across Norfolk & Waveney ICB
- Programme jointly delivered and evaluated by FoNS and the ImpACT Research Group at UEA, supported by N&W Care Provider Quality Improvement Nurses
- Programme delivered over 12 months with a further 6 months to support the development of a Community of Practice (CoP) for the Care Homes
- Blended approach to learning and support – virtual and face-to-face where possible
- Participatory evaluation – *'what works for whom in what circumstances & why?'*
- Participating homes will lead a project that focuses on local priority area for development
- Support the development of TLCH hubs which are centres of clinical excellence to enable spread, growth and development
- Collaboration with care homes involved in National TLCH CoP
- FoNS and ImpACT will work with local TLCH Steering Group to develop joint ownership and oversight of the Programme delivery and evaluation
- Local governance/ oversight of the programme will be led by Norfolk & Waveney ICB

Next Steps across Norfolk and Waveney

- We continue to undertake the role of Quality Visits and support program
- To establish a robust supporting framework for the care market sector to manage frailty and falls, linked to unscheduled care and Place.
- Link with community program to explore how we respond to falls Urgent and emergency care, CFR's Volunteers, FARS, and to establish a robust response ahead of winter 23/24 working with our system partners/ IC24/ Primary care EEAST
- Using falls data from EEAST and IC24, target the care homes which appear outliers and have clear pathways in place to call for assistance using digital technology / tools and algorithms to support decision making.
- Identifying those at High Risk of falls through Data/ ONS/ and look at prevention
- looking at obtaining senior clinical assistance through a senior clinician/ IC24/ EEAST to assist with decision making.
- Education and training in place to reduce conveyance and call outs using clinical/digital technology.
- Key preventatives program focussing on Respect, catheter care, skin and wound management, nutrition Hydration, oral care, epilepsy, sepsis, Bowel care and palliative care.

Deborah Sturdy · 19/01/2023

Great visit today to @QualityNorfolk Teaching & Learning Care Homes Project at oakwoodhousecare.org and @ForestHealthLtd's Hassingham House. A fantastic initiative powered by brilliant staff, solving real problems & sharing best practice to enhance great #SocialCare services.

1 5 11 730

A recent CQC Report provided direct reference to the TLCH programme:

- The services commitment to reviewing and improving End of Life care through a number of approaches.
- Working in partnership with others, working collaboratively with health and social care professionals effectively.

Interim report for the TLCH programme:

- Sharing their work and achievements locally and nationally.
- Recognition of work at Norfolk Care awards, highly commended award and first prize for 'Nursing and Social Care'
- Blog published on a National website.
- Co authored article with UEA for publication in RCN Newsletter.

Quality Improvement Nurses

Cheryl Hicks

Jemma Vokes

Eileen Peters

Dee Chapman

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Primary Care Complaints, Enquiries and MP Queries – 2022/23**
Presented by:	**Jon Punt, Complaints and Enquiries**
Prepared by:	**Jon Punt, Complaints and Enquiries**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**11 July 2023**

Introduction

The purpose of this paper is to provide an update in relation to the contacts received from patients and members of the public in relation to general practice during 2022/23.

Executive Summary

NHS Norfolk and Waveney Integrated Care Board (the ICB) recognises complaints and concerns as a vital form of feedback to help improve the service the organisation and local providers offer. The ICB aims to ensure all people making contact with the ICB feel listened to, have their concerns considered thoroughly and that any response is delivered in a personalised way.

This report provides an overview of complaints and enquiries specifically around primary care received by the ICB during 2022/23 It also details themes arising from those concerns raised.

Volumes of contact

The ICB's Complaints and Enquiries team have received 271 contacts regarding GP practices across the financial year 2022-23. These have been made up of 204 informal enquiries/concerns, 64 contacts from Members of Parliament and 3 formal complaints.

It should be noted that the full delegation of handling complaints and concerns regarding primary care from NHS England to ICBs occurred in shadow form on 1 April 2023, and then fully on 1 July 2023.

Therefore, it is reasonable to assume the amount of contacts the ICB receives will increase greatly and this will be monitored regularly. There is already keen interest from local MPs in this financial year around dental provision across the ICS. This has seen a small number of enquiries (at times on behalf of multiple patients) raising serious concerns about how patients can access urgent care or treatment. The ICB is developing routes of escalation for urgent and sensitive cases in this regard.

#Themes / Trends

The following themes and trends were identified when analysing the contacts the ICB has received across the year.

Access to appointments - The highest number of contacts received were in relation to patients accessing their practice, 36 were received directly from patients with a further 28 via their MP.

This included patients unhappy they could not get through to the practice on the telephone, those having difficulty with the online systems in place to contact practices and patients citing significant delays in being seen for health issues. This was an issue regularly highlighted by MPs, comprising of 44 percent of their total number of contacts about GP practices.

Care and treatment – 47 enquiries were received directly from patients and 15 via their MP about the care and treatment their practice had provided. Typically these were signposted either directly to the practice or NHS England to investigate.

Registration issues – 36 patients contacted the ICB directly, with a further 2 coming through their MP, to raise issues around their GP practice registration. These included concerns about being able to register after they had moved into a different area, patients being deregistered because they lived outside the practice boundary, or those that had been placed onto the Special Allocations Scheme and they wanted to raise concerns about this.

Complaints processes – 25 patients contacted the ICB directly to get help with complaining about their GP practice. This included people who were confused about how to complain, or those that submitted a formal complaint but had not received an answer from the provider.

Recently the ICB has delivered bitesize training to GP practices across Norfolk and Waveney around complaints handling and the effective administration of complaints/concerns.

Future developments

The ICB's Complaints and Enquiries Team is keen to explore more close working relationships with practices and primary care providers, to work towards more effective and early resolution of cases.

The team will look to meet with GP practices / Primary Care Networks over the next few months with this in mind. It will be important to have clear channels of communication so that concerns or complaints that may present an opportunity for informal or early resolution are dealt with in a timely way.

Recommendation

Members are invited to note this report and advise on the regularity of future updates.

Key Risks	
Clinical and Quality:	Themes from contacts and complaints can inform improvements in patient care
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	Good complaints management processes can preserve the reputation of provider and commissioner
Legal:	It is a national requirement to have an NHS-compliant complaints process
Information Governance:	None identified
Resource Required:	Complaints team
Reference document(s):	NHS Complaints process
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

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

Appendix 1 - Primary Care contacts / enquiries to ICB - 1 April 2022 to 31 March 2023

Total contacts (includes formal complaints, MP enquiries and informal concerns/queries) 271

Norwich Locality	**47**
Taverham Partnership	8
Castle Partnership	6
Roundwell Medical Centre	5
Wensum Valley Medical Practice	5
St Stephens Gate	2
One Norwich Practices	2
UEA Medical Centre	2
Thorpewood Medical Centre	2
Oak Street Medical Practice	2
Trinity and Bowthorpe Medical Practice	2
East Norwich Medical Practice	2
Woodcock Road Surgery	1
Beechcroft and Old Palace Surgeries	1
Lionwood Medical Practice	1
Practice not listed	6

West Norfolk Locality	**38**
Vida Healthcare	10
Watlington Medical Centre	5
Heacham Group Practice	4
Southgates and The Woottons Surgeries	2
Feltwell Surgery	2
Bridge St Surgery, Downham Market	2
Upwell Health Centre	2
Litcham Health Centre	2
Grimston Medical Centre	1
St James Medical Practice	1
Campingland Surgery	1
The Burnhams Surgery	1
St Johns Surgery	1
Practice not listed	4

Great Yarmouth and Waveney Locality	**53**
Millwood Partnership	11
The Beaches Medical Centre	6
High Street Surgery	6
Coastal Villages Surgeries	5
Beccles Medical Centre	4
Victoria Road Surgery	2
Alexandra & Crestview Surgeries	2
East Norfolk Medical Practice	2
Cutlers Hill Surgery	2
Fleggburgh Surgery	2
The Park Surgery	2
Rosedale Surgery	2
Bridge Road Surgery	1
Andaman Surgery	1
Practice not listed	5

South Norfolk Locality	**64**
Humbleyard Practice	12
Watton Medical Practice	8
Attleborough Surgeries	7
Old Mill and Millgates Medical Practice	5
Orchard Surgery	5
Harleston Medical Practice	4
Wymondham Medical Partnership	4
Long Stratton Medical Partnership	4
Elmham Surgery	3
School Lane Surgery	2
Chet Valley Medical Practice	2
Mattishall and Lenwade Surgeries	2
Parish Fields Practice	1
Heathgate Medical Practice	1
Shipdham Surgery	1
Practice not listed	3

North Norfolk Locality	**27**
Holt Medical Practice	4
Blofield Surgery	2
Drayton Medical Practice	1
Reepham and Aylsham Medical Practice	3
Fakenham Medical Practice	4
Acle Medical Partnership	2
Cromer Group Practice	3
Coltishall Medical Practice	1
Mundesley Medical Centre	2
The Market Surgery	1
Paston Surgery	1
Practice not listed	3

Part One - Agenda item: 11

Norfolk and Waveney
Integrated Care Board

`Subject:	**Workforce and Training Update**
Presented by:	**Jayde Robinson, Head of Primary Care Workforce Transformation**
Prepared by:	**Keri Robinson, PC Transformation Manager - Workforce Planning and Governance**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**11/07/2023**

Purpose of paper:

To provide Primary Care Commissioning Committee members with an update on the work of the Primary Care Workforce Team.

Executive Summary:

The Norfolk and Waveney ICB contract with Health Education England (HEE) for the provision of ICS Level Primary Care Training Hubs commenced in April 2022. The ICB's Primary Care Workforce team, embedded within the ICS Workforce team from 1 September 2022, is responsible for delivery of the objectives and aims of the contract specification and operational guidance of Training Hubs.

This paper provides an update on workforce and education matters, including a workforce update containing new areas transferred under the remit of the Primary Care Workforce team, these are the Dental Pharmacy and Optometry workforce.

This paper also provides an update on the recent Training Needs Analysis conducted with General practice staff and how this will be used to inform Continued Professional Development funding usage proposals.

We give an update on the health and wellbeing survey, our progress into the world of social media and a highlight our new programme mapping tool. We provide an update on 23/24 ARRS (additional roles reimbursement scheme) processes, and our actions towards the Delivery Plan for Recovering Access to Primary Care. And finally, we ask you to note the work of our Placement Quality and Differential Attainment team in placement expansion across Norfolk and Waveney.

Report

1. Workforce update

The below screenshot shows the Full Time Equivalent (FTE) General Practice workforce in Norfolk and Waveney as at 40 April 2023. Workforce numbers remain

relatively stable within Norfolk and Waveney with a small increase in GPs from 505 FTE in February to 517 FTE in April.

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
517	134	448	615	1,733	3,446

There is a discrepancy of data between the national workforce reporting to the ARRS claims process and our own data. We are working with PCNs to rectify this including holding individual meetings with PCN leads as appropriate to understand the reasons for the incongruities. It is important to ensure all ARRS are reported correctly at a PCN level, across the system, as this will impact the trajectory of workforce numbers. We expect to start to see the reports matching up when the June/ July NWRS (national workforce reporting system) data becomes available.

Workforce data for dental and pharmacy is currently being refreshed nationally, however the current overall position is as follows:

- At the end of March 2021, a headcount of 410 dentists were reported, who perform NHS activity across our system. The wider workforce position for a dental practice is not reported nationally.
- At the end of March 2021, a total of 1085 WTE were working in community pharmacy. This includes 354 WTE dispensing assistants, 307 community pharmacists, 88 pharmacy technicians, 85 Trainee Medicine Counter Assistants, 75 delivery drivers plus other various roles across our system. The vacancy level for this workforce in 2021 was reported at 7%.

Finally, NHS Digital published Optometry workforce figures for the East of England (EoE) in December 2019, there are no immediate plans nationally to obtain the latest workforce position broken down by ICS level.

Over the next few months, we will be looking to understand an updated Norfolk & Waveney workforce position, including vacancy levels, for the four sectors of primary care.

2. **Programme updates by exception**

<u>Fellowships</u>
Health Inequalities Fellowships opportunities have now all been recruited to, focussing on Learning Disabilities, Severe Mental Illness, Autism and Maternity. Further Fellowship opportunities are being created for GPs, Nurses, and Allied Health Professionals with the following focuses:

- Health & Wellbeing
- CaReMe (Cardiac, Renal, Metabolic)
- Stroke
- NHSE Integrated Care Fellowship
- Learning Organisation and Student Placement Expansion

Crisis Prevention

In response to an increase in patient conflict, the Workforce Team recently funded and procured two courses with Crisis Prevention Institute (CPI) for Primary Care staff. We currently have 6 staff enrolled onto ‘Prevention First’; an online e-learning module which expands awareness of workplace violence and the behaviours that cause it, helping to unify staff. CPI also recently delivered a 1-day classroom ‘Verbal Interventions’ in Norwich. 15 delegates were taught how to identify and know how to respond to various levels of crisis behaviours and feedback has been positive.

3. Training Needs Analysis

We have worked with our ICB Business Intelligence (BI) Team to translate the 2021 and 2023 Training Needs Analysis general practice survey results into a visual Power BI report. We are now able to analyse the data with ease and clearly see what the regional Primary Care training needs are in Norfolk & Waveney.

The report has enabled us to identify trends and can drill down to ‘System,’ ‘Place’ and individual Practice needs as required. The Power BI report went live at the beginning of June 2023, and we will now be able to compare training needs across the years on an annual basis with the data accessible in one centralised place.

