Primary Care Commissioning Committee Part One

Tue 08 August 2023, 13:30 - 16:30

Agenda

13:30 - 13:30 0 min

Agenda

Debbie Bartlett

2023 08 08 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (1 pages)

13:30 - 13:30 0 min

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

Information *Debbie Bartlett*

13:30 - 13:30 0 min

2. Apologies for absence

Information *Debbie Bartlett*

13:30 - 13:30 0 min

3. Declarations of Interest

Information *Debbie Bartlett*

2023 08 08 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30 0 min

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

Decision *Debbie Bartlett*

2023 07 11 Item 04 NWICB PCCC Minutes Part One.pdf (12 pages)
2023 08 08 Item 04 Action Log Part One.pdf (1 pages)

13:30 - 13:30 0 min

5. Forward Planner

Decision *Sadie Parker*

2023 08 08 Item 05 ICB PCCC Forward Planner 2023-2024 P1.pdf (1 pages)

13:30 - 13:30 0 min

Service Development

13:30 - 13:30 0 min

6. Care Market Sector Quality Assurance and Monitoring

Information *Paul Benton*

2023 08 08 Item 06 Care Market Sector Quality Assurance and Monitoring.pdf (17 pages)

13:30 - 13:30

7. Care Quality Commission Inspections• Bacon Road Medical Centre•

0 min

Taverham Surgery

Information *Shepherd Ncube*

- 2023 08 08 Item 07 CQC Inspection Report Bacon Road Medical Centre.pdf (6 pages)
- 2023 08 08 Item 07 CQC Inspection Report Taverham Surgery.pdf (6 pages)

13:30 - 13:30
0 min

Finance & Governance

13:30 - 13:30
0 min

8. Primary Care Estates – Revisions to Advice Note 2: Sale and Leaseback proposals

Decision *Cath McWalter*

- 2023 08 08 Item 08 Primary Care Estates - S&L front sheet.pdf (2 pages)
- 2023 08 08 Item 08 Primary Care Estates - S&L Report.pdf (4 pages)

13:30 - 13:30
0 min

9. General Practice Operational Delivery Group Report

Information *Sadie Parker/Mark Burgis*

- 2023 08 08 Item 09 GPODG report.pdf (3 pages)

13:30 - 13:30
0 min

10. Finance Report

Information *James Grainger*

- 2023 08 08 Item 10 Finance Report.pdf (10 pages)

13:30 - 13:30
0 min

11. Prescribing Report

Information *Michael Dennis*

- 2023 08 08 Item 11 Prescribing Report.pdf (11 pages)

13:30 - 13:30
0 min

Any Other Business

Debbie Bartlett

13:30 - 13:30
0 min

12. Questions from the Public

Information *Debbie Bartlett*

Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 8 August 2023, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	**Chair's introduction and report on any Chair's action**	Chair
2.		**Apologies for absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For Noting*	Chair
4.		**Review of Minutes and Action Log from the July 2023 meeting** *For approval*	Chair
5.		**Forward Planner** *For Approval*	SP
		Service Development	
6.	13:50	**Care Market Sector Quality Assurance and Monitoring** *For Noting*	PB
7.	14:00	**Care Quality Commission Inspections** • **Bacon Road Medical Centre** • **Taverham Surgery** *For Noting*	SN
		Finance & Governance	
8.	14:10	**Primary Care Estates – Revisions to Advice Note 2: Sale and Leaseback proposals** *For Approval*	CMcW
9.	14:20	**General Practice Operational Delivery Group Report** *For Noting*	MB/SP
10.	14:30	**Finance Report** *For Noting*	JG
11.	14:40	**Prescribing Report** *For Noting*	MD
		Any Other Business	
12	14:50	**Questions from the Public**	Chair
Date, time and venue of next meeting **Tuesday 12 September 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	
Debbie Bartlett	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Interim Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Diss Parish Fields			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			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
		Lakenham Surgery				Indirect	Partner is Locum Practice Nurse at Lakenham Surgery	Ongoing		
		Castle Partnership				Indirect	Partner was a practice nurse at Castle Partnership (to be removed Jan 2024)	2020	2023	

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
		Director of One Norwich Practices Ltd				Indirect	Close personal friendship with Dr Jeanine Smirl, Director of One Norwich Practices Ltd	Ongoing		Risks to be managed as they arise. Professional integrity will be maintained at all times and decisions ran by Executive Director of Patients and Communities where necessary. In situations where risks cannot be tolerated, prepared to not take part in discussions/decisions
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, General Dental Practice Committee (BDA) Representative for Norfolk	Ongoing		
		Bridge Road Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Deborah Daplyn	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries	Integrated Care Board	X			Direct	Receipt of fees and honorarium for attendance at meetings with ICB and other interested parties	Apr-23	Onoing	Non-voting member - risks will be taken in accordance with COI Policy

		General Optical Services	X			Direct	Own a practice which works within primary care and receives money under a General Optical Services Contract	Apr-23	Ongoing	
		Sheringham Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as "Community Pharmacy Norfolk"	CO of the LPC		x		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tania Farrow	Chief Officer of Community Pharmacy Suffolk representing Waveney contractors	Community Pharmacies		X		Direct	Local Representative body for Community Pharmacies involved in negotiation and support for local Community Pharmacy services	Nov-15	Present	Non-voting member - risks will be taken in accordance with COI Policy
Lauren Seamons	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)	Norfolk LPC	X			Direct	Employed by Norfolk LPC	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		The Hollies, Downham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Jason Stokes	Secretary Norfolk Local Dental Committee (LDC)	National Health Service	X				I have an NHS GDS Contract	2007	Present	I would exclude myself from any discussions particular to my own GDS contract. I would exclude myself from any section of a meeting that ICB members
		British Dental Association		X			I am a member of the British Dental Association (BDA) Principal Executive Committee (PEC) – board of directors	2015	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		Associate Dental Postgraduate		X			I am Associate Dental Postgraduate Dean for Early Years (Health Education England)	2022	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		St Stephens Gate, Norwich			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney Primary Care Commissioning Committee

Part One

Minutes of the Meeting held on
Tuesday 11 July 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) Chairing for this meeting
Debbie Bartlett	DB	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Patricia D'Orsi	PD'O	Executive Director of Nursing, Norfolk & Waveney ICB
Stuart White	SWh	Finance Manager – Delegated Primary Care, Norfolk & Waveney ICB (Deputising for Steven Course, Executive Director of Finance)

In attendance

Name	Initials	Position and Organisation
Andrew Bell	AB	Vice Chairman, Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Sharon Gardner	SG	ICS Community Pharmacy Clinical Lead, 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. Norfolk and Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
William Lee	WL	Senior Primary Care Commissioning Manager – Dental Norfolk and Waveney ICB
Marie McDermott	MMc	Senior Nurse for Primary Care Workforce Development and Education (deputising for KW)
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Jon Punt	JP	Complaints and Enquiries Manager, Norfolk and Waveney ICB
Jayde Robinson	JRo	Head of Primary Care Workforce Transformation, Norfolk and Waveney ICB
Lauren Seamons	LS	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)

Peter Taylor	PT	Assistant Director, Public Health Commissioning Norfolk County Council, Public Health
Fiona Theadom	FT	Head of Primary Care Commissioning
Sarah Webb	SW	Primary Care Administrator, Minute Taker
Naomi Woodhouse	NW	Joint Chief Executive, Norfolk and Waveney Local Medical Committee

Apologies

Name	Initials	Position and Organisation
Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee
Paul Benton	PB	Director for Quality and Care, Norfolk and Waveney ICB
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Tony Dean	TD	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as "Community Pharmacy Norfolk")
James Foster	JF	Practice Manager Committee Attendee
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk and Waveney ICB
Cllr James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council
Jason Stokes	JS	Secretary Norfolk Local Dental Committee (LDC)
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB

Observer

Name	Initials	Position and Organisation
Brian Robertson	BR	Observer Norfolk Local Dental Committee Chair

No	Item	Action owner
1.	**Chair's introduction**	**Chair**
	HW introduced himself and welcomed attendees to the July Committee and confirmed that this would be recorded and made available on YouTube. HW extended a special welcome to Debbie Bartlett who had replaced James Bullion and DB would Chair future Committees. DB introduced herself to Committee members. **Chairs Action - Five Locally Commissioned Services** Chair took an action to extend the deadline from 30 June 2023 to 31 July 2023 for practices to sign up to recommissioned Locally Commissioned Services and to extend current service specifications until the end of July 2023. **Matters Arising** Item 9 deferred and would be presented at August 2023 Committee.	
2.	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**

	None received.	
4.	**Review of Minutes and Action Log from the July 2023 Committee** *For Approval*	**Chair**
	The minutes were agreed to be an accurate reflection of the July 2023 Committee and minutes would be sent to the Chair for signing. **ACTION: SW to send HW minutes for signing.** **Action Log:** Actions 148, 149, 150 closed. Action 151 would be closed today. Actions 152, 153 not due.	**SW**
5.	**Forward Planner** *For Noting*	**SP**
	SP advised that the PCN DES item would be listed for the agenda for the first General Practice Operational Delivery Group later in the month and this would be reported through Committee within a regular report. Dental short term plan listed for October – likely to be reported at September Committee and the long term plan would be brought to Committee next year. No further comments were received. HW thanked SP for the report.	
6.	**Risk Register** *For Approval*	**SP**
	SP highlighted the RED risks. **PC14 (BAF 16) Resilience of general practice** An investment of £788,000 Quality Support and Stability Payment (QSSP) had been made to practices, which had benefitted 67 practices in total. There were two parts to the QSSP, linked to the Quality and Outcomes Framework and the PCN Investment and Impact Fund. The Impact and Investment Fund (IIF) element of QSSP was currently being calculated and payments were expected to be made next month - a further update would be provided within the next risk register update. SP reported that a number of ICB staff attended the Health Overview and Scrutiny Committee in Norfolk where access was discussed and it was disappointing to hear about the abuse that practices had experienced. **PC18 (BAF 18) Dental services** SP confirmed that the ICB were on track for the plans and the timelines around these. The urgent care service proposed for dentistry had been approved and this offer would be rolled out shortly to dental providers. There was concern about the resilience of dental services in Norfolk and Waveney as there were no NHS dentists currently accepting new NHS patients in the system and it was understood that this was the same in neighbouring ICBs. **PC6 Learning Disability Risk** The risk score had been reduced last year and performance had progressed well. There were some anomalies between the nationally reported data and the locally extracted data and work had been done with the national team which had identified where the discrepancies had arisen. Unfortunately the national team does not plan to reissue the figures. The plan was to continue to explain	

	the difference locally. Months to date delivery was slightly behind trajectory and this was being closely monitored as it would determine whether there would be a recommendation for an increase in score for this risk. HW thanked SP and opened up for questions. BB asked for clarity around stats not recognised in the same way and if this was a national issue. SP confirmed it was. PD'O recognised the positive progress made and that it was important not to lose traction this year. PD'O would welcome that SN and his team focus on the health checks to ensure that those with health inequalities were being championed by the system. PD'O raised a different point having noted there had been a publication of the long term workforce plan. PD'O would welcome a triangulation piece with regard to the work to recruit and retain workforce to build a work programme and a delivery plan against these particular areas. HW agreed that this was a good suggestion and would be included in the regular workforce report on the forward planner and with the work that JRo and others were doing. HW had reviewed the PC18 risk and agreed it was headed in the right direction and the score was appropriate. In line with the internal audit recommendations, the Committee were now asked to support the risk scores and HW asked Committee members if they had any objections to this and none were received. Committee members approved.	
7.	**Delivery Plan for Recovering Access to Primary Care** *For Noting*	**SH**
	SH presented the report to Committee for noting. All of the draft PCN capacity and access improvement plans had been received in the last week and had undergone a review process. A system bid for funding to support 39 practices to move to cloud based telephony in line with the ask of the plan had been submitted and a response from NHS England was awaited. Since the report had been written the transition funding guidance had been published which outlined how practices could apply for transition funding to support the move to the modern general practice access model and requests for access of funding were being picked up through the review process of the capacity and access improvement plans. HW checked if there were questions or comments. AH noted that there was a huge emphasis in the paper on access. AH wanted to balance with the importance of continuity of care and commented on a recent meeting he had attended with patients where there was a desire for continuity from GPs and the practices nurses and AH asked if this was appreciated and included in planning.	

	SH agreed this was a valid point and it was one of the potential unintended consequences of the plan. Whilst the focus on access was important it was also important not to lose sight of continuity of care and SH would reflect within system response to the plan. SP added that part of the report today included a requirement for work to continue on the interface with secondary care and other NHS providers and a system response was being coordinated by SH on this with work being done with the Trusts and supported by contracting and procurement teams. There were also regular meeting with the Local Medical Committee. All ICBs should report progress on their system plan and their interface work at the ICB Board meeting in November and a follow up in March. SP would ensure that it was listed at Committee for discussion before taking to the ICB Board. **ACTION: SW to add to forward planner** HB noted the guidance had received a mixed response in general practice and HB had concerns about raising expectations and potentially increasing the challenges being faced on the frontline. HW had a specific question around the report as when it was written there were 3 types of offers for PCNs to help improve the uptake by PCNs and HW asked if this was still the still the case. SH confirmed that there was a practice level programme and a PCN programme. At the time of writing the report the numbers were correct. NW fed into the last point about the improvement programme and that it was intensive and it involved practice time to engage and whilst there may well be some good learning outcomes from it, practices may not have the capacity to fully engage with this programme. SH agreed and had fed back to NHS England on behalf of the ICB that where practices who most need the support could not commit due to capacity constraints, it would be helpful to have smaller bitesize sessions that practices could be signposted to. BB questioned how helpful this was and if this was the right approach to deal with the issue. BB also questioned how much authority the Committee had to influence and how much of this was a responsibility of the Committee. SP noted this work had been set as one of the three national priorities of NHS England who had chosen elective recovery, urgent and emergency care recovery and access to primary care (ie general practice). It was for the ICB to support and work with PCNs to help them respond to the needs of their local population and to support improvements where needed. SP thought the main opportunity for the Committee was to shape and influence system level plans which allowed us to take the national guidance and determine how that applied in Norfolk and Waveney. BB accepted the point on shaping but asked if it was a decision that was made at the PCCC or somewhere else. SP responded by saying that PCCC would be where the system plan would be brought in draft for discussion and approval of a final version before it was submitted to board.	**SW**

	BB asked about the telephony offer as this would not detract from concerns about capacity issues and asked if a request could be made in this Committee that was considered as part of the more localised approach of the plan. He also wondered if there were any other particular areas that people would like to draw to attention to and have the plan scoped further. SP agreed and there was an opportunity with the workforce plan and the access planning with the joint forward plan and the priority around resilience of primary care to address how to triangulate the different approaches and present them both to PCCC and the Board. HW thought it would be good to hear about the practices who had undertaken this intensive offer and there may be other insights which would be valuable for Committee to hear. NW thought this should be seen as stage one, identifying the opportunities, the main risks and then the next stage would be what support was needed and what was within the gift of the local system to support and proceed to agree. SN echoed response from SP that not all practices fit within the national offer and it was clear from the access and improvement plans that had been received and presented a good opportunity to develop a local offer which would supplement some of the national programmes and help some of the work done to support practices at risk. PD'O welcomed the conversation and thought there was an opportunity to utilise the strength within the PCNs as well as the support mechanisms for some of these initiatives. PD'O made a point for the focus to be on patients and communities and impact of these initiatives on individuals. HW thanked SH for the update.	
8.	**Covid Antiviral Supply** *For Approval*	**SG**
	SG presented the Covid Antiviral Supply paper to Committee for approval. SG took the paper as read and highlighted some key points to Committee for their attention. HW asked SG to confirm the ask of the Committee was to approve the transitional arrangements in the expectation that business as usual would commence in September 2024. SG confirmed this was the case. HW thanked SG and opened up for any questions. LS asked for thanks to be noted from the LPC for the pragmatic approach that the team had taken in drafting the paper and the proposals that had been put forward, particularly given the representation at HOSC last month. LS acknowledged the workforce pressures that Community Pharmacies were experiencing. HW thanked LS and as there were no further questions HW confirmed that Committee had approved the paper and thanked SG for her excellent note.	
9.	**Care Market Sector Quality Assurance and Monitoring** *For Noting*	**PB**

	This item was withdrawn due to change of attendance. This item would be presented at August 2023 Committee.	
10.	**Primary Care Complaints and Contacts** *For Noting*	**JP**
	JP introduced himself and presented the Primary Care Complaints and Contacts paper to Committee for noting and highlighted some key points to Committee for their attention. HW thanked JP for the update and opened up for questions. DB was interested to know about what was set out in the paper and asked if these were issues that have not been able to be resolved locally. JP responded by saying the some may have tried informal steps to resolve with the practice but people had the right to either complain to the provider directly or the Commissioner of the service. Some people choose to go directly to the Commissioner and that would be when the ICB would become involved with formal complaints. DB went on to ask about whether part of the bitesize training was to encourage some sort of local engagement to resolve these rather than default to the process. JP confirmed this was the case and that this could be quite a simple process by telephone or an invitation into the offices if that was appropriate. Quite often people just want to be heard and that sometimes was enough to satisfy the complainant. The practices would focus on resolving these and the training had been well received and slides were available for all practices for those that could not attend training. The training was being delivered at localised levels with a local flavour and for other primary care providers. AH was surprised to hear that NHS England handed over a backlog that dated back almost a year. AH acknowledged that this would improve as complaints would be dealt with more locally. AH asked if there was a broad time frame for when people would get a full response from the system. JP was not able to provide a definite answer as there were around 45 complaints that had been inherited and 35 remained after some proactive phone calls to complainants to understand issues and residual areas of concerns given that some months had lapsed. NHS England's complaints team was impacted by capacity issues and had difficulties in staff recruitment and this backlog was the end result. JP confirmed that staffing for the ICB complaints department was almost at full complement. Some of the complaints may be delayed where clinical reviews were awaited. JP expected numbers to be in single figures within 2-3 months. PD'O made a comment about the numbers of complaints by practice as she thought it would be useful to understand whether these complaints were comparative against practice size and thought that this would provide a measured understanding. JP agreed that this was a good point and the contacts in the report were only the contacts that the ICB received and does not factor in how well engaged some practices were with their communities. JP would take this point away for further consideration.	

	NW built on a point made earlier by HB about patients' expectations and also their understanding of the system and how it worked. How much of this would be supported to minimise complaints through a focus on patient education and practices ensuring patients were aware of how to access their services. NW thought it would be worthwhile to look at trends and if there was any sort of public engagement information sharing that would help patients to better understand and navigate the system. JP agreed that this was a good point. His team had started a new process with the communications and engagement team whereby when a contact was received there would be consideration from that information whether it had been published somewhere, could it be on the website or could it be more proactively published in practices or by providers. HW suggested a six month overview be presented to Committee in future to consider some of the points raised and HW thanked JP for the report. **Action: SW to add to forward planner.**	**SW**
11.	**Workforce and Training Update** *For Noting*	**JRo**
	JRo presented the workforce and training update to Committee PD'O was pleased to note the increase in training practices and there would be a need to compliment the practices that had put themselves forward and PD'O thanked JRo and her team for their support as this initiative could develop a workforce for the future. JRo thanked PD'O for her comments and reflected that the team had worked hard and were leading in the East of England region. The ambition was to try and encourage the remaining practices to secure 100% uptake across the region and another 8 applications had been received in the last month. JRo would pass on the thanks to the team. DB was interested in the section on pooling, top slicing of various CPD budgets to enable system wide training. DB thought this would be a form of integration for the system in terms of training people together and asked if there were further opportunities for this. JRo confirmed that there was and provided an example of what was top sliced last year were there was a focus on mental health and the training needs analysis results indicated that those training needs had reduced this year. JRo confirmed the priorities were linked with the joint forward plan for the ICB in particular the focus around population health management, long term conditions and elderly care patients. DB requested she and JRo discuss further as she thought there may be opportunities to integrate some of the training done in the local authority to see what opportunities there might be to give better value across the system. JRo agreed to contact DB. **ACTION: DB and JRo to discuss training needs further offline.**	**DB**