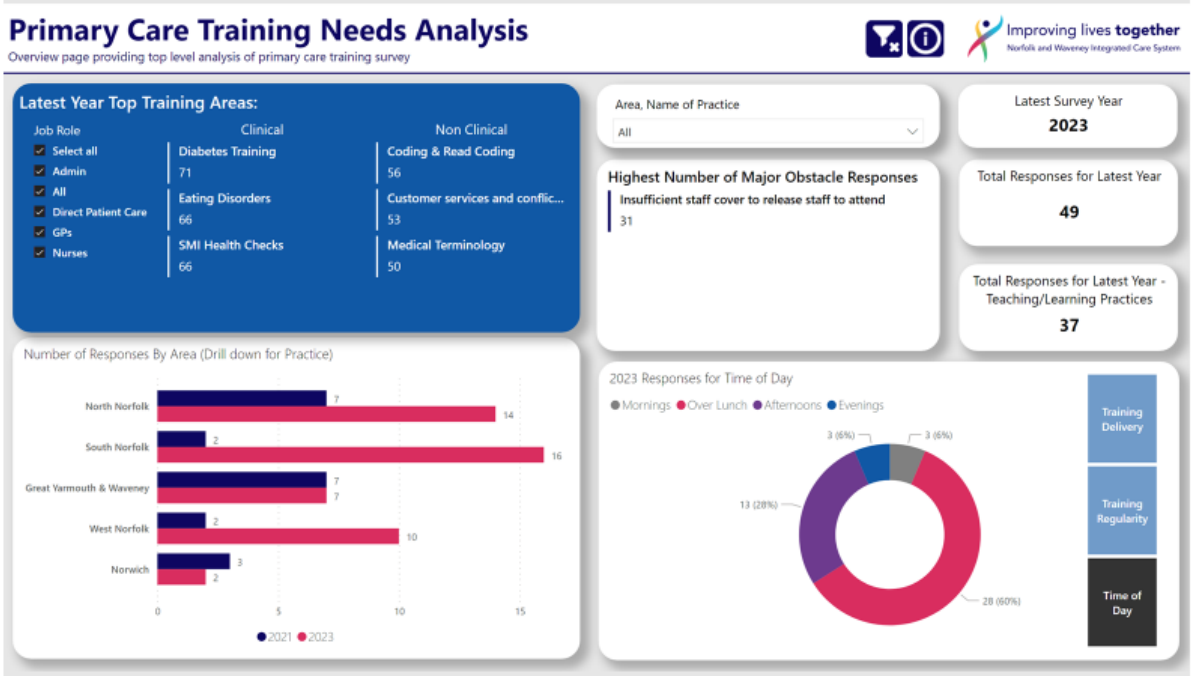
The graphic below provides top level analysis of the general practice training needs analysis survey results at a system level.

The top three topics for clinical training, for all job roles, are:

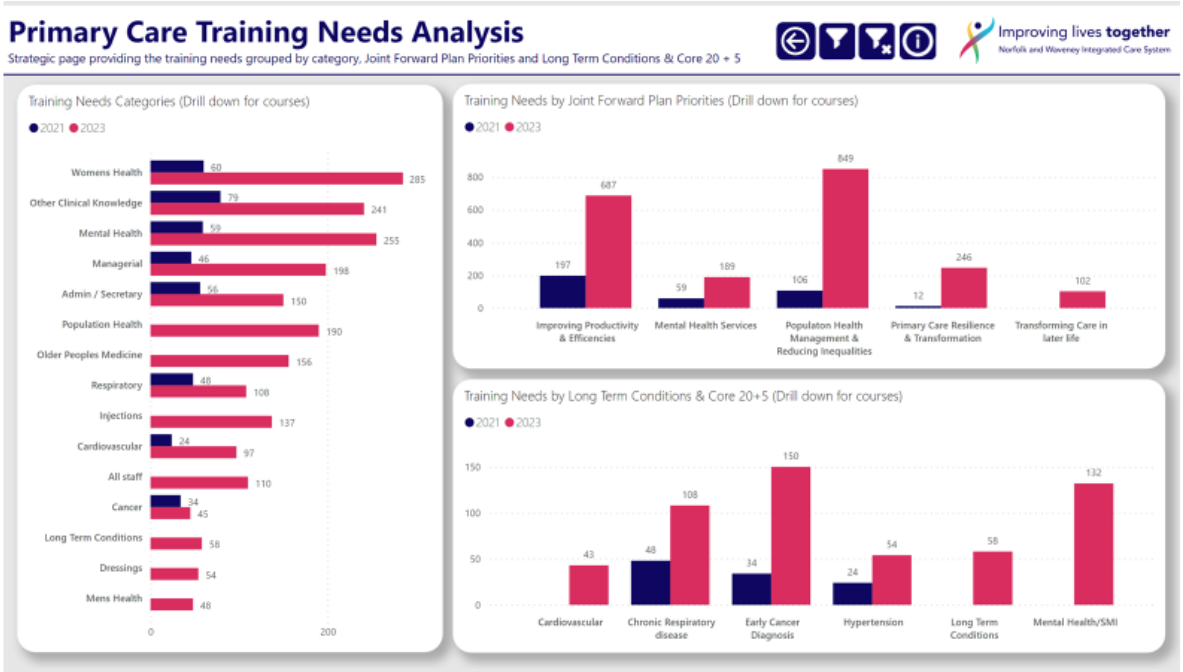
- Diabetes
- Eating Disorders
- SMI (severe mental illness) Health Checks

The top three topics for non-clinical training, for all job roles are:

- Coding and Read Coding
- Customer Services and Conflict Management
- Medical Terminology



We have also added strategic elements on the Portal which allows us to see the training needs grouped by category and linked to the ‘Joint Forward Plan’ Priorities and ‘Core20PLUS5’.



Our 2023/24 Continuing Professional Development (CPD) budget allocation was confirmed by NHSE on 7 June 2023. The Department of Health and Social Care confirmed that 2022/23 arrangements will be rolled over for 2023/24. This means that allocations will remain the same and based on headcount data taken at December 2020. CPD funds clinical training for Nurses, Midwives, Allied Health Professionals, and Registered Nursing Associates. Over the next few weeks, we will

establish a Task & Finish Group and begin drafting the CPD Investment plans for 2023/24 ready for submission to NHSE by 28 July 2023.

In 2022/23 we agreed to 'top-slice' our CPD budget for the third year in a row, 22% of the overall Primary Care allocation (circa £46,000) was provided to the ICS Workforce Team. Pooling our CPD funding with local NHS providers supports partnership working across health, local authority, social care and VCSE, provides joined-up solutions to shared challenges and maximises opportunities to have an impact on specific target groups where inequalities may exist. The chart below shows the programmes which were supported system-wide, as a result:

Funding split

System workforce roles 1. Coaching programme	£ 23,290	
Mental health upskilling 1. N&W Mind: Eating disorders, Suicide responders, Mental health first response, Mental health awareness 2. Crisis prevention: Safety Intervention with disengagement skills, Prevention first, Verbal intervention 3. UEA: Managing risks and aspects of dementia, Communication in dementia care, Understanding the person living with dementia, Culture & Leadership,	£ 312,001	
Clinical leadership and culture 1. Collective resilience 2. compassionate feedback tool	£ 289,420	
Total	£ 624,711.00	
Budget	£ 651,000.00	
Budget Remaining	£ 26,289.00	

In principle, for 2023/24 we have agreed to top-slice 20% of our annual CPD budget (£42,266.60) under the assumption Primary Care Resilience & Transformation Joint Forward Plan is part of the CPD system model. In particular, the continuation of the ICS Crisis Prevention programme and in addition, we would support using CPD top slicing for:

- Population Health Management - Reducing Inequalities and Supporting Prevention
- Transforming Care for Older People

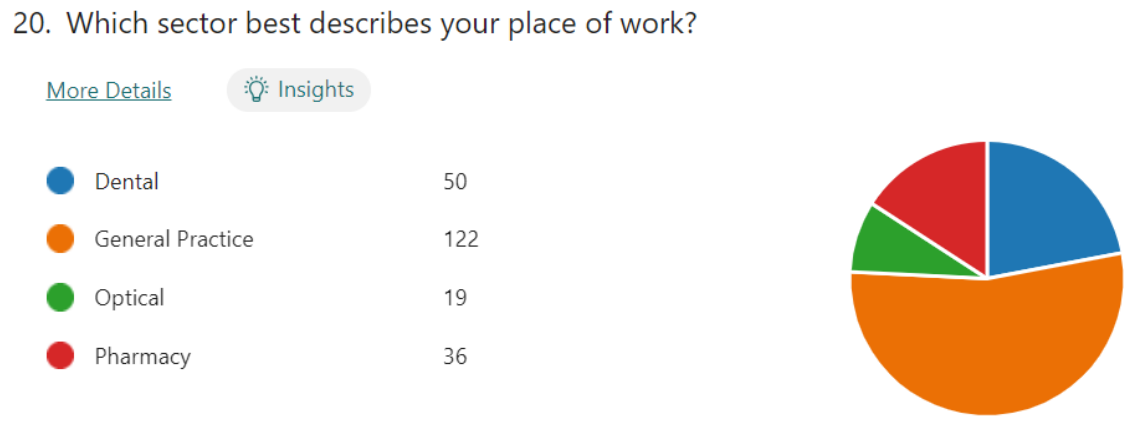
As these have been flagged within the Training Needs Analysis for general practice as further development needed. Operational detail will need to be scoped by the Workforce Team.

4. Health and Wellbeing Survey

NHS Norfolk and Waveney Integrated Care Board's Health and Wellbeing (HWB) programme has been in operation for two years, this survey is key to evaluate our successes but also to identify areas of improvement.

This survey will close on the 30th June 2023, at the time this report was produced we had a total of 231 responses received. These results are being analysed by our Business Intelligence Team, to identify what further work needs to be done to meet our ambition "to ensure Norfolk and Waveney has some of the best Health and Wellbeing provision for Primary Care staff in England". These findings will be made available at the next committee meeting including our recommendations for programmes of work.

In summary the responses received by the four primary care sectors are illustrated below:



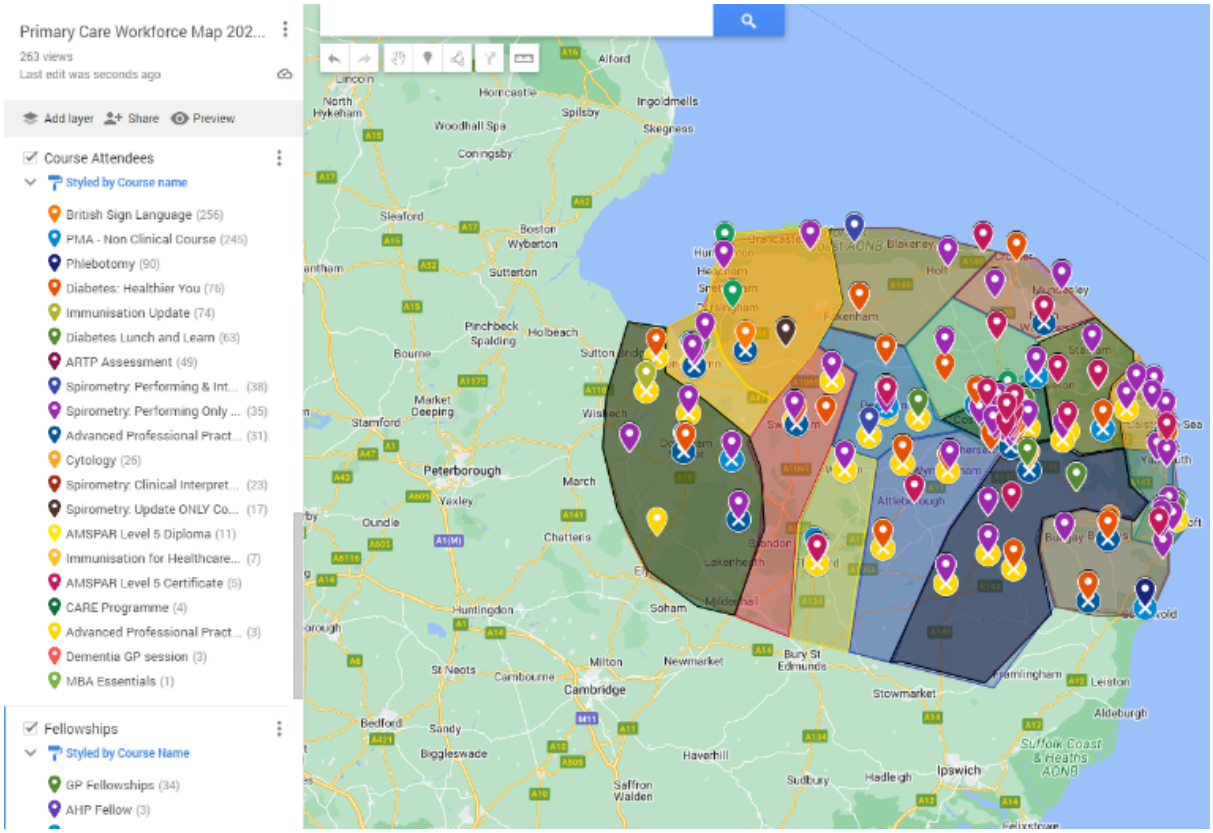
In addition, we are now tailoring a General Practice Fellowship Offer, open to newly qualified GPs, Allied Health Professionals and Nursing staff to specifically look at Health and Wellbeing for primary care staff.

5. Social Media

To extend our reach and encourage workforce into Norfolk and Waveney we have traversed into the world of social media. We will use this tool to highlight the work the Primary Care Workforce team does across Norfolk and Waveney, to share promotional campaigns and to shout out the remarkable work of Primary Care staff. Follow us at: **Facebook** | **Twitter** | **LinkedIn**

6. Mapping Tool Overview

We have created a series of interactive maps to clearly show the uptake across Norfolk and Waveney for the programmes that we deliver to Primary Care Networks and our general practice workforce. This tool allows us to understand the uptake of the programmes offered and highlights where further engagement may need to be undertaken.



We are looking to build on these maps for the wider primary care sectors (pharmacy, optometry, and dentistry) once the programmes and initiatives have been introduced.

7. ARRS Update 2023/24 Planning

ARRS maximum reimbursable amounts have increased from 1 July 2023. Claims for any backdated increases prior to this date are not eligible for reimbursement. It is important to note that the higher maximum reimbursement rates do not affect the overall value of a PCN's Additional Roles Reimbursement Sum. The new rates are expected to be available on the ARRS portal for reimbursement in August.