	MMc asked if JRo was part of the discussions that were taking place with the dental team and UEA and JRo confirmed she was. HW thanked JRo for her report.	
12.	**TIAA Audit Report** *For Noting*	**SN**
	SN presented the TIAA Audit Report to Committee. SN confirmed that the findings of the report had been fully accepted and an the ICB management response had been completed and agreed with TIAA. The TIAA findings, recommendations and management responses had been presented to the ICB Audit Committee. SN noted there were no urgent nor immediate concerns raised by the auditors. However, there were important areas identified in the report for the system to work on to strengthen its governance and assurance process. SN concluded by saying good progress had been made and the monitoring of this audit action plan would be done at the operational delivery group and PCCC would be kept informed of the progress accordingly. HW then opened for questions. BB raised concerns about this paper being presented for noting, without this Committee being given an opportunity to form a view and accept the contents of the paper and the responses. The Committee had been asked to note the report and that the plan had not presented for agreement. BB thought that the ICB needed to be clear what was being asked of the Committee and the recommendations that they defined a clear structure and pathway around decision making for primary care. HW invited SP for comment. SP commented there was disappointment with the rating and there had been some helpful discussions with TIAA who identified that a number of the areas highlighted were areas that we had previously identified but due to capacity issues within the team and other teams, progress had not been made in areas where we might have wanted. The management response was one that featured in the audit along with commitments of how to respond. SP thought it was fair to say that there was a transitional period as we start to divide the forward plans for the Committee and the operational delivery groups and support would be asked from the Committee on these going forward. BB understood SP's comments and thought that Committee needed to have an opinion on the management response and this was not required from this paper. HW was a member of the Audit Committee and noted the ICB auditees were members of the Executive Management Team and the usual process was for management to respond and then reports taken to the Audit Committee. This had been the same process in the former CCG. HW noted the report had been received in Part 1 as it had previously been heard in Part 2 and this added transparency. HW agreed with BB comments around performance and hoped that the actions that flowed out of the audit with the additional BI resources would get to the right place.	

	PD'O commented that she would be uncomfortable with a split decision forum with actions being held in two places and would welcome a view to bring back her plan for quality assurance going forward to the PCCC for consideration and comment. BB would accept that and that the report from the internal auditors should be accepted rather than just noted. BB thought the Committee needed to be clear about what it was doing within the system going forward and how it could add value to the system. HW agreed that this was valid and to capture as an action point to come back later in the year. **ACTION: TIAA action plan progress report to be brought to a future Committee.** HB reflected on a discussion at Performance Committee about the absence of data and information and the challenges around the collection of this and it was good to see that there would be a focus on this in the future. HW thanked SN and the Committee for the discussion.	**SN**
13.	**Pharmaceutical Services Regulations Committee (PSRC) Terms of Reference** *For Noting*	**FT**
	FT presented the Pharmaceutical Services Regulations Committee (PSRC) Terms of Reference to Committee for noting. HW noted that PSRC would report every six months to the PCCC and asked this be included on the forward planner at the right time. **ACTION: For forward planner in October.** The report was duly noted.	**FT**
14.	**Finance Report** *For Noting*	**SWh**
	SWh presented the Finance Report to Committee for noting in JG absence. HW thanked SWh for the report and was aware of how early in the year this was and the significant amount of unidentified efficiencies. BB noted there was no mention in the report about the mitigation of the £4m overspend and what the Committee would do to manage that across the year. Was it expected the projected overspend would naturally even out or whether there would be a requirement for some sort of intervention. BB thought there would need be a discussion about what the plan was. HW has access to the total ICB finances which reported an overall balance budget with significant risks to be managed. SWh did highlight that various EMT executives were tasked with finding practical ways to reduce the unidentified efficiencies. BB asked if we were expected to find that overspend within primary care, he would hope to see that in the report and it ought to be discussed.	

	SWh responded by saying that was why the efficiencies were unidentified and that the question was whether to show an overspend. The guidance would be clearer throughout the year from NHS England. HW agreed it was a valid point which had been shared by SC. There was continued effort to find more projects to take up efficiency and prescribing was one of the areas that had the best delivery of efficiency schemes and this would need to be followed up by SC and JG in the next report. PD'O asked for it to be noted that the system efficiencies in place for medicines management meant there was little opportunity to do any more in that space and there needed to be more focus on other areas. HB asked if numbers were based on historical allocations of if they reflected the ICBs ambition to put more investment into prevention rather than divide as had been done historically. SWh responded by saying that the 2023/24 budget for primary care and prescribing was dictated by the allocations received from NHS England. HW thought this sounded more historically different than a big shift between acute and primary care. Delegated primary care came with the required extra spend on additional roles and the ICB received over and above but other parts of primary care tend to be between 4% and 5% uplift each year and it was based off last year's percentage. SP added to what SWh had said that that the allocation received was dictated to us and this year there was a cost pressure as a result of the NHS England allocation being below predicted spend. SP was aware that JG was continually raising this matter with NHS England. The position was not unique and there were a number of ICBs in the same position in the region. PT did not disagree with the need to identify if there was an overspend and to be mindful of mitigations. By his calculation it was 0.8% of a projected overspend against an overall budget and PT was not overly concerned about this at this stage. BB noted it was for the ICB to live within its means and did not think it was unreasonable to have increased scrutiny. HW would take BB point as this was a discussion that comes up in the Finance Committee and HW would take an action to speak to SC and request that at the Board update extra time was spent on this. **ACTION: HW to discuss with SC.** HW asked about a prior benefit in the past where we had accrued more for medicine that we had actually spent and SWh agreed to take this away. HW thought this would be seen in M03. HW thanked SWh for his report.	**HW**
15.	**Prescribing Report** *For Noting*	**MD**
	The Medicines Optimisation Team were unavailable to present this item. HW suggested Members email SW questions.	
16.	**Any Other Business**	**Chair**

	Questions from the Public	
	HW confirmed there was no further business and no other questions from the public had been received. A question was received from Cllr James Reeder who was not able to be present at Committee and asked FT for comments. *Following on from the presentation at the last meeting around the oral health needs assessment there was an ask about what assurance could be given that the funding would be available for a dental oral health education programme for under 5 year olds and would the Committee support a funded pilot for children aged 18 months to five years within Lowestoft working with childcare providers and school nurses? In addition, would the ICB allocate UDA activity for any children identified as needing surgery based dental treatment.* Supporting children and children's health had been identified as one of the early priorities within the dental work stream and the ICB was looking at how we might develop proposals within the short term plan, due to be published in September. We were aware of existing providers who were providing these types of schemes and are keen to support if we can. FT committed to providing a response to JR. **ACTION: FT to provide a response to JR** PD'O would welcome this as it was one of the ambition areas for the joint forward plan and asked if this was included in the plan to ensure that any savings generated go against the £4m previously recognised. FT thought it was important as investment in children would help prevent challenges in the future and efficiency savings in secondary care would form part of the proposals to Committee in September. The Committee ended at 15:05	**FT**

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 8 August 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0152	12-06-23	10	JD	Severe Mental Illness Health Checks - JD to provide data on how long there had been between health checks within his next update.		12-09-23		
0153	12-06-23	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.		12-09-23		
0154	11-Jul-23	4	SW	Signed minutes to Chair	Signed minutes sent to chair	08-Aug-23		12-Jul-23
0155	11-Jul-23	7	SW	Delivery Plan for Recovering Access to Primary Care - SP would ensure that it was listed at Committee for discussion before taking to the ICB Board.	SW added to the forward planner - date tba			
0156	11-Jul-23	10	SW	Primary Care Complaints and Contacts - a further report to PCCC in the future	Added to forward planner for November 2023	14-Nov-23		
0157	11-Jul-23	11	DB/JRo	Workforce and Training Update - Training opportunities. DB/JRo to discuss offline	JRo confirmed she had contacted DB.	08-Aug-23		12-Jul-23
0158	11-Jul-23	12	SN	TIAA Audit Report - update on action plan to be reported at a future Committee	SW added to the forward planner - date tba			
0159	11-Jul-23	13	FT	Pharmaceutical Services Regulations Committee (PSRC) Report to be brought to a future Committee.	SW added to the forward planner for October 2023	10-Oct-23		
0160	11-Jul-23	14	HW	Finance Report - 2023/24 Primary Care budget. HW to discuss with SC offline.	HW contacted SC by email.	08-Aug-23		12-Jul-23
0161	11-Jul-23	16	FT	Question from JR regarding funding for an oral health education programme	FT confirmed she had spoken with JR on 12 July 2023 (following the HOSC meeting).	08-Aug-23		12-Jul-23

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	12th	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
	Digital Quarterly			Y			Y			Y			Y
	Prescribing Report	Y	Y	Y	Y	Y	Y	Y	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
	Primary Care Performance Report	TBC											
	General Practice Delivery Group Report					Y	Y	Y	Y	Y	Y	Y	Y
	Dental Delivery Group Report						Y	Y	Y	Y	Y	Y	Y
	Primary Care Strategy, including regular updates	TBC											
	Joint Forward Plan							Y					
	Strategic Workforce Plan and quarterly updates	TBC											
	Transformation of service proposals (including locally commissioned services)	TBC											
	Strategic PCN Development and Service Transformation, e.g. Primary Care Recovery Plan for 2023/2024							Y					
	Report on annual changes to primary care contracts and impact analysis												Y
	Commissioning proposals for new contracts or services	TBC											
	Optometry services – contractual changes and other matters	TBC											
	Reports from the Pharmaceutical Services Regulations Committee	TBC											
	Primary Care Resilience (strategic report)						Y						
	Dental End of Year report							Y					
Spotlight items:	Annual or Bi Annual Report on Delegation and Assurance including Internal Audit	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						
	Complaints and contacts (JP)								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)
LD Healthchecks to be heard at July 2023 General Practice Delivery Group
SMI healthchecks to be heard at July 2023 General Practice Delivery Group
Healthcheck Stocktake report to be heard at August 2023 General Practice Delivery Group

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

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

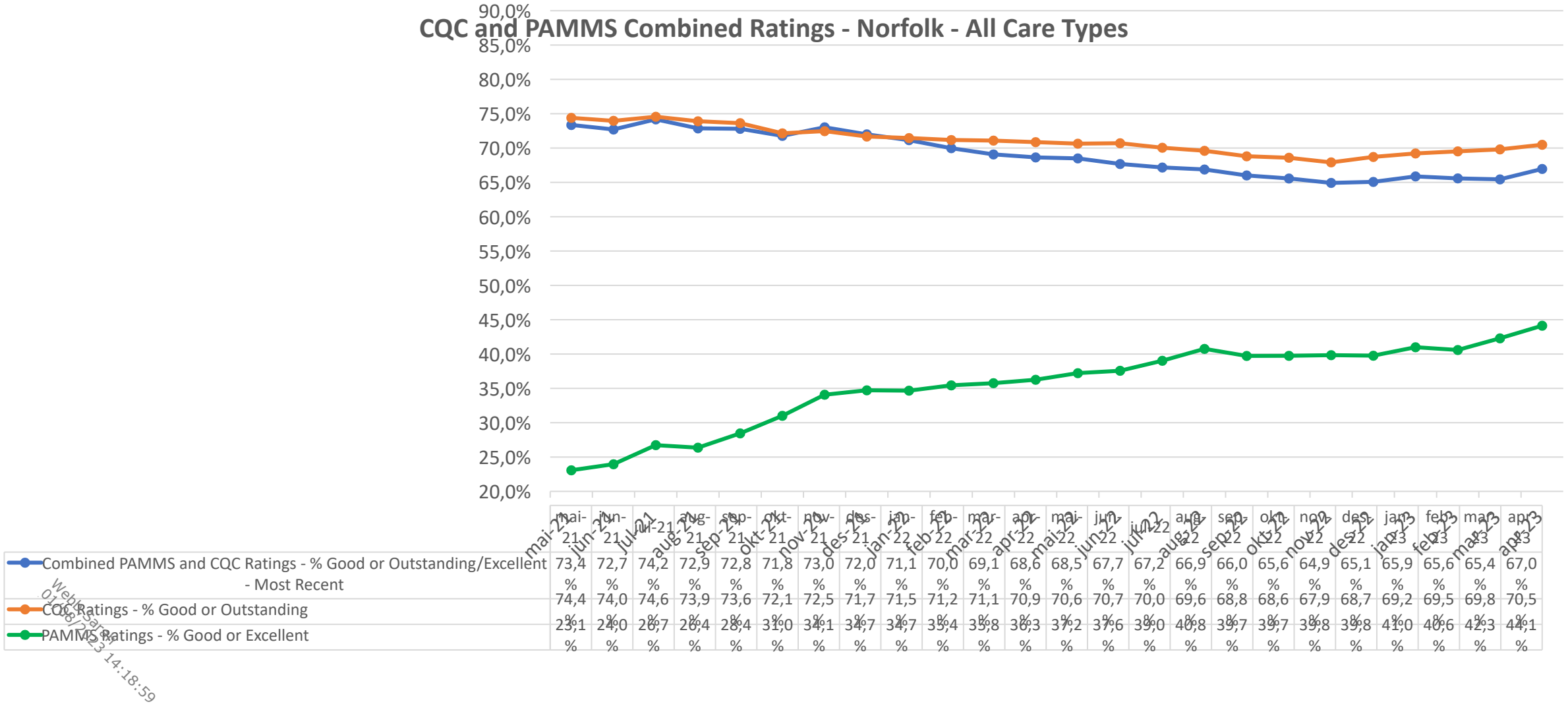
- Provider Assessment and Market Management Solution (PAMMS) used to help the local authority assess the quality of care delivered by providers of adult social care services
- All of the CQC regulated health and social care services, the local authority commission, will receive an audit using the PAMMS 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



Webinar 2 - 01/06/2023 14:18:59

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.

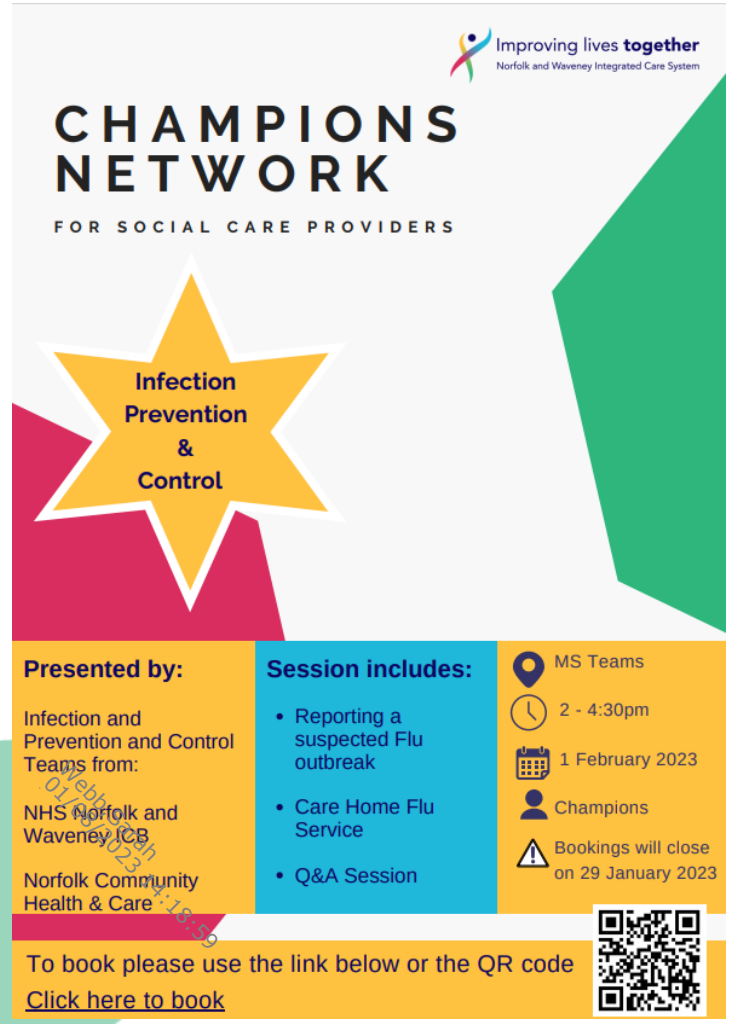
Waveney Care Market Review meetings chaired by Suffolk County Council

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

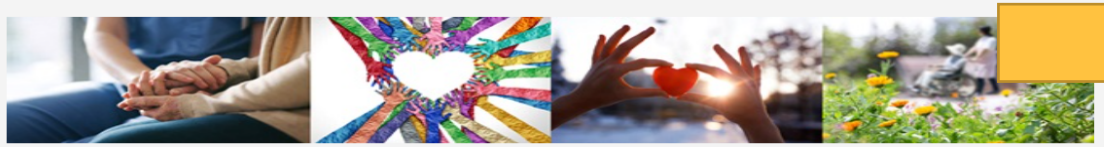
Supporting Admission Avoidance

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

Bowel Care	U: 05/01/22	R: 05/01/28
Catheters	U: 05/01/22	R: 05/01/28
Constipation	U: 05/01/22	R: 05/01/28
Urinary Tract Infection (UTI)	U: 05/01/22	R: 05/01/28

Chronic Diseases

Diabetes	U: 05/01/22	R: 05/01/28
Epilepsy	U: 05/01/22	R: 05/01/28
Respiratory / Chest Disease	U: 05/01/22	R: 05/01/28

Influenza and Winter Preparedness

Flu	U: 06/01/22	R: 05/01/28

Learning Disabilities

Independent Providers Children and Adult Learning Disabilities	U: 06/01/22	R: 05/01/28
RESTORE2 mini	U: 06/01/22	R: 05/01/28

Medication Management

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

Nutrition, Hydration and Oral Care

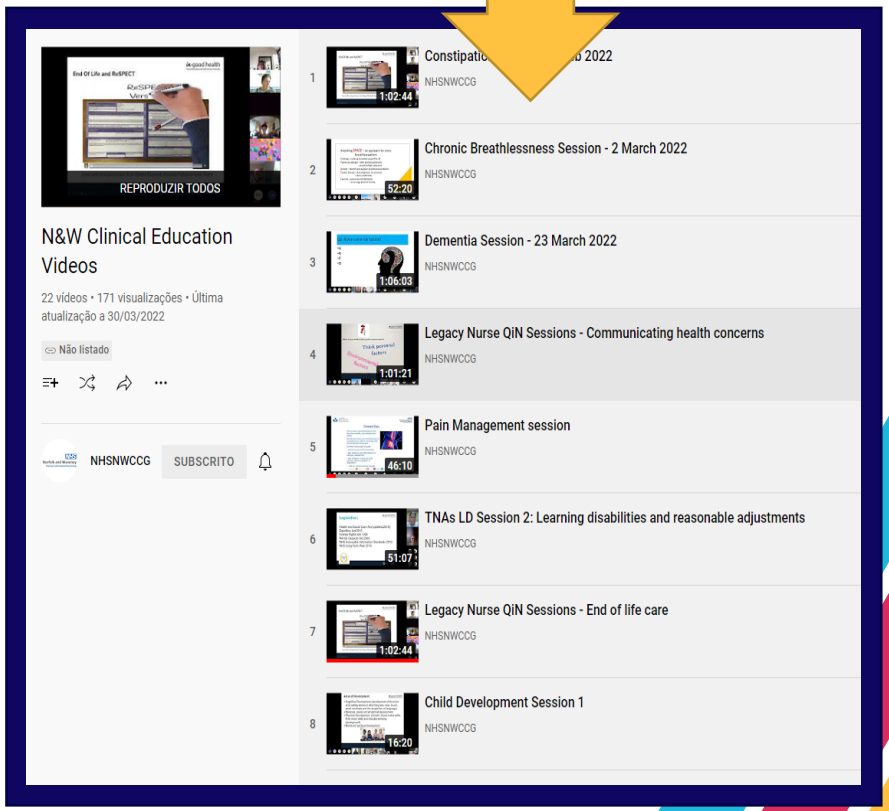
Dietetics / Nutrition	U: 05/01/22	R: 05/01/28
Hydration	U: 05/01/22	R: 05/01/28
IDDSI	U: 05/01/22	R: 05/01/28
Oral Health	U: 05/01/22	R: 05/01/28
Speech and Language Therapy (SLT)	U: 05/01/22	R: 05/01/28