As per the Primary Care Network Contract Direct Enhanced Service Specification section 7.5, Primary Care Networks (PCNs) are required to report their workforce plans for 2023/24 by 31 August 2023 using the national planning portal, a link to which will be sent to PCN leads mid-July. Any underspend identified in the August submissions will be pooled and designated “Unclaimed Funding”. PCNs within Norfolk and Waveney will then have the opportunity to bid for the Unclaimed Funding. To support PCNs in their planning we have created and shared an offline planning sheet.

8. Delivery Plan for recovering access to primary care

As outlined in Appendix 5[1], there are several ICB key actions that the primary care workforce team will continue to support. These include:

[1] Primary care service development funding and general practice IT funding guidance 2023/24

Empowering Patients – Expanding Community Pharmacy Services

- Working to support Independent Prescribing training [2] for existing workforce in:
    - Community pharmacists (including locum pharmacists).
    - Pharmacists employed in General Practice (who are not eligible for, or enrolled on, the Primary Care Pharmacy Education Programme (PCPEP)
    - General practice workforce who are not employed in ARRS roles.
    - Pharmacists enrolled on CPPE's Primary Care Pharmacy Education Pathway (PCPEP) and meet the PCPEP criteria to enrol on an Independent Prescribing Course.
- Mapping where our Primary Care Designated Prescribing Practitioner (DPP) are located across Norfolk and Waveney.

Modern general practice access

- Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training.
    - Cohort 1 (PCN Digital & Transformation leads) nominated by 7 June 2023.
    - National Care Navigation Training Programme, nationally nominated by 31 July.
    - 50% of 23/24 nominations to be coordinated by 31 July 2023.
- Agree with practice/PCN support needs (training, capacity backfill) by 15th June 2023. This is being delivered through the training needs analysis, Continuing Professional Development (CDP) provision and GP Careers Plus programmes.

Building capacity

- Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal. This will be reported through risk PC17.

Enablers

- Maintain an up-to-date Directory of Services and deliver training to all practices/PCNs. This is being delivered through the Training and Workforce Catalogue in line with CPD[3] guidance set out by NHS.

9. Educator and Learning Organisation Update

Placement expansion continues to increase with 81% of GP practices across Norfolk and Waveney being approved Learning Organisations. Since 1st April 2023, 2 new Learning Organisations have been approved and a further 2 applications received, creating new placement sites for GP trainees, nurses, paramedics, and pharmacists. There have also been 11 new Tier 3 GP trainers approved which has created new placements for GP trainees and in some instances has enabled practices to continue to host GP trainees in challenging circumstances. Some of these GP trainers have

[2] https://www.hee.nhs.uk/our-work/pharmacy/independent-prescribing

upskilled from Tier 2b trainers which has increased the resilience and support of the trainer workforce and the ability to host ST3s.

In addition to this, there have been ongoing conversations with PCNs to apply as Learning Organisations, with 5 PCNs progressing with initial set up and a further 2 considering participation. These achievements have been enhanced through increasing collaboration with the local Higher Education Institutions by mapping placements and quality assuring through a shared approval process.

Recommendation to the Committee:

To note the updates.

Key Risks	
Clinical and Quality:	Function of the workforce and training function supports the delivery of clinical service
Finance and Performance:	Delivery of function within agreed budget
Impact Assessment (environmental and equalities):	None
Reputation:	Delivery of Primary Care Workforce function ensures successful achievement of HEE and NHSEI objectives and development of primary care workforce
Legal:	None
Information Governance:	None
Resource Required:	Primary Care Workforce team
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	None Identified
Reference to relevant risk on the Board Assurance Framework	PC1, PC17, PC14/GBAF06 – resilience of general practice

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.

Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**TIAA Audit Report**
Presented by:	**Shepherd Ncube, Associate Director of Primary Care Commissioning**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**11 July 2023**

Introduction

The purpose of this paper is to provide an update on a recent internal audit of the delegated commissioning function for primary medical services.

Executive Summary

As part of the ICB's annual internal audit programme, an audit was undertaken of the delegated functions for primary medical services, against the delegation agreement and the assurance framework.

The audit resulted in an assessment of limited assurance with a number of recommendations for the ICB to consider (please see attached). These recommendations have been considered by the primary care commissioning team with responses and actions developed in an action plan accordingly. The plan has been reviewed by the Audit Committee and is now brought to Primary Care Commissioning Committee for noting.

The delivery of the action plan will require input from other teams, such as business intelligence and quality teams. The progress of the action plan will be monitored through the new medical operational delivery group which will have its first meeting later this month.

Recommendation

Members are invited to note this report.

Key Risks	
Clinical and Quality:	Better monitoring of EDec processes and the implementation of the practice visit programme will support improvement. Learning from this audit will support the future audits of other areas covered by the Delegation Agreement.
Finance and Performance:	Better monitoring of EDec processes and the implementation of the practice visit programme will support improvement. The availability of general practice metrics to PCCC and the ICB Board will give a better picture of overall performance. Learning from this audit will support the future audits of other areas covered by the Delegation Agreement.
Impact Assessment (environmental and equalities):	N/A
Reputation:	Good contract monitoring processes can preserve the reputation of provider and commissioner
Legal:	Delegation agreement and NHS assurance framework
Information Governance:	None identified
Resource Required:	Primary Care Commissioning, BI and Quality teams
Reference document(s):	Delegation agreement and NHS assurance framework
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

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

Internal Audit

NHS Norfolk and Waveney Integrated Care Board

Assurance Review of Primary Care Delegated Commissioning – Mandated

2022/23

May 2023

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

To provide assurance over the effectiveness of the arrangements put in place to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement.

KEY STRATEGIC FINDINGS

Within monitoring of Primary Care Performance there is work being undertaken that is not formally documented; work that is planned for which there isn't sufficient capacity and no overarching process by which the outputs from the monitoring are collated and reported.

Neither the ICB Integrated Performance Report nor the papers considered at the Performance Committee contain any metrics by which the Primary Care Performance and Activity is triangulated with other system metrics.

The Primary Care Commissioning Committee (PCCC) does not provide measures of success or assurance over Primary Care performance to the Board.

GOOD PRACTICE IDENTIFIED

The ICB has a signed delegation agreement in place with NHSEI for Primary Medical Services and clear Terms of Reference for the PCCC.

There is a detailed programme with dedicated lead for transition of further delegated Primary Care Services to the ICB. Comprehensive updates have been presented to both the PCCC and the ICB Board.

SCOPE

Evaluated the effectiveness of the arrangements put in place to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement. The review also assessed the governance arrangements for developing and monitoring Primary Care Networks.

ACTION POINTS

Urgent	Important	Routine	Operational
0	6	7	1

PRIORITY GRADINGS

1 URGENT	Fundamental control issue on which action should be taken immediately.	
2 IMPORTANT	Control issue on which action should be taken at the earliest opportunity.	
3 ROUTINE	Control issue on which action should be taken.	

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	The ICB has provided a summary of the requirements for the Primary Care Network (PCN) Directed Enhanced Service (DES) to the Primary Care Commissioning Committee (PCCC). This includes the update that was issued in September 2022 to provide additional resilience to Practices and PCNs over winter. From discussions with the Associate Director of Primary Care Commissioning, Head of Primary and Community Care Strategic Planning and the Locality Manager (GYW) there was lack of clarity about where responsibility for monitoring of delivery of the PCN DES lay. As this is a contractual matter then any review of compliance against the plans would be a contractual discussion via the Primary Care Delegated Team.	The Primary Care Delegated Team to establish a process for monitoring and delivery of the requirements of the PCNDES are confirmed. The process to be incorporated into the Primary Care Visits process that is planned for commencement.	2	The CCGs (now ICB) intentionally adopted a light touch approach to monitoring the PCN DES with the aim of encouraging PCNs to develop at their own pace, recognising their different starting points and different issues and challenges. This approach is consistent across the East of England region. The delegated commissioning team plan to continue with the development of an overarching monitoring framework for all areas of the GP contract this year, working closely with appropriate teams throughout the ICB. This will be presented to PCCC for approval in January 2024.	31 January 2024	Shepherd Ncube Associate Director of Primary Care Commissioning

Webb Sarah 04/07/2023 12:58:03

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
3	ROUTINE	Control issue on which action should be taken.

					A primary care commissioning lead for the Contract Network Des has been assigned to provide leadership and monitoring and reviewing performance twice a year. Further there are now IIF reports which are monitored by the PCN development teams and support is provided where necessary. The ICB cancer team monitors the cancer indicators separately and provides significant support and training to practices. The workforce team closely monitors the ARRS recruitment, provides support and regular updates to the PCCC, as well as providing assurance to NHSE through regular performance meetings.		

Webb Sarah 04/07/2023 12:58:03

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
3	ROUTINE	Control issue on which action should be taken.

DRAFT

3	Directed	The process currently being followed for CQC liaison was ascertained from discussion with the Senior Delegated Commissioning Manager (Primary Care). It is not formally documented. Prior to a report being issued in draft, the Senior Delegated Commissioning Manager, Quality Team Nurse, Medicines Management Team and Primary Care Locality rep meet with the CQC to discuss the detail of the report to be issued. This allows them to be clear about what, if any, the concerns are. The process that is currently being followed is; • If a practice is rated inadequate or requires improvement the same team then meets with the practice to agree an action plan to deliver the change required to improve their CQC rating. • If the practice is rated inadequate they meet every two week and if rated requires improvement they meet monthly. The process needs to be formally documented and needs to be aligned with the Practices at Risk process.	The CQC liaison and practice support process be documented and aligned with the Practices at Risk process.	2	The ICB has both formal and informal engagement routes with the CQC as part of forging a strong working relationship . We plan to review the practices at risk processes and reporting this year as part of developing our overall contract monitoring framework. We will document our approach to CQC liaison as part of this framework.	31 January 2024	Carl Gosling-Senior Commissioning Lead
4	Delivery	The papers of the January 2023 Performance Committee meeting were reviewed. There is a Performance Committee Integrated Performance Report which includes Urgent & Emergency Care, Elective Care, Mental Health and Cancer Care. There is no reference to Primary Care.	The ICB to agree Primary Care indicators that can be included in the Integrated Performance Report to enhance the picture of provision and performance across the whole Health System.	2	This recommendation has been accepted and actions to implement this have begun. The Business Intelligence team (BI) are in the process of creating a primary care committee report as part of the suite of reporting to enable the ICB Board to increase the visibility of primary care, the	31 Sept 2023	Rachel Fields Primary Care BI Lead

PRIORITY GRADINGS

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					same reports will be used to report performance to the primary care committee.		
5	Delivery	There are seven Committees of the ICB Board, Audit and Risk Committee, Remuneration, People and Culture Committee, Patients, and Communities Committee, Finance Committee, Primary Care Commissioning Committee, Quality and Safety Committee and Performance Committee. There are reports to the ICB Board from each of the Board Committees in Part 1 but they do not specifically provide oversight on Integrated Performance. From review of the November 2022 ICB Board papers the report of the PCCC did not provide any information or assurance over performance and does not contain measures of success or KPIs.	The PCCC to provide assurance to the Board on Primary Care Performance as part of its Committee Reporting.	2	This audit report, recommendation and management response will be presented to PCCC in July 2023. Management response to address this issue, the minutes and covering templates will be shared with the board accordingly. Management agreed that primary care activity is included as part of integrated performance report reported to the ICB Board and will also form part of reporting to primary care committee.	30 Sept 2023	Rachel Fields Primary Care BI Lead
6	Delivery	The Primary Medical Services Policy and Guidance Manual (PMS PGM) states that the ICB has a statutory duty to conduct a routine annual review of each Primary Medical Care Contract that it holds. The ICB has agreed a Practice Visits approach and programme which is reflected in a Standard Operating Procedure (SOP). This has not yet commenced, partly due to COVID-19 restrictions. A draft Contract Assurance Framework was compiled in 2019 and the 20/21 Internal Audit report recommended that this was completed and used in performing Quality and Outcomes Framework GP Practices visits The draft Contract	The Practice Visits SOP be reviewed against the Contract Assurance Framework to ensure that the scope of the visit and data collation prior to the visit are clear. Visits are then commenced as soon as possible.	2	The management team accepts this recommendation and discussions have taken place with our lead for our practice visit programme. The practice visits will be incorporated into our overall framework. The mandatory E-DEC process is the mechanism by which contracts are reviewed annually and data for 2021/22 was received and a summary report was submitted	30 July 2023	Shepherd Ncube Associate Director of Primary Care Commissioning

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		Assurance Framework is more comprehensive than the Practice Visits SOP.			and discussed at PCCC last year. We accept that some of the actions and recommendations in last year report were not completed due to lack of resources and capacity in the team. E-DEC data for 2022/23has been received, reviewed and reported to primary care committee in June. The committee approved the proposed approach to managing non-compliance with the contract, which will be monitored through the new medical operational delivery group on an ongoing basis.		

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7	Delivery	The Primary Care Commissioning Team works to the Primary Medical Services Policy and Guidance Manual (PMS PGM) with some supporting SOPs, including Practice Visits. The Team has access to various pieces of information on Primary Care performance which are normally reported separately but with no triangulation of data or formal summary of overarching position. Ad hoc and subject specific (e.g. LD Checks) reports are provided to the PCCC as is the Practices at Risk Report which is triggered from CQC review. There is no overarching Primary Care Dashboard and no SOP for the Practices at Risk process.	The ICB to agree how annual assurance on contractual performance can be formally assessed and reported to the PCCC and then the ICB. The Practice Visit SOP, the Practices at Risk and the annual contract assurance be reviewed to consider how they are aligned. The annual contract assurance process to be documented.	2	The management team accepts the recommendation and confirm that a Primary Care Dashboard is in the process of being developed. The standard operating procedure for the practice visit will be reviewed as recommended and incorporated into the overall framework. An annual report for the primary care commissioned services is scheduled for reporting in Q2 2023/24. The Report will include information on performance from CQRS, EDEC, QOF, DES, LCSs. Proposed timescales will allow sufficient time for end of year activity and financial validation process to take place.	31/03/2024 31/08/2023 30/09/2023	Rachel Field- BI lead Shepherd Ncube- Associate Director of Primary Care Commissioning Same as above

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1	Directed	The current Primary Care Strategy was agreed in 2019 and runs to 2023/24. The Head of Primary and Community Care Strategic Planning is working with Joint Forward Plan (JFP) colleagues to craft the Primary Care Vision for inclusion within the JFP submission to support responsibilities now that they are an ICB The draft is due for completion by end of March 2023 with engagement following and final agreed and published end of June 2023. Work is also underway to review and update the Primary Care Strategy from four years ago. This will provide further detail to the vision outlined for Primary Care in the JFP and the aim is for this to be ready for approval in summer 2023. Under the terms of their delegation ICBs are required to have processes in place for assessing needs, designing, planning and implementing new services (including LCS) and establishing new or varied commissioning arrangements.	The ICB to ensure that a framework is established to support ICB decision making in relation to the commissioning of primary care services in Norfolk and Waveney that it meets the terms of their delegation agreement.	3	Management accepts the recommendation and this will be addressed in our primary care strategy due for publication at the end of year.	31 March 2024	Sarah Harvey- Head of Primary and Community Care Strategic Planning

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8	Directed	The PCCC meets monthly. Risks are presented to every other meeting of the PCCC. From review of minutes of the July 2022 meeting these is evidence of good discussion and Committee members agreed merging two risks. However, the paper was presented as 'for noting' rather than for discussion or agreement. The minutes of the September PCCC noted that the score of the GP Resilience Risk had been increased and reasons provided. It did not confirm that it agreed this increase, nor that actions to further mitigate the risk were agreed.	The Risk Register be presented for discussion (or agreement), changes to the score are agreed and minuted by PCCC and additional actions to mitigate increased risks are discussed and agreed.	3	This recommendation has been noted and agreed. The risk register is now presented for agreement. An ICB wide risk group has been established to improve consistency in risk scoring and reporting, being led by the corporate governance team. Primary care commissioning team (Delegated) will monitor this as part of this action plan for the next 6 months before recommendation for closing it.	Complete	Sadie Parker-Director of Primary Care

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9	Directed	PC14 BAF6 identifies a gap relating to the Practice Visits Programme and CQC inspections focussed on where there is significant risk or concern. There is action noted that four practices are currently rated as inadequate by the CQC with increased support and development from multiple teams in the ICB. However, the action is closed (blue), the gap remains and there is no further action identified to address this. While the risk is escalated to the ICB Board, there is no reference to the unaddressed gaps.	The PCCC to ensure there is action agreed to address gaps, and where this is not in place it is highlighted to the ICB Board. It would be useful for the PCCC paper to the ICB Board to include assurance levels for key items (including risk management).	3	The current risk template includes a section to add actions to support mitigations of the risk. Once these actions are completed, they are removed from the template (but can always be seen in previous sets of meeting papers for audit purposes). This keeps risk management dynamic and the reports to a manageable length. The completion and RAG rating of individual risk actions is separate to the overall rating of the risk.	Complete	Sadie Parker Director of Primary Care Commissioning

10	Directed	The PCCC, under its terms of reference, is required to take decisions regarding commissioning, procurement and management of the Primary Medical Services Contracts. From review, papers on the Learning Disabilities (LD) Directed Enhanced Service (under which practices are required to provide health checks for all patients on their health check register) are considered monthly by the PCCC. The papers are for noting, there is some challenge in minutes, there is no action agreed to address delivery that is lower than expected. In addition, the paper states that the DES to which practices have signed up does not state a target for achievement. From review of the DES, it states that 'the Provider shall ensure that all health checks for patients on the Provider's LD health check register are completed by 31.03.23'.	The PCCC be updated to ensure that they understand the requirements of the LDDES. All subsequent reports to the PCCC to include actions to ensure practices deliver to the requirements of the DES, including ensuring that all health checks for patients on the Practice LD health check register are agreed by the required date (31.03.23 currently).	3	PCC was commissioned to provide training sessions on an annual basis for all members completed. The standard wording has been included in the LD PCCC report in relation to Network Contract DES was agreed with LMC colleagues. The recommendation has been shared with LMC colleagues for review, discussion, and agreement on form of words. The ICB is truly committed to improving the uptake and quality of annual health checks through collaboration and partnership working and using the contractual leaver as the last resort. PCCC members have been advised and understand difference between ICB target and practice target achievement.	30 July 2023 Completed	Shepherd Ncube Associate Director of Primary Care Commissioning

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11	Directed	The Primary Care Team produce a 'Practices at Risk' report monthly which is presented to and discussed in detail at the PCCC Part 2. The risk framework criteria are sensible and allow the team to identify those practices that are deemed at risk. While monthly updates are included for each practice it is not clear from the report why the practice is deemed at risk nor is there agreed action with deadlines for delivery to move them out of the 'at risk' category'.	The 'Practices at Risk' report to make clear why the practice is deemed at risk and agreed action with deadlines for delivery to move them out of the 'at risk' category to be included.	3	The original entry of the practice being added to the report includes the rationale. This can be seen in earlier versions of the meeting papers for audit purposes. Only 3 months' worth of updates are included in the report to retain the report at a manageable length. All practices on the Practice at Risk Register have agreed to have an improvement plan in place with the ICB and Care Quality Commission, which is closely monitored. Unfortunately due to often complex and systemic issues leading to practices being added to the report, it is challenging in some cases to add actions and deadlines. The at risk process and reporting will be reviewed this year as set out above, and these recommendations will be considered as part of that.	30 Sept 2023	Carl Gosling Senior Commissioning

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12	Directed	A pre-engagement paper on the future of the Norwich Practices Health Centre (Rouen Road) was presented to PCCC. There were three conflicted members – two correctly identified their conflict and left the room prior to the presentation and discussion. This was clearly minuted. The third did not leave the room and a note in the minutes at the end of the item identified that they should have left the room but did not participate in the discussion.	The Chair of the PCCC to ensure that all those with a conflict are identified prior to the agenda item commencing, and that the individuals act in accordance with the Conflicts of Interest Policy.	3	This is duly Noted. Advice to the chair is now being provided to chair prior to each meeting on potential COI and any recommended action required. Advice is routinely sought from the corporate governance team. COI section completed on each paper advising of any known COI.	30 June 2023 Complete	Sadie Parker Director of Primary Care Commissioning
13	Directed	A Branch Closure Advice Note was presented to the September 2022 PCCC meeting which provided clarity on the process by which Branch closures are considered. The Branch Surgery process was agreed subject to amendment that proposals for branch closures would be considered in Part 2 PCCC meetings in case of sensitive information. Three proposals for branch closures were brought to the October 2022 PCCC (Part 2) meeting. Full details were given, and the process was considered in accordance with the agreed Branch Surgery process. The October 22 PCCC Part 2 minutes stated that the item was for noting and no comments or queries received. However, the Committee is required to approve these changes.	The Agenda to clearly and accurately states the purpose of a paper, and where a decision or approval is requested, it is clearly minuted.	3	Not accepted. There were 3 branch closure papers on the part 2 October agenda. 2 were for noting on the agenda in accordance with stage 2 moving to stage 3 of the branch closure process, and one was for approval, as noted on the agenda, for the final stage in accordance with the branch closure process. The papers and agenda have been checked and these were recorded appropriately. They can be shared if required.	Not applicable	Shepherd Ncube Associate Director of Primary Care Commissioning

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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	A monthly GP Practice Information Pack is produced which shows how individual practices and Primary Care Networks (PCNs) benchmark against other practices and PCNs in the locality in terms of activity rates per 1,000 weighted population and trends across a number of areas of activity. It is intended as a practice tool for analysis and in helping each practice/PCN to identify and investigate areas of unwarranted clinical variation. While the report is available to practices monthly via Microsoft Team channel; there is no paper on, or discussion at PCCC or Performance Board Committee on the data contained within it.	That the ICB to consider how best to use the information on the GP Practice Information Pack to support practices and triangulate with the data considered at the Performance and/or PCCC.	The practice information pack largely covers non-contractual areas of information, such as referrals, A&E attends and emergency admissions. The pack is for the information of practices. The delegated team will develop an overarching contract monitoring process by March 2023 which will ensure contractual performance is reviewed and triangulated, as set out in the management comments against other recommendations.

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	**Governance Framework**	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1 & 2	-
RM	**Risk Mitigation**	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	Partially in place	8 & 9	-
C	**Compliance**	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	3, 10, 11, 12 & 13	1

Other Findings

The Constitution was amended in October 2022. The Primary Care Commissioning Committee (PCCC) is required to comply with the ICB Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation (SoRD). The SoRD allows delegation to the PCCC decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts.

The Primary Care Commissioning Committee (PCCC) Terms of Reference are included in the Governance Handbook which was approved at the inaugural meeting of the ICB Board on the 1st July 2022. It was based on the model documentation provided by NHSE and are in accordance with NHSE requirements. It clearly states that 'the role of the PCCC shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act'.

The PCCC is chaired by the Director of Adult Social Services; there is no GP formal member, but one GP (the ICB Board partner member) and two practice managers are attendees. The Terms of Reference of the PCCC require that all members shall comply with the Managing Conflicts of Interest Policy and all Conflicts of Interest must be noted and mitigated as per the Policy.

Management response- New Terms of Reference have been agreed by the ICB Board, now we have one practice manager and one dental attendee as part of the formal attendance. The ICB board partner GP member remains as a formal attendee, as well as the Local Medical Committee.

Other Findings

There is a delegation agreement dated 1st July 2022 between NHSE and the Norfolk and Waveney ICB and signed by the CEO, N&W ICB and the Director of Strategy and Transformation, NHSE Region. The agreement used is the model agreement and makes clear that for 22/23 only Primary Medical Services Delegation has been agreed. The delegation agreement is supported by the Primary Medical Services Policy and Guidance Manual (PGM). This provides commissioners of primary care services with the context, information and tools to safely commission and contract manage primary medical care contracts. ICBs must have due regard to their obligations as set out within the delegation agreement which includes adherence with policies and guidance issued by NHS England, including this PGM.

In November 2021, the PCCC agreed a revised process for Resilience Funding. Option 2 was approved - a central panel process. This was considered as part of the 21/22 Primary Care Delegated review. The paper on Resilience Funding to the October 2022 PCCC confirmed that the same process was in place, except the process had been brought forward from Q4 to Q1/2 to avoid winter pressures.

A detailed paper on Transition was presented to the Audit Committee in September 2022. It outlined the governance arrangements put in place in Summer 2022 which include a project plan, governance framework, operational risk register and overarching risk onto the Board Assurance Framework. In order to oversee delivery of the delegated arrangements amendment to the current Primary Care Reporting Structure is underway, overseen by the Delegation Task and Finish Group. The Terms of Reference of the Primary Care Commissioning Committee (PCCC) are updated, and two delivery groups (Primary Care Medical and Primary Care Dental) will be established reporting to the PCCC.

A paper on the Transition of Delegated Responsibility for Primary Care Services was presented to the ICB Board, February 2023 to confirm their agreement to proceed. The paper was supported by the Delegation Agreement, the Safe Delegation Checklist and the MOU with Herts and West Essex who will be hosting the small team to manage Pharmaceutical and Optical service delivery and performance matters. Approval has already been given by NHSEI and the Board had received an update in November 2022.

The ICB has been working collaboratively with regional NHSEI and ICBs to clarify and resolve issues and complete the Safe Delegation Checklist. There are a number of issues to work through with the priority being Dental capacity, primary care workforce, ICB primary care commissioning workforce/capacity and finance. The Year 1 Delivery Plan is underway using the Safe Delegation Checklist as the baseline. These risks are clearly outlined in the Board paper.

The BAF is presented to the ICB Board in Part One of the Agenda. From review of the November 2022 papers the BAF included two Primary Care Risks (BAF 16 Primary Care Resilience and BAF 18 Transition and Delegation of Primary Care Services). The papers clearly show the risk, current controls, gaps and actions to address. BAF 18 is new onto the BAF, and BAF 16 risk rating was increased from 12 to 16 in October 2022 as per the paper to the Primary Care Commissioning Committee in September 2022.

The CCG transferred all its policies to the ICB, which were approved at the inaugural meeting of the ICB on 01.07.22. The Counter Fraud, Bribery and Corruption Policy was one of these, and is published on the ICB website (Improving Lives Matter). There is also an anti-bribery statement published on the ICB website.

The Resilience Funding panel met in July 2022 and considered 23 submissions; a total of £142k out of the £143k allocation was agreed to 14 practices. The updated scoring guidelines were updated as per previous internal audit recommendations, and the minutes of the panel meeting confirm detailed consideration against the criteria with proposals to the Primary Care Commissioning Committee (PCCC) and consideration of locum support costs (also to PCCC). A lessons learning paper was also drafted to inform 23/24 and summarised in the paper to the October 2022 PCCC meeting.

Further review of Primary Care Commissioning Committee papers and minutes confirm that the Committee approved an extension to the Walk in Centre APMS contract to allow for fuller engagement prior to procurement. Preliminary approval of the Workforce Strategy and Comms/Engagement Plan was given and a paper requesting approval of a new Ukrainian Health Checks LCS was agreed.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	**Performance Monitoring**	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Partially in place	4, 5, 6 & 7	-
S	**Sustainability**	The impact on the organisation's sustainability agenda has been considered.	Out of Scope	-	-
R	**Resilience**	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Out of Scope	-	-

Other Findings

The PCCC meetings are split into two halves, Part One and Part Two. The public are not included for Part Two as these contain commercially sensitive matters. The Part 1 PCCC Papers are included on the ICB's website.