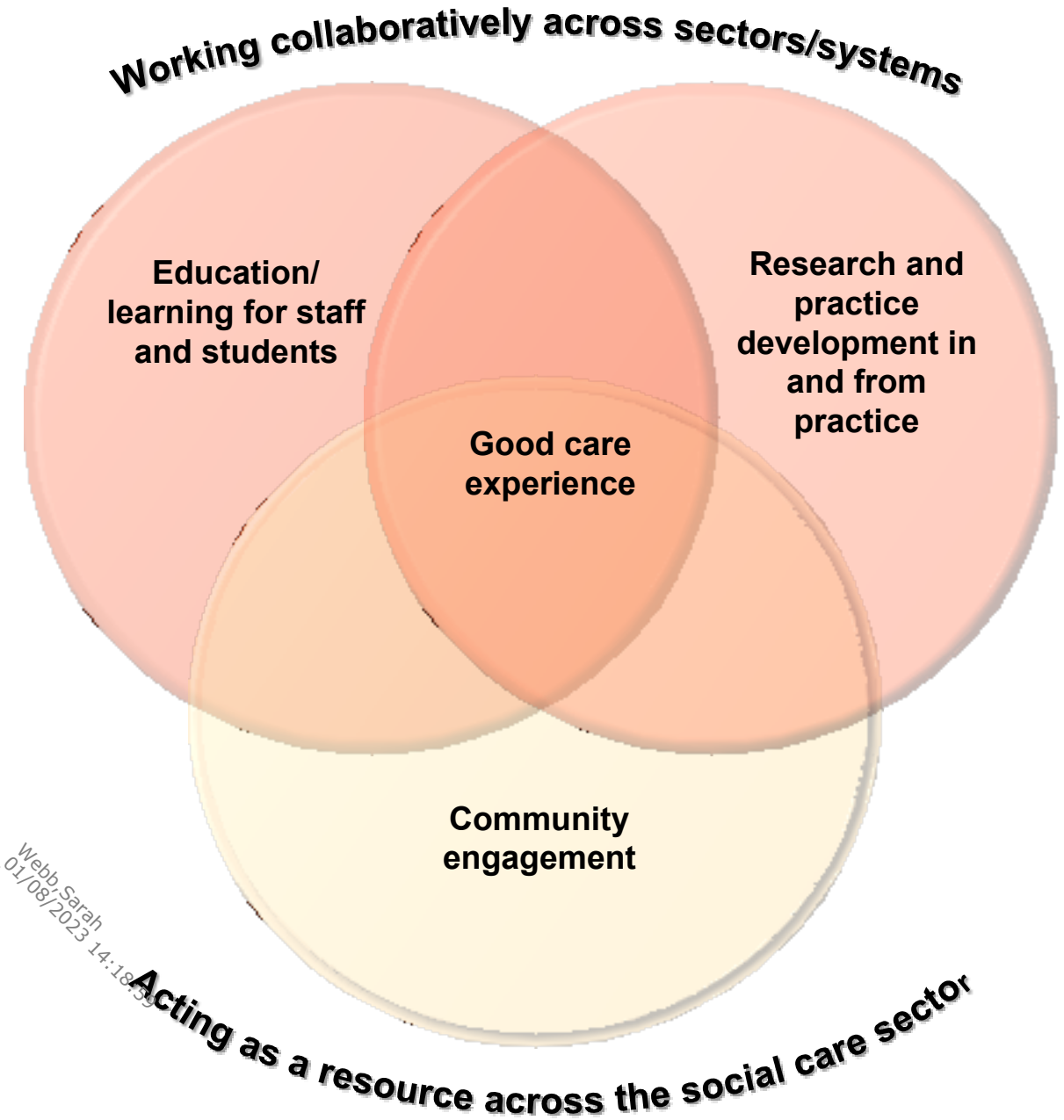
Pain Management

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: 07

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection Bacon Road Medical Centre**
Presented by:	**Shepherd Ncube – Head of Primary Care Commissioning**
Prepared by:	**Jonathan Milne Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**5th July 2023**

Purpose of paper:

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

- Bacon Road Medical Centre

Executive Summary:

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

The CQC inspects against five key areas as follows:

Safe
Effective
Caring
Responsive
Well Led

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

GP Practice	Locality	Date of Inspection/ Re-inspection	Previous Rating/Year	New Overall Rating
Bacon Road Medical Centre (List size 4801 1/4/2023)	Norwich	26th April 2023	Inadequate 11th October 2022	Requires Improvement

Report

Background

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

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

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

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

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

Bacon Road Medical Centre, Norwich Locality– Inspected: 26th April 2023 **Overall rating: Requires Improvement**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement

CQC previously inspected Bacon Road Medical Centre on 24 August 2022, report published 11 October 2022 and the practice was rated inadequate overall and placed in special measures. As a result of the concerns identified, CQC issued a Section 29 warning notice on 30 August 2022 in relation to a breach of Regulation 12 Safe Care and Treatment, requiring them to achieve compliance with the regulation

by 18 October 2022. CQC undertook a focused inspection on 26 October2022 to check that the practice had addressed the issues in the warning notice and now met the legal requirements.

CQC carried out a comprehensive inspection on 26 April 2023 and have rated the practice as requires improvement overall and for providing safe, effective, and well led services. CQC have rated the practice as good for providing caring and responsive services.

CQC carried out this comprehensive inspection to follow up breaches of regulation from a previous inspection, report published 11 October 2022.

• Key questions inspected were safe, effective, caring, responsive and well led.

• Areas followed up including any breaches of regulations or ‘shoulds’ identified in previous inspection.

This inspection was carried out in a way which enabled the CQC to spend a minimum amount of time on site.

This included:

• Conducting staff interviews using video conferencing.

• Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).

• Reviewing patient records to identify issues and clarify actions taken by the provider.

• Requesting evidence from the provider.

• A short site visit.

• Staff questionnaires.

CQC findings

- The CQC based their judgement of the quality of care at this service on a combination of:What they found when they inspected
- Information from ongoing monitoring of data about services and
- Information from the provider, patients, the public and other organisations.

The CQC has rated this practice as requires Improvement overall.

The CQC found that:

• The CQC found the practice had made significant improvements, and the trajectory of the practice action plan was positive.

• Although some improvements, systems and processes were implemented, they needed further embedding and monitoring to ensure they were sustainable and effective.

• The CQC found the GP partners had strengthened their leadership and worked with the management team. Evidence the CQC saw showed there was clear clinical leadership and better cohesive working resulting in improved systems and processes and working practices. There was greater knowledge of the areas where risks were identified, and the actions required.

• Processes to enable monitoring and oversight had been improved. The management team had developed clearer roles and responsibilities to ensure quality checks and improvements were monitored appropriately.

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

• There was some negative feedback in respect of access to care and treatment in a timely way.

The CQC found a breach of regulations. The provider must:

Further establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider should:

• Continue to monitor and increase the practice performance in respect of patients with a learning disability receiving an appropriate annual review and for the national cervical cancer screening programme.

• Continue to monitor and increase the practice performance in respect of patients who are eligible receiving an NHS health check.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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

Background to Bacon Road Medical Centre

Bacon Road Medical Centre is located in Norwich at: 16 Bacon Road Norwich NR2 3QX.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services and treatment of

disease, disorder or injury and surgical procedures. The practice offers services from both a main practice and a branch surgery.

Patients can access services at either surgery.

The practice is situated within the Norfolk and Waveney Integrated Care Systems (ICS) and delivers General Medical Services (GMS) to a patient population of about 4,694. This is part of a contract held with NHS England.

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

Information published by Public Health England shows that deprivation within the practice population group is in the fourth decile (fourth out of ten). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 6% Asian, 89% White, 2% Black, 2% Mixed, and 1% Other. The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 4 GPs who work at the practice. The practice has 2 advanced nurse practitioners, a team of 3 nurses and two health care assistants. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and business manager provide managerial oversight.

The practice is open between 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended access is provided locally by OneNorwich Practices, where late evening and weekend appointments are available.

Out of hours services are provided by Integrated Care 24 (IC24)

Download full report

https://api.cqc.org.uk/public/v1/reports/a05e6ee0-9da9-4f63-8ca7-40afc638f6c6?20230623070323

Download evidence table

https://s3-eu-west-1.amazonaws.com/dpub.evidence/P5YLXSH5AEL2AS/P5YLXSH5AEL2AS-EA.pdf

Current Position

Following the inspection and the new CQC rating of Requires Improvement the ICB's Delegated Primary Care, Norwich Locality, Clinical Quality, and Medicines Optimisation teams will continue to work closely to support the practice in order to gain assurance that the Practice continues to address the areas rated as Requires Improvement and updates the CQC action plan that has been put in place. The ICB

MDT will also provide advice and guidance to support the work going forward.

Since the report has been published the practice has demonstrated engagement in the turnaround work and reviewing and progressing on all actions.