EXPLANATORY INFORMATION

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	11th October 2022	12th January 2023
Draft Report:	4th April 2023	
Revised Draft Report:	5th May 2023	
Final Report:		

AUDIT PLANNING Appendix B

Client:	NHS Norfolk and Waveney ICB		
Review:	Primary Care Delegated Commissioning – Mandated		
Type of Review:	Assurance	**Audit Lead:**	Nicola Cocks, Principal Auditor

Outline scope (per Annual Plan):	To evaluate the effectiveness of the arrangements put in place to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement. The review will also assess the governance arrangements for developing and monitoring Primary Care Networks.	
Detailed scope will consider:	Directed Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation. Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register. Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Delivery Performance monitoring: There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner. Sustainability: The impact on the organisation's sustainability agenda has been considered. Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.
Requested additions to scope:	(if required then please provide brief detail)	
Exclusions from scope:		

Planned Start Date:	13/07/2022	**Exit Meeting Date:**	28/03/2023	**Exit Meeting to be held with:**	Shepherd Ncube, Associate Director of Primary Care Commissioning

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	Y – transfer from CCG to ICB
Are there any particular matters/periods of time you would like the review to consider?	N

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Item 13

Pharmaceutical Services Regulations Committee (PSRC)

Terms of Reference

Issue Date: June 2023

Date of next review: June 2024

1 Introduction

By virtue of the delegation agreements between NHS England and Integrated Care Boards (ICBs) and NHS England's Pharmacy Manual, each ICB is required to establish a Committee that is the equivalent of the former NHS England Pharmaceutical Services Regulations Committees (PSRCs).
Where such Committees are established and are properly constituted in line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations), they are authorised by NHS England to undertake activities within the Terms of Reference set out in the Pharmacy Manual.

Via **Chapter 2 of the** Pharmacy Manual (england.nhs.uk) NHS England has delegated decision-making to each ICB in relation to the matters under the 2013 regulations that are listed in that chapter where the decision-maker is listed as "the committee".

Under section 65Z5 of the NHS Act 2006, the six ICBs in the East of England have formed a PSRC. The ICBs in the East of England are Hertfordshire and West Essex (HWE) ICB, Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB, Mid and South Essex ICB, Suffolk and North East Essex ICB and Norfolk and Waveney ICB. The PSRC is hosted by Hertfordshire and West Essex ICB who will manage this function on behalf of the other ICBs across the East of England.

2 Membership

The membership of the PSRC is as follows:

- Director of Primary Care Transformation, HWE ICB (or their suitable, nominated deputy) who will chair the meeting
- Assistant Director for Primary Care Contracting, HWE ICB (or their suitable, nominated deputy) who will chair the meeting in the absence of the Director of Primary Care Transformation and
- One or two lay members (or equivalent).

Due to the knowledge and understanding of the 2013 regulations that is required, PSRC lay members are considered to be “experts” and should receive an appropriate fee.

All members of the PSRC must have a good knowledge and understanding of the 2013 regulations to reduce the likelihood of a successful appeal against decisions made. It is recognised that the ICB may occasionally not be able to appoint members to the PSRC who have the required level of knowledge and expertise. It is therefore essential that the PSRC is supported by officers or persons who have the relevant expertise. It is essential that members build up expertise in the 2013 regulations and therefore consistency of attendance is expected.

Meetings will be quorate if any two of the members are present, one of whom must be a HWE ICB officer. Each member of the PSRC has a vote and the Chair has the casting vote, if necessary.

The PSRC must ensure it has access to expert knowledge on the 2013 regulations and may obtain such legal or other independent professional advice as it considers necessary and may co-opt persons with relevant experience and expertise if required.

The PSRC may seek professional advice in relation to fitness matters, by local agreement, from a pharmacy advisor or a person who is a member of an NHS England professional standards group or performers lists decisions panel. For the avoidance of doubt, ‘fitness matters’ are defined as follows.

- Determining whether or not an applicant is a fit and proper person to be included in the relevant pharmaceutical list when applying to be included in it for the first time.
- Considering whether or not an applicant body corporate remains a fit and proper to be included in the relevant pharmaceutical list following the grant of an application for inclusion in that list, but before the body corporate is so included, where it notifies the commissioner that it has appointed a new superintendent.
- Review of conditions following the conditional inclusion of an applicant in a pharmaceutical list.
- Use of the fitness powers in connection with a person who is already included in a pharmaceutical list or lists as set out in the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, to include removal, contingent removal, suspension and applying for a national disqualification. This could be as a result of a contractor notifying the commissioner of a fitness matter, the commissioner otherwise becoming aware of a fitness matter, or through contract management alongside, or instead of, use of the performance related sanctions.

The following persons may be co-opted to each committee, but will not have a vote:

- Pharmacy Contract Manager (or equivalent)
- Pharmacy Professional Adviser (or equivalent) (as required).

The PSRC may invite further ICB officers to attend committee meetings to discuss fitness matters. They will be sent copies of the papers in advance of each meeting, and these are shared in the strictest confidence. They must not be shared any wider unless it has been agreed to do so via the PSRC. For the avoidance of doubt, such officers will not have voting rights.

The following persons are ineligible to be voting or co-opted members of the PSRC, as specified in Regulation 82 and paragraph 26(1), Schedule 2 of the 2013 regulations, in relation to the determination of any application for inclusion in a pharmaceutical or dispensing doctor list.

- A person who is included in a pharmaceutical list or is an employee of such a person.
- A person who assists in the provision of pharmaceutical services under Chapter 1 or Part 7 of the NHS Act 2006.
- A person who is an LPS chemist, or a person who provides or assists in the provision of LPS.
- A person who is a provider of primary medical services.
- A person who is a member of a provider or primary medical service that is a partnership, or a shareholder in a provider of primary medical services that is a company limited by shares.
- A person who is employed or engaged by a primary medical services provider.
- A person who is employed or engaged by an alternative provider medical services contractor in any capacity relating to the provision of primary medical services.

In addition, no voting or co-opted member or other ICB officer may take part in a decision if, in the opinion of the remaining voting members, the circumstances set out in paragraph 26(2), Schedule 2 to the 2013 regulations apply (reasonable suspicion of bias).

Voting and co-opted members and other ICB officers must advise the Chair of any potential Conflict of Interest on receipt of the papers for a meeting. Discussion of those potential conflicts will take place at the beginning of each meeting and will be recorded. Where a conflict is perceived to exist in relation to a matter, the member with that conflict will leave the room/virtual meeting before discussion of that matter and will not return until the relevant decision has been made and the reasons for it have been recorded.

3 Meeting Arrangements

HWE ICB shall secure such administrative support as is reasonably necessary to carry out its functions.

The PSRC will meet monthly (or earlier if needed to discuss a case urgently) where there is a need. Where a meeting is not required the PSRC will document this in line with local procedures. Meetings may be held virtually or face to face. Agendas and papers will be circulated electronically one week before the meeting.

4 Reporting Arrangements

The PSRC will report at least every six months to all ICB's Primary Care Commissioning Committee (or equivalent), in the East of England on the decisions taken and the outcome of any appeals on those decisions. It will also be required to report to NHS England in line with the assurance framework.

5 Responsibilities

The PSRC will be responsible for making those decisions set out in chapter 2 of the Pharmacy Manual where the decision-maker is listed as "the committee".

The Pharmacy Contract Managers and Contracting Support Managers are responsible for ensuring that applications for inclusion in a pharmaceutical list are determined in line with the timescales set out in the 2013 regulations. As such they will escalate applications as and when required.

Health and Wellbeing Boards (HWB) are responsible for identifying current or future needs for, or improvements or better access to, a pharmaceutical service or pharmaceutical services in general via the Pharmaceutical Needs Assessment (PNA). There are twelve HWB covering the East of England. The PSRC is required to review the PNAs in its area and to record the actions taken to address identified needs, improvements or better access whether this is via the market entry process or through local commissioning processes.

6 Officer Level Decisions

Within the Pharmacy Manual, certain decisions may be made by ICB officers in the Contracting Team. Where that person is unavailable the manual allows the decision to be made by the PSRC.

The requirements of Regulation 62 and paragraph 26(1), Schedule 2 of the 2013 regulations apply to these officers. Before considering an application or making a decision that has been delegated to them, the officer must document that they are not barred by virtue of the relevant regulation or paragraph mentioned at the beginning of the paragraph.

Officers in the Contracting Team may not make a decision if the circumstances set out in paragraph 26(2), Schedule 2 to the 2013 regulations apply (reasonable suspicion of bias).

If, for whatever reason, an officer is unable to make a decision within the required timeframe (or at all), that decision shall be taken by the committee.

The officer will report monthly to the PSRC on decisions taken and the outcome of any appeals on those decisions.

6.1 Fitness Decisions

Where an applicant is applying to be included in the relevant Pharmaceutical List for the first time and the checks on the fitness information reveal no adverse findings and the references are satisfactory, the PSRC may nominate an ICB officer who has the appropriate clinical experience to make decisions on whether the applicant is suitable to be included in the relevant pharmaceutical list on fitness grounds.

Where the checks and/or references reveal adverse findings, which may lead the application to be refused or deferred on fitness grounds or for the applicant to be conditionally included, the decision will be made by the PSRC.

6.2 Other Decisions

HWE ICB are required to have an appropriately experienced officer in a role that is similar to the preceding NHS England pharmacy contracts managers. Where such person meets the requirements of the 2013 Regulations they are authorised by NHS England to make the decisions listed in Chapter 2 of the Pharmacy Manual marked as “officer”. For the purposes of the ICBs who have established this PSRC, this is the Pharmacy Contract Manager at HWE ICB (or equivalent).

Improving lives **together**

Norfolk and Waveney Integrated Care System

2023/24 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

May 2023

Primary Care Commissioning Committee 11th July 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M2 (May-23) of the ICB accounts.

- As at Month 2 (May), the Year to Date (YTD) spend is £ 89.5m as against a plan of £89m leading to an overspend of £0.5 m for Primary Care and Prescribing in combination.

- The forecast spend is £536.2m as against a plan of £532m leading to a forecast overspend of £4.2m. The Primary care spend is mainly a combination of Prescribing, Delegated Commissioning, Pharmacy Optometry and Dental (POD) which the ICB has taken over from April-23.

- The Efficiencies this year was identified at 5% for all areas and whilst in Prescribing , majority of efficiencies are identified , it is not the case in other areas and hence the majority of adverse variance is due to Unidentified Efficiencies.

- 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	12 months ICB Budget £m	Year to Date (May) Budget £m	Actual £ m	Variance (Fav)Adv £m	Forecast 12 Months (ICB) Actual £m	Variance (Fav) Adv £m	Comments on material Variances	*Detailed Variance Analysis*
GP & Other Prescribing	207.6	35.0	35.5	0.5	210.9	3.3	£2m Unidentified efficiencies in GP Prescribing ,Central Drugs and Oxygen and £1.2m lower Edoxaban rebates	*3.1*
Primary Care								
System Development Fund	3.5	0.6	0.6	0.0	3.5	0.1	Unidentified Efficiencies	
Local Enhanced Services	11.3	1.8	2.5	0.7	16.1	4.8	Budget in Delegated	
Other Primary Care	4.6	0.8	0.8	0.0	4.7	0.1	Unidentified Efficiencies	
Primary Care Delegated Co-Commissioning	207.3	34.6	33.9	(0.7)	203.2	(4.2)	Spend in Local Enhanced Services	*3.2*
Primary Care IT	5.1	0.9	0.9	(0.0)	5.1	0.0		
Optom	10.2	1.7	1.7	0.0	10.2	0.0		
Pharmacy	20.9	3.5	3.5	0.0	20.9	0.0		
Community Dental	3.4	0.6	0.6	0.0	3.4	(0.0)		
Primary Dental	46.1	7.7	7.7	0.0	46.1	(0.0)		
Secondary Dental	12.1	2.0	2.0	0.0	12.1	0.0		
Total Primary Care	324.4	54.0	54.0	0.0	325.2	0.8		
Total Directorate	532.0	89.0	89.5	0.5	536.1	4.2		
Variance as a % of Budget				*0.6%*		*0.8%*		

The detailed explanations are provided in 3.0 Detailed variance analysis.

3.0 Detailed Variance Analysis

Primary Care: Detailed Variance Analysis		12 months Budget ICB	Year to Date (May)			12 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	207.6	35.0	35.5	0.5	210.9	3.3	1.6%	The GP Prescribing costs are reported nationally 2 months in arrears, hence at Month 2 estimates for April and May used for the Year to Date (YTD) position and estimates from April-23 to March-24 are considered Forecast Outturn (FOT) The YTD variance is due to No Cheaper Stock Obtainable (NCSO) cost pressures for April and May, The FOT variance of £3.3m is due to £2m of Unidentified efficiencies in GP Prescribing, Central Drugs and Oxygen and £1.2m lower Edoxaban rebates, due to a change in the national framework.
3.2	Primary Care Delegated Co-Commissioning	207.3	34.6	33.9	(0.7)	203.2	(4.2)	-2.0%	The FOT underspend here is due to budgets in delegated co-commiossioning and costs in Local Enhanced Services.

4.0 System Development Fund

23/24 System Development Fund	12months Budget ICB	Year to Date(May)			Forecast (ICB)	
	Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv
	£m	£m	£ m	£m	£ m	£m
Pct training hubs	0.25	0.04	0.04	0.00	0.25	0.01
Transformation Fund	3.29	0.55	0.55	-0.00	3.29	0.06
Total	3.53	0.59	0.59	0.00	3.54	0.07

- The above table details the schemes within the System Development Fund (SDF).
- NHSE have awarded the allocation under Transformation Fund and work is carried out by the Primary Care Commissioning Team to allocate funding to different projects.
- The ICB would receive separate allocation for GP Fellowship, GP Supporting Mentors and GPIT Infrastructure and Resilience in due course.
- The Forecast overspend is due to Unidentified Efficiencies (part of the 5% total efficiency target)

5.0 Delegated Co Commissioning Analysis

Primary Care: Delegated Co Commissioning	12 months Budget ICB £m	Year to Date (May) Budget £m	Actual £ m	Variance (Fav)Adv £m	12 Months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
Contractual	129.8	21.6	21.5	(0.1)	129.6	(0.1)
QOF	16.2	2.7	2.7	0.0	16.2	0.0
Premises cost reimbursements	15.6	2.6	2.5	(0.1)	15.5	(0.1)
Other - GP Services	14.9	2.5	2.3	(0.2)	14.7	(0.2)
Enhanced services	11.2	1.9	1.9	0.0	11.2	0.0
CCG Spend	0.6	0.1	0.1	0.0	0.6	0.0
PCN ARRS Staff	17.4	2.9	2.9	(0.0)	17.4	(0.0)
PMS to GMS	4.2	0.7	0.0	(0.7)	0.0	(4.2)
Prior Year	-2.4	-0.4	0.0	0.4	-2.0	0.4
Total	**207.3**	**34.6**	**33.9**	**(0.7)**	**203.2**	**(4.2)**
Variance as a % of Budget				*-1.9%*		*-2.0%*

- The above table details the category of expenditure within Delegated Co Commissioning
- The Forecast variance is underspent by £4.2m as the PMS GMS budgets are in Delegated and the spend is recorded in Local Enhanced Services.

6.0 GP And Other Prescribing

23/24 Primary Care: GP And Other Prescribing	12months Budget CCG	Year to Date(May)			Forecast (ICB)		Comments on material Forecast Variances
	Budget £m	Budget £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Variance (Fav)Adv £m	
GP Prescribing Costs	199.0	33.6	34.0	0.5	201.8	2.8	£1.6m unidentified efficiencies and £1.2m lower Edoxaban rebates
Recharges to Local Authorities & NHS England	(5.6)	(0.9)	(0.9)	(0.0)	(5.6)	0.0	-
Rebates from pharmaceutical companies	(4.4)	(0.7)	(0.7)	0.0	(4.4)	(0.0)	-
GP Prescribing Subtotal	**189.0**	**31.9**	**32.4**	**0.5**	**191.8**	**2.8**	
Central Drugs	5.1	0.9	0.9	0.0	5.4	0.3	Unidentified Efficiencies
Dressings & wound care	5.9	1.0	1.0	(0.0)	5.9	(0.0)	-
Others (Medicine Management, Oxygen, incentives etc.)	7.6	1.2	1.2	0.0	7.9	0.3	Unidentified Efficiencies and increase in utilities in Beccles House
Total Spend	**207.6**	**35.0**	**35.5**	**0.5**	**210.9**	**3.3**	
Variance as a % of Budget				*1.4%*		*1.6%*	
Variance Signage: (Favourable)/Adverse							

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

7.0 DOP Dental Budget Breakdown

Dental Budget Breakdown 2023/24

	£ 000's	£ 000's	%age Total	Comment & Risks
Primary Dental				
Baseline Payment	57,998			Main dental contracts based on activity but paid in 12th's and clawed back if necessary
Business Rates	360			Rates payments along the same basis as GP reimbursements
VDP service cost	882			Vocational Dental Practitioner costs
Employer Pension Contribution	1,765			
Minor Oral Surgery	522			Surgery required for tooth extractions
Income and Revenue (Patient)	- 20,750			Income from patients who are eligible to pay for some of there dental costs
General Reserve	5,139			Reserve generated due to the lack of budgeted activity (allocation based on need)
Other	167			
Sub-Total		46,083	74.8%	
Community Dental				
Baseline Payment	2,622			Community providers
Non-Compass	742			Community providers (not on the compass contract system directly invoiced)
Sub-Total		3,363	5.5%	
Secondary Dental				
				Block Contracts
Norfolk and Norwich University Hospitals NHS Foundation Tru	5,923			Block Contracts
James Paget University Hospitals NHS Foundation Trust	3,326			Block Contracts
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1,993			Block Contracts
Nottingham University Hospitals NHS Trust	209			Block Contracts
Cambridge University Hospitals NHS Foundation Trust	204			Block Contracts
Guy's and St Thomas' NHS Foundation Trust	127			Block Contracts
North West Anglia NHS Foundation Trust	72			Block Contracts
East Suffolk and North Essex NHS Foundation Trust	59			Block Contracts
University College London Hospitals NHS Foundation Trust	43			Block Contracts
Barts Health NHS Trust	31			Block Contracts
Bedfordshire Hospitals NHS Foundation Trust	22			Block Contracts
Royal Free London NHS Foundation Trust	7			Block Contracts
East and North Hertfordshire NHS Trust	4			Block Contracts
South Essex NHS Foundation Trust	2			Block Contracts
Royal Papworth Hospital NHS Foundation Trust	2			Block Contracts
Milton Keynes University Hospital NHS Foundation Trust	1			Block Contracts
West Hertfordshire Hospitals NHS Trust	0			Block Contracts
The Princess Alexandra Hospital NHS Trust	0			Block Contracts
Low Vol Activity - Trust	36			Block Contracts
Low Vol Activity - Foundation Trust	48			Block Contracts
Non Contracted Activity	17			Block Contracts
ERF Income	- 1,836			ERF Income as per NHSE Guidance
ERF	1,836			ERF Due to ICB to pass onto Secondary providers
		12,129	19.7%	
Grand-Total		61,575	100%	

7.0 DOP Pharmacy Budget Breakdown

Pharmacy Budget Breakdown 2023/24

Pharmacy	£ 000's	£ 000's	Comment & Risks
Prescription Charges	-11,928		Where patients need to pay their prescription
Professional Fees	26,561		Main services, risk of increased activity
Payments for Essential Services	2,437		Discharge medicines service, dispensing medicines, disposal of unwanted medicines
Advanced Services	2,143		7 Advanced services as part of the Community Pharmacy Contractual Framework (CPCF)
Local Authorised Payments	150		
Local Pharmaceutical Services	-1		
Other Fees	27		
Remuneration Adjustments	-32		
Quality Payments Scheme	1,396		Similar to QoF payments for GP's pharmacies earn points against Meds Optimisation, Respiratory and Prevention area's
Contract- Refuse & Clinical Waste	141		Similar to GP waste contracts
Grand-Total		**20,893.94**	

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7.0 DOP Optom Budget Breakdown

Optom Budget Breakdown 2023/24

	£ 000's	£ 000's	Comment & Risks
Optom			
Cost of Voucher HC5	4		
Dom Visit Oos & OMPs	329		Domicilary visit by Opthamic Medical Practicitioner (Home Visit)
Optician SightTest	6,168		Cost of sight tests
R&R Children & Adult	241		Repair or replacement glasses (child or disabled adult)
Supervisor of Trainee	23		
Vouch for Supp Spec	3,308		If patient qualifies they receive a voucher for the cost of glasses
Cont Education Training All	83		
Grand-Total		**10,155.68**	

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Appendix Financial Risk(s)

Risk	Mitigation
2023/24 outturn position deteriorates from the current forecast	There is robust management and oversight arrangements, detailed review of the underlying position, via monthly review of actual expenditure compared to plan and specific mitigations agreed with budget managers.
Full Year Impact of 22/23 NICE Guidelines in 23/24	NICE guidance which was published in March-22 led to 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 full year impact of the same would be seen for the first time in 23/24, whilst this is included in Forecast numbers but there could be volatility.
Non delivery or under delivery of £9.2m Transformation Savings assumed in the financial position for Prescribing.	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. There 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.

Appendix Financial Risk(s)

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 which 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.

Improving lives together
Norfolk and Waveney Integrated Care System

Agenda item: 15

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:	**11 July 2023**

Purpose of paper:

Information

Executive Summary:

Progress on quality and spend indicators are outlined and some of our current projects are highlighted. This month we will also look back at our two incentive schemes' performance.

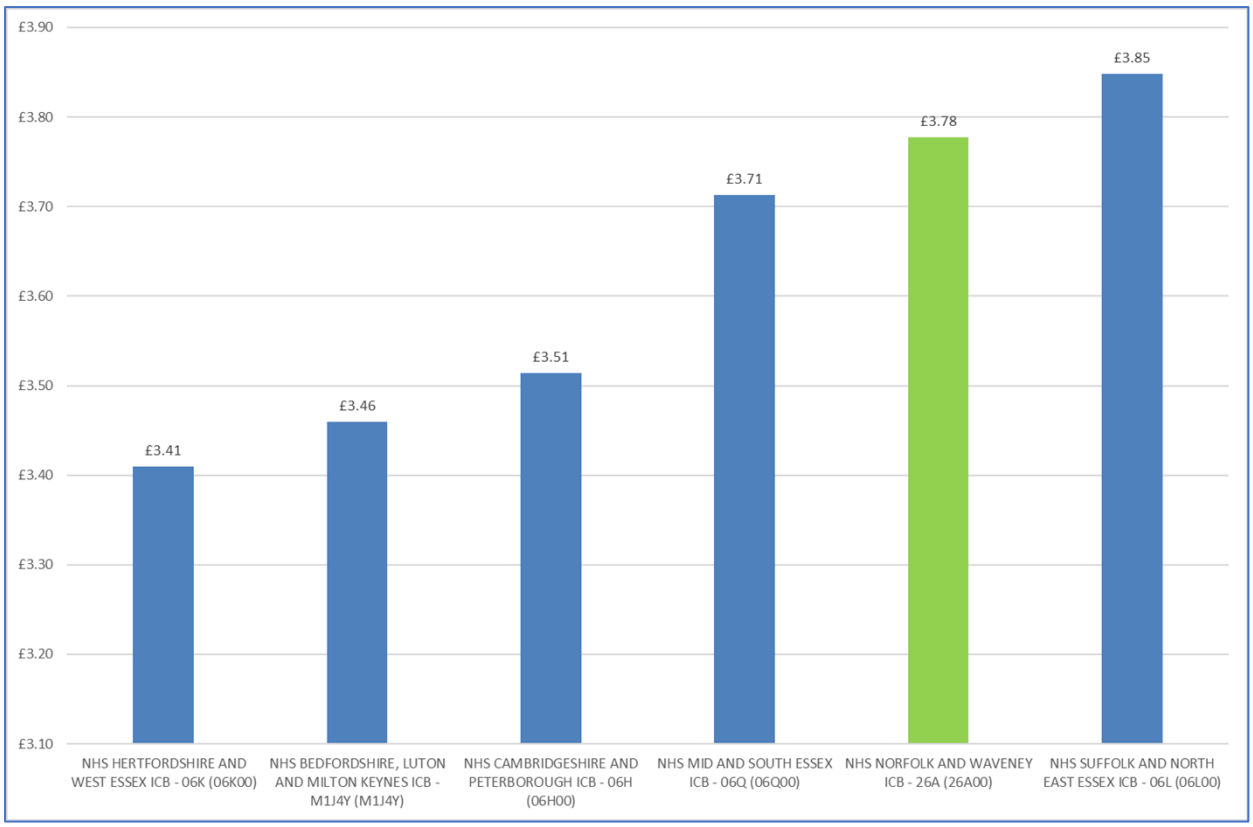
1. Prescribing team focus areas

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

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

2. ICB Prescribing Performance

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



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

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

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

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

NCSO (no cheaper stock obtainable)

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

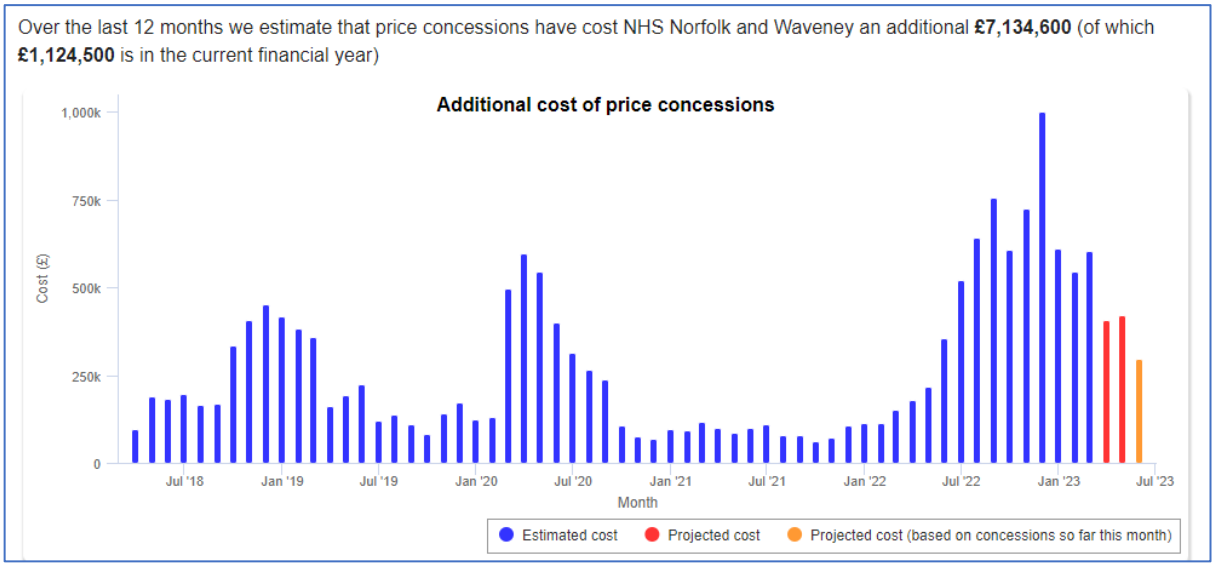
There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact YTD and projected for the following 2 months.

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

	YTD 2023/24	Projected May	Projected June
NCSO and other price concessions	£379,280	£443,924	£314,097
Back into DT at increased prices	£97,637	£149,689	£149,689
Increase In cat M	No increase for April to June, decrease from July projected to be £159,758 per month		
Total	£476.917	£593,613	£463,786

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

Table 2. Bar chart of NCSO additional costs over time



Some drugs have grown in costs due to an increase in the number of indications for their use e.g., SGLT 2s and continuous glucose monitoring.