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

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

GOVERNANCE

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection of Taverham Surgery**
Presented by:	**Shepherd Ncube – Head of Primary Care Commissioning**
Prepared by:	**Jonathan Milne Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**5th July 2023**

Purpose of paper:

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

- Taverham Surgery

Executive Summary:

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

The CQC inspects against five key areas as follows:

Safe
Effective
Caring
Responsive
Well Led

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

GP Practice	Locality	Date of Inspection/ Re-inspection	Previous Rating/Year	New Overall Rating
Taverham Surgery (List size 8,240 1/4/2023)	Norwich	26th April 2023	Inadequate 11th October 2022	Requires Improvement

Report

Background

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

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

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

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

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

Taverham Surgery, Norwich Locality– Inspected: 26th April 2023 **Overall rating: Requires Improvement**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

The CQC previously inspected Taverham Surgery on 24 August 2022, with the report published 11 October 2022 and the practice was rated inadequate overall and placed in special measures. As a result of the concerns identified, the CQC issued a Section 29 warning notice on 30 August 2022 in relation to a breach of Regulation 12 Safe Care and Treatment, requiring them to achieve compliance with the regulation by 18 October 2022. The CQC undertook a further focused inspection on 26 October

2022 to check that the practice had addressed the issues in the warning notice and now met the legal requirements.

The CQC carried out this comprehensive inspection on 26 April 2023 and have rated the practice as requires improvement overall and for providing safe, effective, responsive and well led services. The CQC have rated the practice as good for providing caring services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Taverham surgery on the CQC website at www.cqc.org.uk

The CQC carried out this comprehensive inspection to follow up on breaches of regulation from a previous inspection, report published 11 October 2022.

• Key questions inspected were safe, effective, caring, responsive and well led.

• Areas followed up including any breaches of regulations or ‘shoulds’ identified in previous inspection.

This inspection was carried out in a way which enabled the CQC to spend a minimum amount of time on site.

This included:

• Conducting staff interviews using video conferencing.

• Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).

• Reviewing patient records to identify issues and clarify actions taken by the provider.

• Requesting evidence from the provider.

• A short site visit.

• Staff questionnaires.

CQC findings

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

- what the CQC found when they inspected
- Information from their ongoing monitoring of data about services and information and
- From the provider, patients, the public and other organisations.

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

The CQC found that:

• The practice had made significant improvements and the trajectory of the practice action plan was positive.

• Although the CQC identified some improvements, the systems and processes that were implemented needed further embedding, and monitoring to ensure they were sustainable and effective.

• CQC found the GP partners had strengthened their leadership and worked with the management team. Evidence the CQC saw showed there was clear clinical leadership and better cohesive working and was resulting in improved systems and processes and working practices. There was greater knowledge of the areas where risks were identified, and the actions required.

• Processes to enable monitoring and oversight had been improved. The management team had developed clearer roles and responsibilities to ensure quality checks and improvements were monitored appropriately.

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

• There was some negative feedback in respect of access to care and treatment in a timely way.

The CQC found a breach of regulations. The provider must:

• Further establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider should:

• Continue to review and monitor feedback from patients to improve access to the practice.

Details of the CQC findings and the evidence supporting the ratings are set out in the evidence tables.

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

Background to Taverham Surgery

Taverham Surgery is located in Norwich at Sandy Lane Taverham Norwich NR8 6JR. Taverham Surgery provides a dispensing service on site and this was visited as part of this inspection.

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

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

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

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

According to the latest available data, the ethnic make-up of the practice area is 1% Asian, 96% White, 1% Black, 1% Mixed, and 1% Other. The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 3 GPs who work at the practice. The practice has a physician's associate, an advanced nurse practitioner, a team of 4 nurses, a health care assistant, 2 phlebotomists and a clinical pharmacist. The GPs are supported at the practice by a team of reception and administration staff. The practice manager and business manager provide managerial oversight.

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

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended access is provided locally by OneNorwich Practices, where late evening and weekend appointments are available. Out of hours services are provided by Integrated Care 24 (IC24).

Download full report

https://api.cqc.org.uk/public/v1/reports/7344a7cc-ff00-4f74-afdf-fd9e47f1992b?20230626110044

Download evidence table

https://s3-eu-west-1.amazonaws.com/dpub.evidence/JU89E4CX36Q28N/JU89E4CX36Q28N-EA.pdf

Current Position

Following the inspection and the new CQC rating of Requires Improvement the ICB's Delegated Primary Care, Norwich Locality, Clinical Quality, and Medicines Optimisation teams will continue to work closely to support the practice in order to gain assurance that the Practice continues to address the areas rated as Requires Improvement and updates the CQC action plan that has been put in place. The ICB MDT will also provide advice and guidance to support the work going forward.

Since the report has been published the practice has demonstrated engagement in the turnaround work and reviewing and progressing on all actions.

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

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

GOVERNANCE

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Primary Care Estates** **Revisions to Advice Note 2: Sale and Leaseback proposals**
Presented/prepared by:	**Cath McWalter** **Senior Primary Care Estates Manager**
Submitted to:	**Norfolk and Waveney ICB Primary Care Commissioning Committee [Part 1]**
Date:	**8 August 2023**

Purpose of paper:

To request that PCCC approve a revised Advice Note which aims to provide guidance for practices who are undergoing a Sale and Leaseback of their premises.

Summary:

1. The Primary Care Estates Team had previously developed a short Advice Note about Sale and Leaseback proposals.

2. From experience of working with practices going through the process, the decision was taken to propose an expanded Advice Note which aligns with the stages defined in *The Primary Care Premises Forum Sale & Leaseback Guidance for GP Tenants.*

3. The attached Advice Note has been drafted to support practices undergoing a Sale and Leaseback transaction. The Primary Care Estates Team are grateful for LMC's review and comments, which have been reflected in the draft.

4. The role of the ICB in such transactions is to ensure a District Valuer Service Value for Money report is commissioned on the proposed Heads of Terms for the new lease between landlord and tenant. Once the ICB has received the District Valuer Service report and is content that the terms proposed represent Value for Money for the NHS, the new lease can be signed.

5. Practices can claim NHS reimbursement for Stamp Duty Land Tax and reasonable legal fees on the transaction for a new lease (this does not apply for subsequent lease renewals).

6. The attached Advice Note sets out the various stages of the process.

Recommendation to PCCC:

PCCC are asked to:

1. Approve the revised Advice Note 2: Sale and Leaseback proposals.

Key Risks	
Clinical and Quality:	No risks are known, but the ICB would work closely with practices to identify anything arising from sale and leaseback proposals.
Finance and Performance:	None known.
Impact Assessment (environmental and equalities):	No risks are known, but the ICB would work closely with practices to identify anything arising from sale and leaseback proposals.
Reputation:	The ICB Communications and Engagement Team are aware of the proposed new procedure and will be kept informed as required.
Legal:	None known.
Information Governance:	None known.
Resource Required:	ICB officer time to support the practice and process.
Reference document(s):	NHS Premises Directions
NHS Constitution:	N/A
Conflicts of Interest:	None known.
Reference to relevant risk on the Governing Body Assurance Framework	The resilience of general practice.

GOVERNANCE

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

Norfolk and Waveney
Integrated Care Board

Item 08 **Norfolk & Waveney Primary Care Estates Team** **Advice Note 2: Sale and Leaseback proposals**	This advice note aims to provide guidance for practices who are considering the sale and leaseback of premises. The Primary Care Estates Team are happy to discuss queries directly and can be contacted via nwicb.pcestates@nhs.net

This Advice Note follows the stages defined in *The Primary Care Premises Forum Sale & Leaseback Guidance for GP Tenants* ("the Guidance"). The ICB recommends that practices refer to this Guidance alongside this Advice Note. The Guidance provides further detail of each of the stages set out below. There are some differences in the wording of the stages, reflecting the delegation of this function from NHS England to the ICB (formerly CCG as referred to in the Guidance).

Sale and leaseback is included in the NHS Premises Costs Directions as being a, "premises development proposal" for which a proposal needs to be made to "the Board" (i.e. the NHS): Part 2, Para 7(1)(d).

Any proposed lease terms – either a reviewed or new lease – are subject to NHS approval before they can be agreed, and the lease signed. The ICB will instruct the District Valuer Service to advise the NHS on the terms of the lease via a Value for Money (VFM) report. The ICB are not able, under the Premises Costs Directions, to reimburse rent or other costs if the lease has been signed before being approved by the NHS.

The ICB's Primary Care Commissioning Committee (PCCC) will delegate the decision-making for these proposals to the General Practice Operational Delivery Group (GPODG), in most cases. Where proposals are taken to PCCC they will be received in the closed part of the meeting. The Primary Care Estates Team will lead on preparing a paper for the GPODG on the proposed sale and leaseback and the implications of this for the NHS, in terms of funding and fit with estate strategy. The details from the District Valuer Service VFM report will form part of the paper for GPODG. The LMC will be consulted when a paper is being prepared for GPODG.

The ICB can provide advice and support to practices from an NHS perspective and suggest that discussions take place early in the process, to avoid any issues arising at a later stage. Practices are strongly encouraged to take independent legal advice in respect of the sale, negotiation/preparation of the lease and updating their partnership agreement.

Stage 1 Initial Discussions

These discussions will take place between the prospective owners of the premises and the practice partners. The initial considerations need to include:

- Which partners will take on the role of the Tenants?
- Do the premises require any repair works?
- Who is responsible and should they be undertaken before or after the lease starts?
- Who will be responsible for ongoing internal and external repairs?
- Do the premises require any improvement works?

- Who will undertake them, and should they be undertaken before or after the lease
- starts?
- What will be the length of the lease?
- Will it have any break clauses?
- How will service charges be allocated and who will be responsible for managing the service contracts (e.g. cleaning, utilities, waste, security?)

Practices are encouraged to contact the ICB at this stage with the outcome of these initial discussions. The ICB will want to consider how the proposal fits with the wider estates strategy and the financial impact of the proposal.

Stage 2 Draft Heads of Terms

Heads of Terms are drawn up for the proposed lease between the prospective new owners – the landlords, and the prospective tenants – the practice partners who will be taking on the lease. There are a number of issues to be taken into consideration, as outlined in the Guidance and practices should seek professional advice.