3 Performance of Incentive Schemes

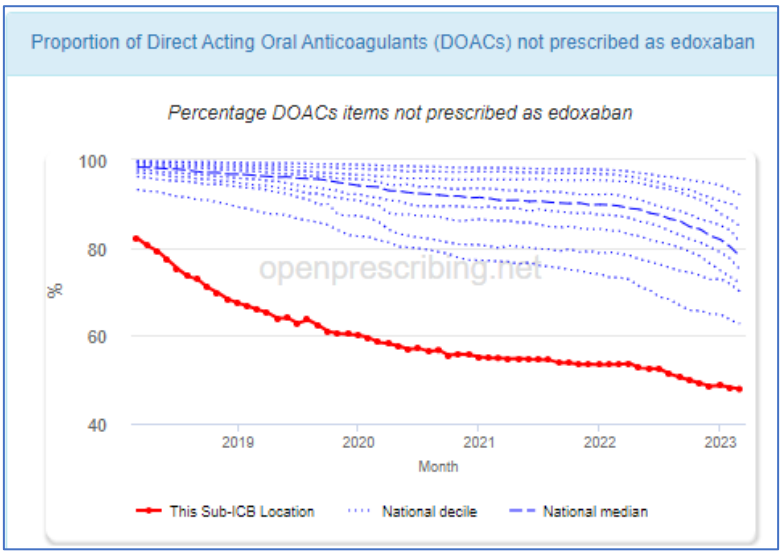
3.1 Prescribing Quality Scheme

We have granted an extension until June for this scheme so final results won't be available until September. Some interim highlights are below.

Cost-effective anticoagulants for atrial fibrillation

Edoxaban has the lowest acquisition cost in the NHS due to a national procurement of all DOACs. Norfolk and Waveney ICB now has the highest use of edoxaban in the country as a percentage of all DOACs. Below is March OpenPrescribing data.

From July Apixaban will also be a cost-effective choice due to its entry into part VIII of the drug tariff into Category M.



Opioids spend as proxy measure of volume – performance monitored monthly

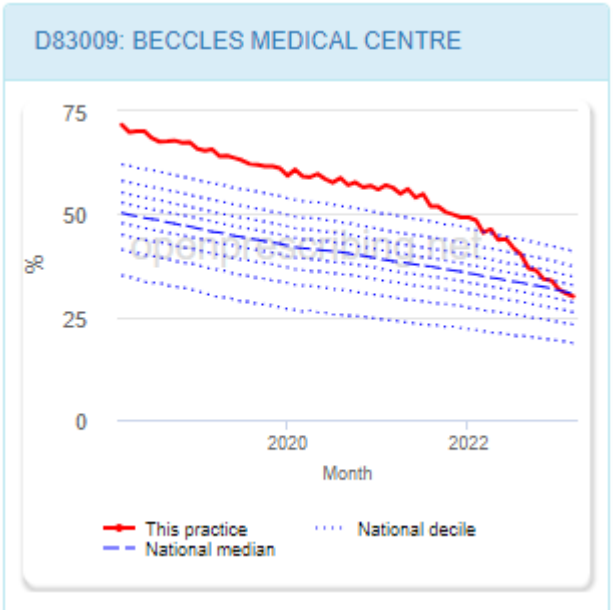
Anxiolytics and hypnotics – performance monitored monthly

Antibiotics – performance monitored monthly

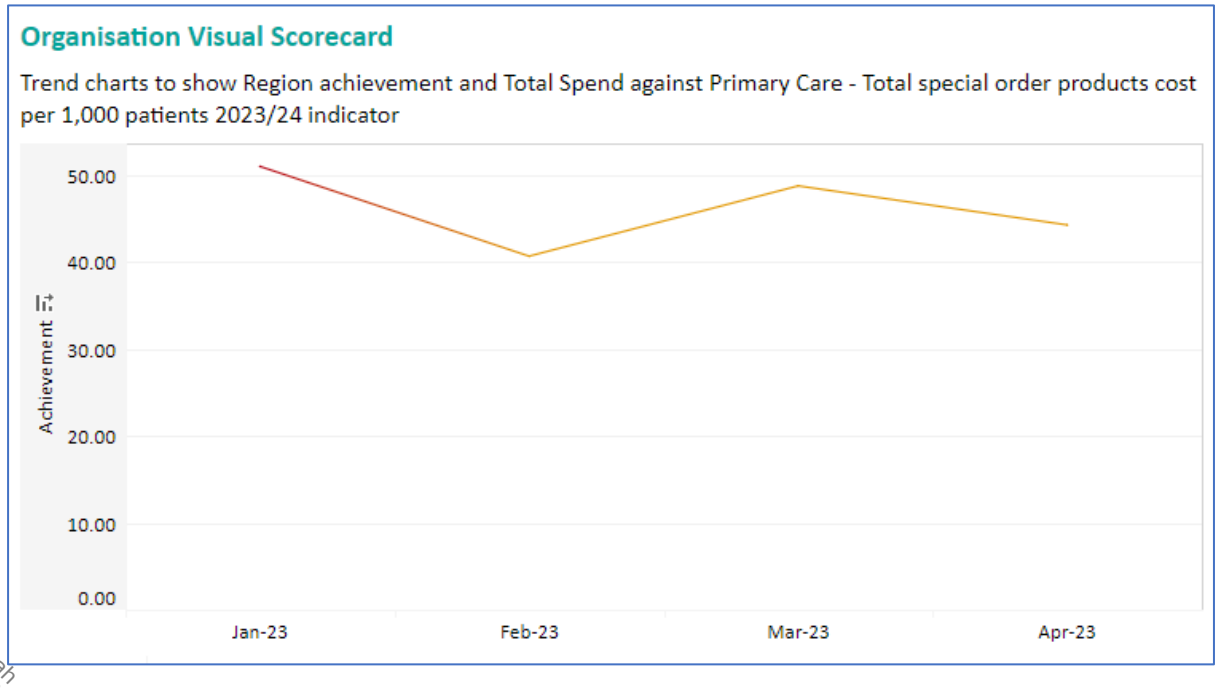
Optimising statins

71 practices have submitted an audit of low intensity statins. Coding for patients on maximum tolerated statin has increased across all practices who completed the audit. A proportion of patients have successfully titrated up their statin dose. Practices using Clinical or PCN Pharmacists to complete this work have generally shown the greatest progress

Table showing a reduction of low and medium strength statins following the PQS audit completion at Beccles Medical Practice

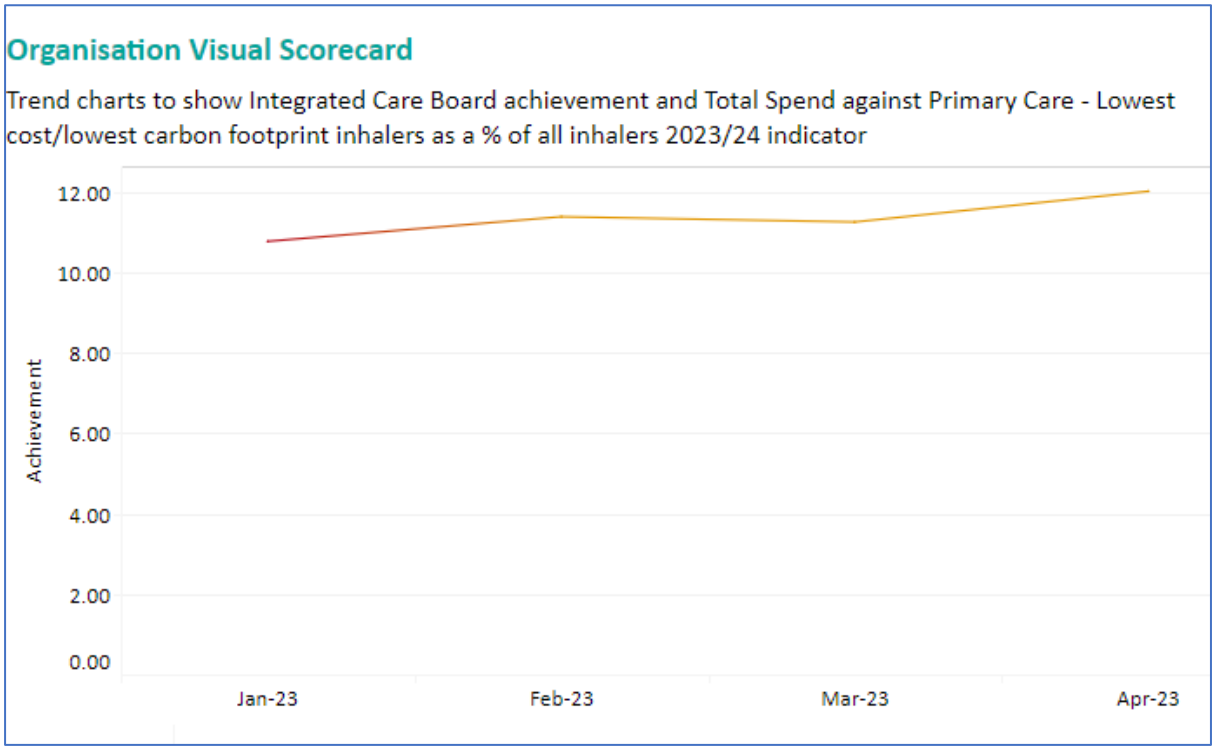


Spend on Specials – this is coming down slowly. The aim of the indicator was to launch the use of the online version of NEWT guidelines. We have funded a licence for all practices and its use prevents an expensive special order product getting onto repeat where a more cost-effective licensed product can be used instead. Preventing one average cost special from getting on repeat more than covers the costs of the licence.



Greener, more cost-effective inhalers

The percentage of greener and more cost-effective inhalers is going up and the carbon footprint (below) is going down.



Organisation Visual Scorecard

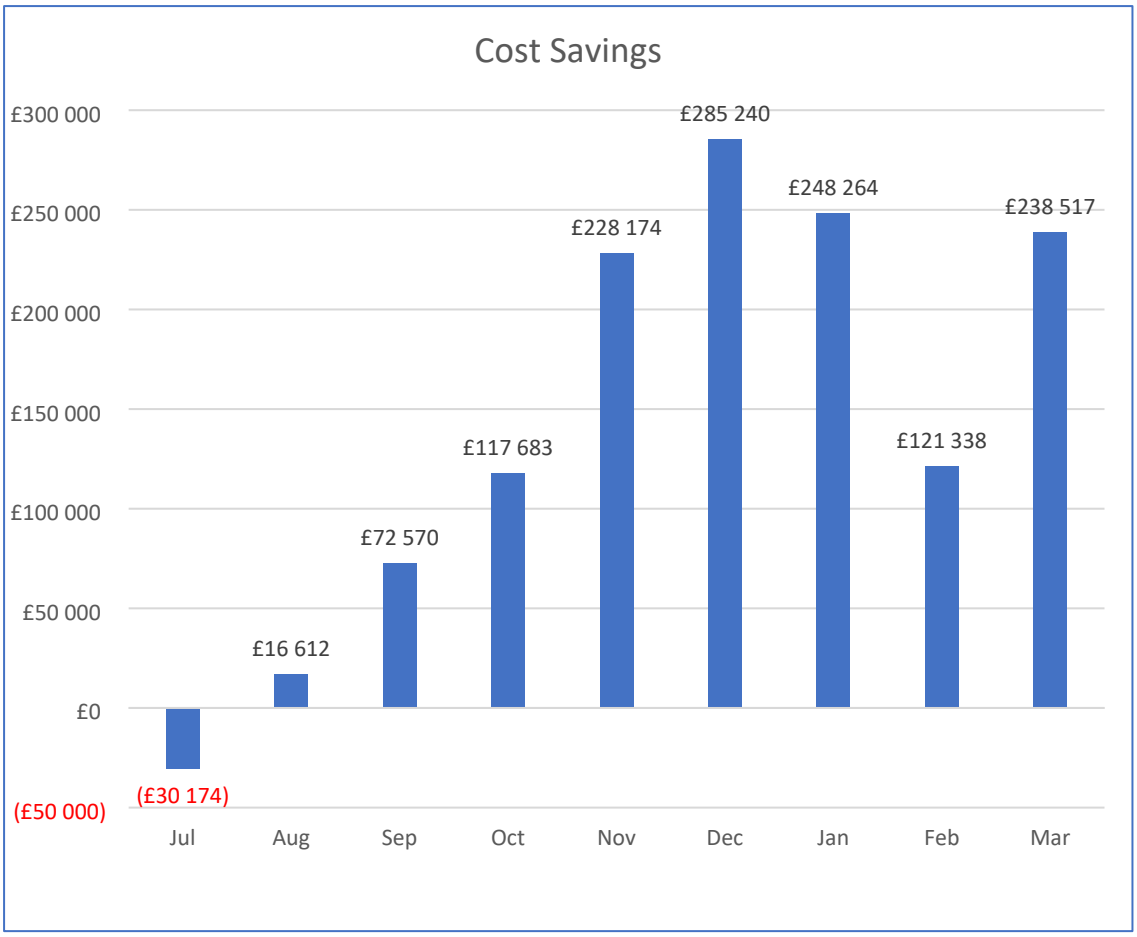
Achievement monthly progress against targets for 2023/24 indicators

					Baseline				YT
Scorecard	KPI	(R)	(A)	(G)	Jan-23	Feb-23	Mar-23	Total	Apr-23
Quality	Inhaler carbon footprint per 1,000 patients	>1409831	1035854 to 1409831	<1035854	1416746	1256470	1395743	1356320	1240627

3.2 Low Risk, Cost-Effective Switch Programme

A version of this programme was offered by external providers

By comparing volume (and cost) of positive products vs negative products (high cost vs low cost alternatives) we can see the switches monthly achieved savings as below.



4 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 March 2023 are below, April data on OpenPrescribing has been delayed, so there is no change from last month in this report. 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 further increase in use to 82nd, 22nd percentile (79th previously (out of 106 organisations) 24th percentile) on high dose opiate items as percentage of regular opiates

- Gabapentinoids – decreased to 29th ,73rd percentile (27th, 74th percentile previously) on defined daily doses of gabapentin and pregabalin

- Hypnotics and anxiolytics – is at 4th position nationally 97th percentile (previously 5th nationally 96th percentile) volume per 1000 patients – the

trend (below) is however an improving one (yellow dotted line is Norfolk and Waveney performance and trend respectively)

The second chart compares 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

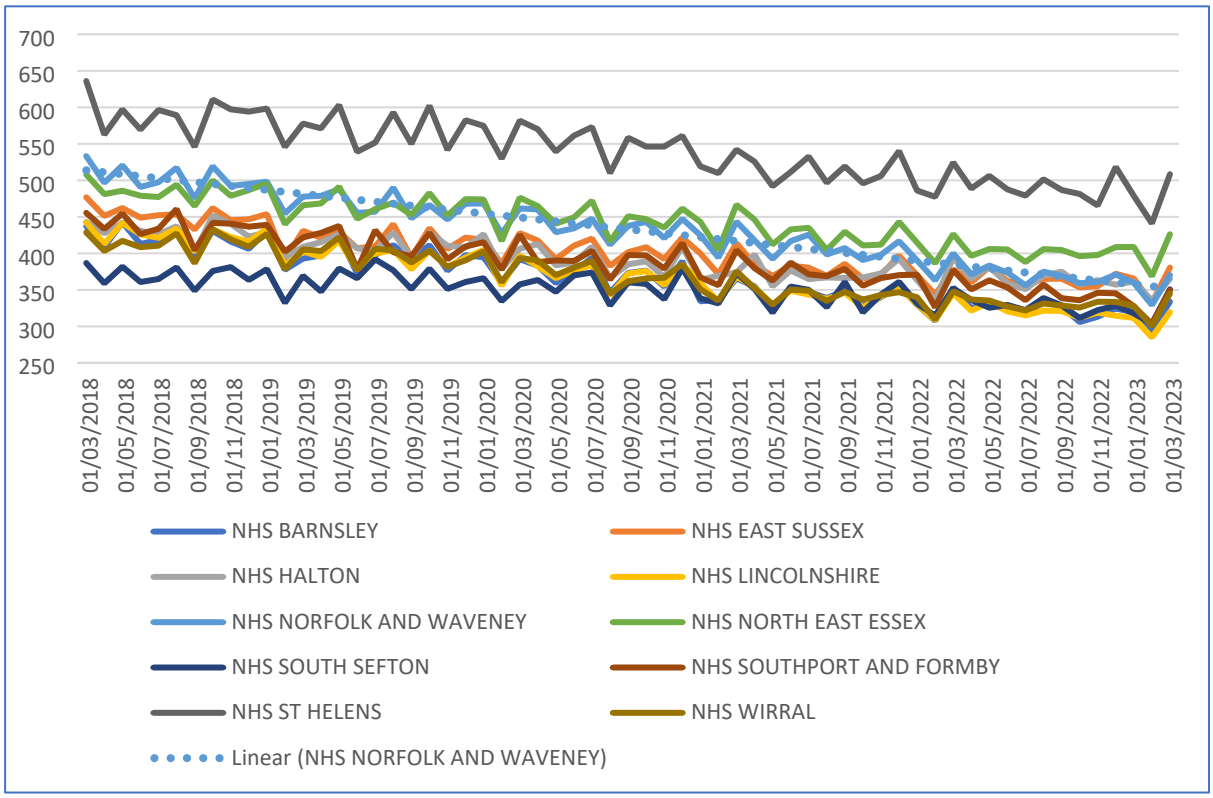
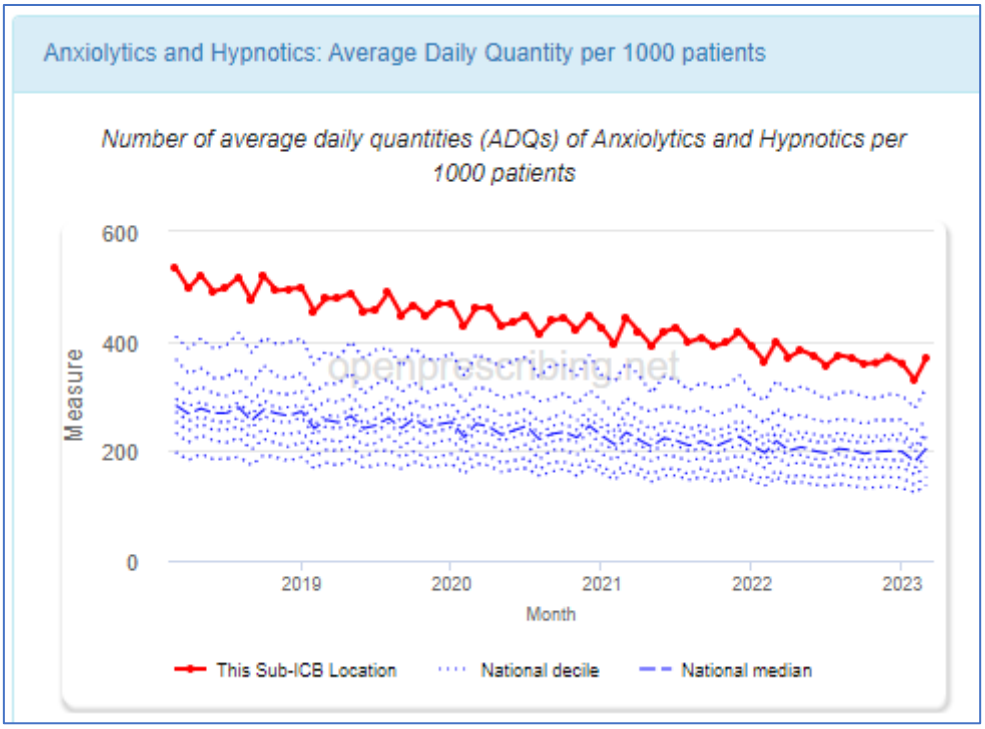


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



4 Antibiotic Prescribing

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

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

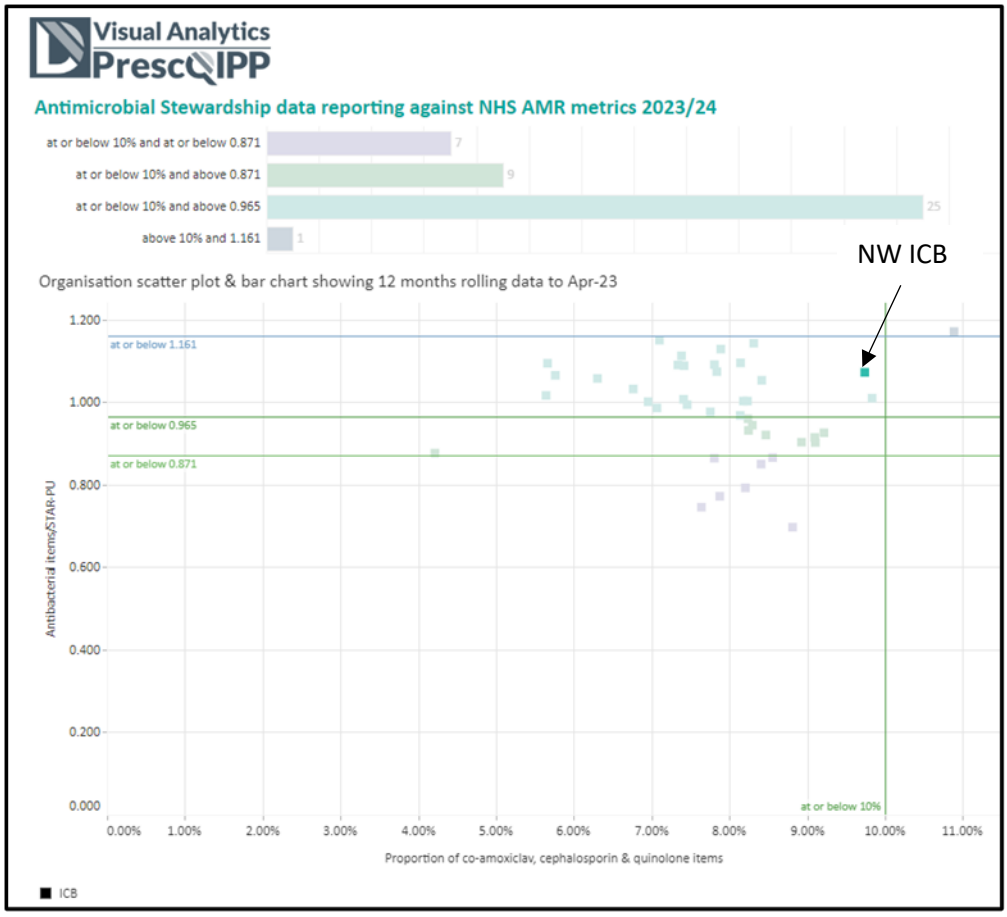
4.3 December 2022 saw a change in guidance for the threshold for prescribing antimicrobial agents due to a rise in Strep A cases in children. National stock shortages of antimicrobials led to alternative antibiotics being prescribed. Both factors have distorted the data for our practices and nationally.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

4.4 Norfolk and Waveney are continuing in an upward trend above the second volume target of 0.965 with a value of 1.072 antibacterial items per STAR-PU in the 12 months to March 2023, following the national trend.

4.5 Norfolk and Waveney ICB are currently following a downward trajectory below the national target of no more than 10% of all antibiotics at 9.74% in the 12 months to April 2023

4.6 Table 6 shows the position of the Norfolk and Waveney ICB for antimicrobial prescribing against the rest of England. The best performing ICBs are towards the bottom left of the chart. Norfolk and Waveney are currently the third worst performing ICB for Broad spectrum antibiotics.

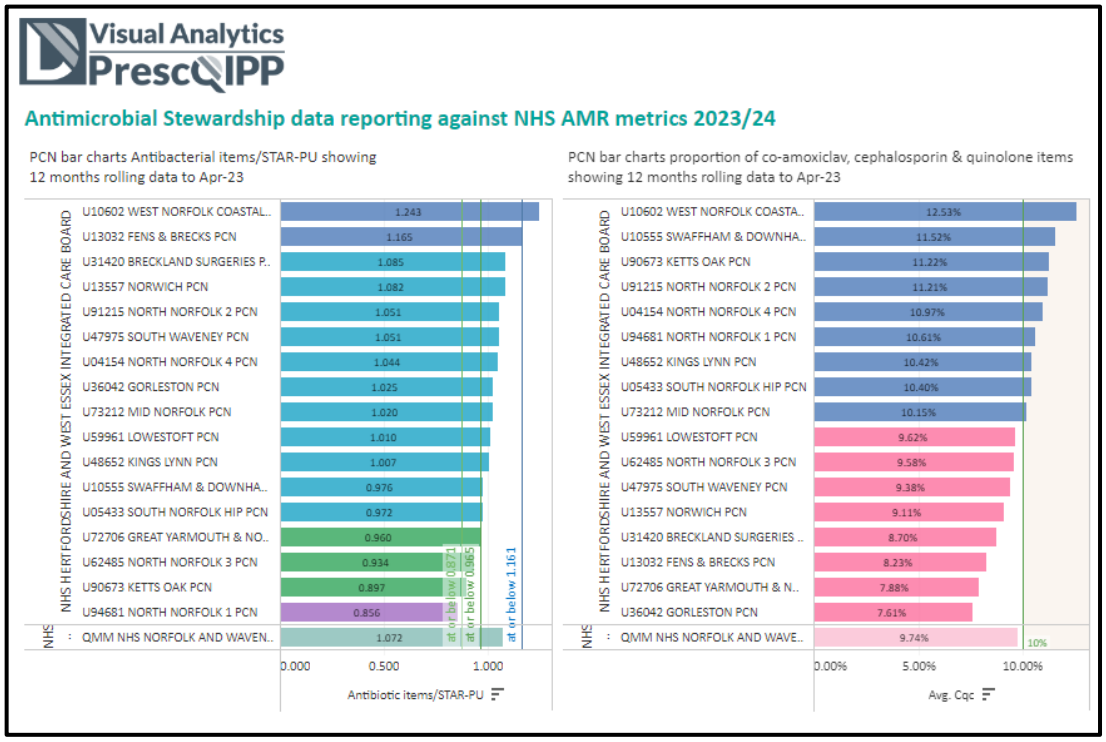
Table 6. ICB scatter chart – Antimicrobial prescribing 12 months to end April 2023



4.7 Antibiotic volumes, the bar chart on the left (Table 7) shows the volume of antibiotic prescribing by PCNs

4.8 Percentage of broad-spectrum antibiotics, the bar chart on the right (Table 7) shows the percentage by PCN.

Table 7. PCN bar charts – Antimicrobial prescribing 12 months to end April 2023



4.9 The Medicines Optimisation Team are starting to work with the highest two PCNs for total antimicrobial items prescribed. This is West Norfolk Coastal PCN and Fens and Brecks PCN. One of the practices we are working with has a low percentage of broad spectrum prescribing overall although they are high antimicrobial prescribers. We will share learning with other practices to drive improvement.

Table 8: Outlier Practices for overall antimicrobial prescribing (90th percentile or above)

No April 2023 data published

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

Table 9: Outlier Practices for prescribing Broad Spectrum Antibiotics (90th percentile or above)

No April 2023 data published

4.11 A Clinical Learning and Sharing Seminar (CLASS) session is being held on 28 June 2023 with a focus on anti-microbial stewardship and the tools to support appropriate prescribing. This will be presented by Dr Naomi Fleming, the East

of England Antimicrobial Stewardship Lead. A recording will be available on the Primary Care Teams platform for practices to be able to view.

Recommendation to Committee:

The committee is asked to note this report

Key Risks	
Clinical and Quality:	Some key quality areas need focus and outlier performance needs addressing. Mitigated through the prescribing quality scheme
Finance and Performance:	Risks highlighted in report
Impact Assessment (environmental and equalities):	Not applicable
Reputation:	ICB practices remain outliers for hypnotics and anxiolytics as highlighted in the report
Legal:	Not applicable
Information Governance:	Not applicable
Resource Required:	Medicines management team support to practices
Reference document(s):	Not applicable
NHS Constitution:	N/A
Conflicts of Interest:	GP dispensing practices may be conflicted with competing financial interests associated with dispensing costs
Reference to relevant risk on the Governing Body Assurance Framework	Prescribing cost risk noted on register

GOVERNANCE

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