Stage 3 ICB Initial Notification

Please submit a letter to the ICB making an application "in principle." This should include the draft Heads of Terms. The letter needs to include:

1. Address of surgery building (second application to be completed for any branch surgeries also being considered).
2. Description of type, age and condition of building.
3. Does the building meet minimum standards as set out in the Premises Costs Directions (Schedule 1). If not, please state any proposals to bring up to standard.
4. Detail any repairs improvements or extensions that will form part of the Sale and Leaseback agreement and when and by whom the work will be undertaken.
5. Proposed third party landlord (if known at this stage).
6. Confirmation that the practice is taking specialist advice from an independent solicitor and an independent valuer/surveyor.
7. Confirmation if the total lease rent is in line with the current Notional Rent. If additional revenue funding is being sought, please state reasons for this request.
8. Will the property be registered for VAT and VAT reimbursement on rent sought? The reasoning for VAT election must be explained (for example where major works are proposed). Bear in mind that at a later stage a copy of the VAT election for the property will be required.
9. Confirmation that the partnership agreement will be amended to reflect the change in status.
10. Confirmation that the application supports NHS Commissioning plans, strategy and future vision of primary care i.e. ensure that there is no conflict with future redevelopment proposals or relocation of services (any specific estates strategy documents to be referenced).
11. Confirmation that the practice feel that the lease term is commensurate to the expected economic life of the building and long-term requirement for GMS services in this location.
12. Detail where the proposed transaction offers any specific benefits that support long term service provision from this site. For example, sustainability enhancements, supporting training, partnership succession and recruitment.

Stage 4 ICB Initial Replies

The ICB will provide an initial response, which may include an “in principle” decision, subject to District Valuer Service review and GPODG consideration.

The ICB will ask if a visit to the premises can be arranged.

If agreement has not been reached on a schedule of works of improvement and repair – where needed – the ICB will seek clarification on this. If this is not resolved ahead of GPODG consideration of the sale and leaseback proposal, the paper to GPODG will recommend that, “GPODG ask the ICB to ensure that the tenant and prospective landlord have agreed a schedule of works of improvement and repair, which is submitted to the ICB for information, alongside the final lease prior to signature.”

If there are going to be any proposals for enhancement to the premises and an application for NHS capital, or substantial increase in ongoing NHS revenue, to support these proposals, this will be discussed at this stage.

Stage 5 The VFM Report

This stage may happen concurrently with Stage 4 or 6, depending on the circumstances.

The Primary Care Estates Team will – once all information has been received from the practice and any clarifications sought – instruct the District Valuer Service to undertake a Value for Money (VFM) report, using the information provided and the proposed Heads of Terms.

Any queries arising from the District Valuer Service report will be addressed between the ICB and practice. Any recommendations from the VFM report will need to be reflected in the proposed Heads of Terms.

Stage 6 Final Application

Following the DV VFM report the practice will formally confirm that it wishes to go ahead with the sale and lease back and apply for approval from the ICB before entering into the lease. If the practice did not submit a letter of application in Stage 3, they should do this at this stage, along with any additional information they wish for the GPODG to take into consideration.

Stage 7 General Practice Operational Delivery Group Decision

The Primary Care Estates Team will prepare a report for GPODG on the proposed sale and leaseback and will consult with the LMC prior to its submission.

GPODG will either:

- Agree that the sale and leaseback can proceed, subject to the final check of the proposed lease (described in Stage 8, below); or
- Request further information or clarification; or
- Refuse the application with its current lease terms.

The Primary Care Estates Team will advise the practice on the outcome of the GPODG discussion.

If further information is required, then this will be sought and a further paper resubmitted to a later GPODG meeting.

Stage 8 Following Approval

If the ICB confirms that GPODG have agreed that the proposed sale and leaseback can proceed, the final lease can be prepared for signature.

The practice will need to provide a copy of the final lease to the Primary Care Estates Team, who will request a review by the District Valuer Service to ensure the lease aligns with the proposed Heads of Terms and that the earlier VFM report remains valid.

Assuming the lease terms are in line with the previous agreements then final approval can be granted and the ICB will issue a formal approval letter to the practice. It is only after this stage that the practice should proceed to signing the lease and transferring ownership.

Norfolk and Waveney
Integrated Care Board

Agenda item: 09

Subject:	**General Practice Operational Delivery Report**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Primary Care Committee**
Date:	**11 August 2023**

Purpose of paper:

To provide the Board with report of the first General Practice Operational Delivery Group meeting held on 31 July 2023.

Group:	General Practice Operational Delivery Group
Chair:	Mark Burgis, Executive Director of Patients and Communities
Meetings since the previous update:	31 July
Overall objectives of the GPODG:	The purpose of the Delivery Group is to provide a framework for effective decision making in relation to certain contractual matters for general practice under delegated authority from the ICB's Primary Care Commissioning Committee.
Main purpose of meeting:	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the Primary Care Committee on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.
BAF and any significant risks	At this stage, risk register is still monitored by committee. Further work will be undertaken in due

relevant / aligned to this Group:	course about how risks can be monitored across the GPODG and PCCC.
Key items for assurance/noting:	• The terms of reference were noted, with this being the first meeting. It was agreed to review them again in December once the group had been running for a few months. • Primary Care Network Directed Enhanced Service – the paper provided an overview of the PCN DES for 2023/4 and advised how the work fitted into the overall resilience, access and monitoring work of the ICB. The potential impact of not being able to invest system development funding into PCN development was noted, as well as the pressures on general practice. • E-Declaration Report – the last E-Declaration summary was discussed and the approach to preparing for the next window was noted. The potential for so-called red flags to be misinterpreted was discussed and it was confirmed the data provided a starting point for discussion. The importance of data was acknowledged and this process will be triangulated and combined with the overall contractual framework which is in development. Quarterly updates will be provided on progress going forward.
Items for escalation to Committee:	No items for escalation. GPODG members reflected on the first meeting and agreed their role as monitoring progress, decision-making and assurance/ challenge. It would be helpful if PCCC members could also provide any reflections on this first report, to inform future reports.
Items requiring approval:	• Learning disability health checks – current uptake was discussed in light of the resilience of and challenges on practices. Future plans were supported. It was agreed that potential alternative provision would be explored it didn't provide a perverse incentive to practices. • TIAA Audit Action Plan – an update on progress was noted and the planned approach was agreed, which included quarterly monitoring. As in previous items, the importance of triangulating data, particularly as the organisation reduces in capacity, was a key part of the monitoring framework in development. The importance of learning from this audit as we develop frameworks for our other delegated responsibilities was also noted.

Confirmation that the meeting was quorate:	Yes.

Key Risks	
Clinical and Quality:	The group will be monitoring our progress in developing our dashboard and our overall monitoring framework
Finance and Performance:	Finance is part of the membership, performance will be monitored in detail with a dashboard in development.
Impact Assessment (environmental and equalities):	N/A
Reputation:	Healthwatch Norfolk and Suffolk and the Local Medical Committee is part of the group.
Legal:	Terms of reference, primary medical services contracts, premises directions and policy guidance manual
Information Governance:	N/A
Resource Required:	Primary care commissioning team
Reference document(s):	Primary medical services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest

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Norfolk and Waveney Integrated Care System

2023/24 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

June 2023

Primary Care Commissioning Committee 8th August 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M3 (June-23) of the ICB accounts.

- As at Month 3 (June), the Year to Date (YTD) spend is £ 135.3m as against a plan of £134.1m leading to an overspend of £1.3 m for Primary Care and Prescribing in combination.

- The forecast spend is £537.2m as against a plan of £532.7m leading to a forecast overspend of £4.5m. 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 (June) 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	**208.3**	**53.2**	**53.6**	**0.3**	**211.7**	**3.4**	£2m Unidentified efficiencies in GP Prescribing ,Central Drugs and Oxygen (part of the 5%) and £0.75m adverse variance in efficiencies.,£0.2m increase in Oxygen and balance is general increase	*3.1*
Primary Care								
System Development Fund	**2.6**	**0.7**	**0.7**	**0.0**	**2.7**	**0.1**	Unidentified Efficiencies	
Local Enhanced Services	**11.3**	**2.7**	**3.8**	**1.0**	**15.9**	**4.7**	Budget in Delegated and unidentified efficiencies	
Other Primary Care	**4.6**	**1.2**	**1.1**	**(0.0)**	**3.9**	**(0.6)**		
Primary Care Delegated Co-Commissioning	**208.1**	**52.0**	**51.8**	**(0.3)**	**204.3**	**(3.8)**	£4.2m fav variance to cover LCS offset by hole in budget	*3.2*
Primary Care IT	**4.8**	**1.1**	**1.2**	**0.1**	**5.2**	**0.4**	Mainly driven by unidentified efficiencies	
Optom	**10.2**	**2.5**	**2.5**	**(0.0)**	**10.2**	**(0.0)**		
Pharmacy	**21.0**	**5.2**	**5.2**	**0.0**	**21.0**	**0.0**		
Community Dental	**3.4**	**0.8**	**0.8**	**0.0**	**3.4**	**0.0**		
Primary Dental	**46.1**	**11.5**	**11.6**	**0.1**	**46.5**	**0.4**		
Secondary Dental	**12.4**	**3.0**	**3.0**	**0.0**	**12.4**	**0.0**		
Total Primary Care	**324.4**	**80.8**	**81.8**	**0.9**	**325.5**	**1.1**		
Total Directorate	**532.7**	**134.1**	**135.3**	**1.3**	**537.2**	**4.5**		
Variance as a % of Budget				***0.9%***		***0.8%***		

Variance Signage: (Favourable)/Adverse

The detailed explanations are provided in 3.0 Detailed variance analysis.

3.0 Detailed Variance Analysis

Primary Care: Detailed Variance Analysis		12 months Budget ICB	Year to Date (June)			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	208.3	53.2	53.6	0.3	211.7	3.4	1.6%	The GP Prescribing costs are reported nationally 2 months in arrears, hence at Month 3 actuals for April and estimates for May and June used for the Year to Date (YTD) position and actuals for April and estimates from May-23 to March-24 are considered Forecast Outturn (FOT) The YTD variance is marginal , The FOT variance of £3.4m is primarily due to £2m of Unidentified efficiencies in GP Prescribing, Central Drugs and Oxygen and £0.75 m adverse variance in identified efficiencies and balance is general increase.
3.2	Primary Care Delegated Co-Commissioning	208.1	52.0	51.8	(0.3)	204.3	(3.8)	-1.8%	£4.2m fav variance to cover LCS offset by hole in budget

4.0 System Development Fund

23/24 System Development Fund	12months Budget ICB	Year to Date(May)			Forecast (ICB)	
	Budget £m	Budget £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Variance (Fav)Adv £m
Pct training hubs	0.25	0.07	0.07	-0.00	0.25	-0.00
Pct online consultation systems	0.00	0.00	0.04	0.04	0.04	0.04
Default	1.94	0.34	0.28	-0.07	1.95	0.01
Pct fellowships gp	0.17	0.17	0.17	-0.00	0.17	-0.00
Pct fellowships nurse	0.00	0.00	0.01	0.01	0.01	0.01
Pct supporting mentors scheme	0.04	0.04	0.04	0.00	0.04	0.00
Pct local gp retention	0.00	0.00	0.02	0.02	0.02	0.02
Pct flexible staff pools	0.00	0.00	0.00	0.00	0.00	0.00
Pct infrastructure and resilience	0.25	0.06	0.06	0.00	0.25	0.00
Pct ari hubs	0.00	0.00	-0.00	-0.00	-0.00	-0.00
Pct gp accelerate programme	0.00	0.00	0.00	0.00	0.00	0.00
Total	2.64	0.68	0.69	0.00	2.72	0.08

- 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 received separate allocation for GP Fellowship, GP Supporting Mentors and GPIT Infrastructure and Resilience.
- 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 (June) Budget £m	Actual £ m	Variance (Fav)Adv £m	12 Months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
Contractual	130.6	32.6	32.5	(0.2)	130.0	(0.6)
QOF	16.2	4.0	4.0	0.0	16.2	0.0
Premises cost reimbursements	15.6	3.9	3.9	0.0	15.6	0.0
Other - GP Services	14.9	3.7	3.6	(0.1)	14.8	(0.1)
Enhanced services	11.2	2.8	2.8	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	4.4	4.8	0.4	17.4	(0.0)
PMS to GMS	4.2	1.0	0.0	(1.0)	0.0	(4.2)
Prior Year	-2.4	-0.6	-0.0	0.6	-1.5	0.9
Total	**208.1**	**52.0**	**51.8**	**(0.3)**	**204.3**	**(3.8)**
Variance as a % of Budget				*-0.5%*		*-1.8%*

- The above table details the category of expenditure within Delegated Co Commissioning
- The Forecast variance is underspent 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(June)			Forecast (ICB)		Forecast as at May		Comments on material Forecast Variances
	Budget £m	Budget £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Movement in FOT (Fav)Adv £m	
GP Prescribing Costs	199.8	51.1	50.1	(1.0)	201.0	1.3	201.8	(0.7)	Recatagorisation of £1.2m lower Edoxaban rebates under rebates line
Recharges to Local Authorities & NHS England	(5.6)	(1.4)	(0.6)	0.8	(5.5)	0.1	(5.6)	0.1	
Rebates from pharmaceutical companies	(4.4)	(1.1)	(0.7)	0.4	(3.0)	1.4	(4.4)	1.4	Recatagorisation of £1.2m lower Edoxaban rebates under rebates line
GP Prescribing Subtotal	**189.8**	**48.6**	**48.8**	**0.1**	**192.5**	**2.7**	**191.8**	**0.7**	£0.7m reduced efficiency
Central Drugs	5.1	1.3	1.3	(0.0)	5.4	0.3	5.4	(0.0)	
Dressings & wound care	5.9	1.5	1.5	0.0	5.9	(0.0)	5.9	(0.0)	-
Others (Medicine Management, Oxygen, incentives etc.)	7.5	1.8	2.0	0.2	8.0	0.4	7.9	0.1	Prior Year Oxygen costs
Total Spend	**208.3**	**53.2**	**53.6**	**0.3**	**211.7**	**3.4**	**210.9**	**0.8**	
Variance as a % of Budget				*0.6%*		*1.6%*		*0.4%*	

Variance Signage: (Favourable)/Adverse

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

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.

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Agenda item: 14

Subject:	**Prescribing team report**
Presented by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Prepared by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**August 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.

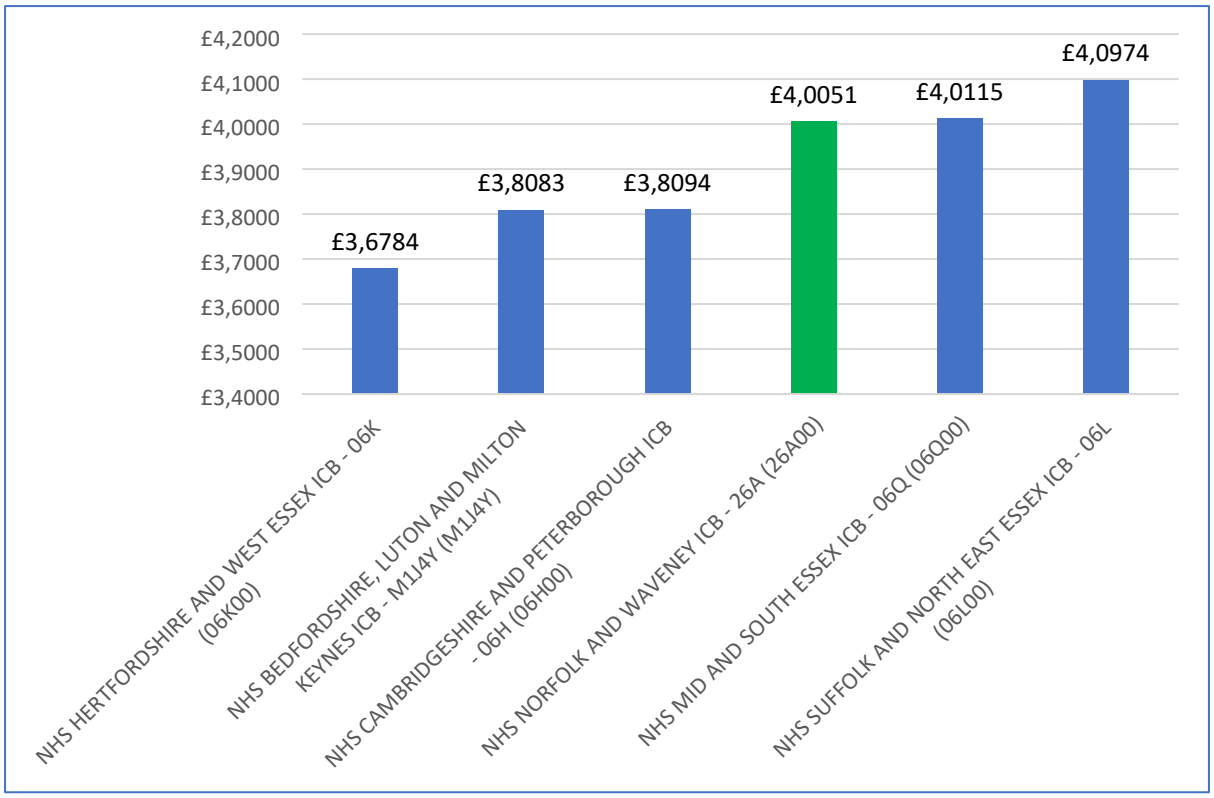
1. Prescribing team focus areas

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 has moved back to 3rd out of 6 in May 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.

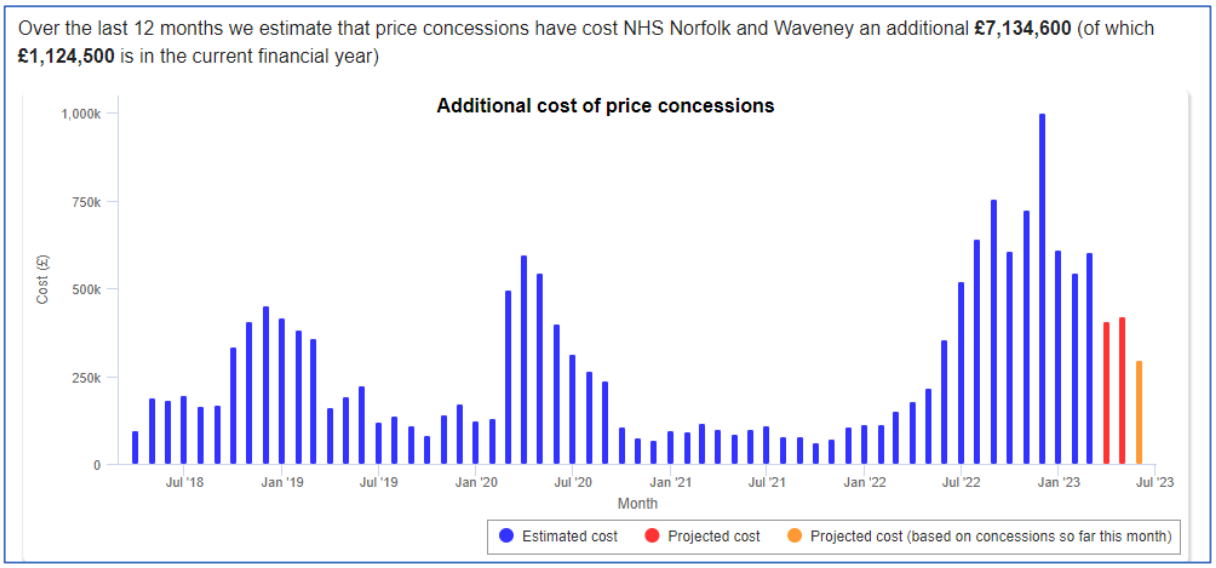
There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact YTD and projected for the following 2 months.

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

	YTD 2023/24	Projected June	Projected July
NCSO and other price concessions	£782,639	£422,011	£175,720
Back into DT at increased prices	£222,879	£189,670	£431,186
Increase In cat M	No increase for April to June, decrease from July projected to be £159,758 per month		
Total	£1,005,518	£611,681	£606,906

* 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

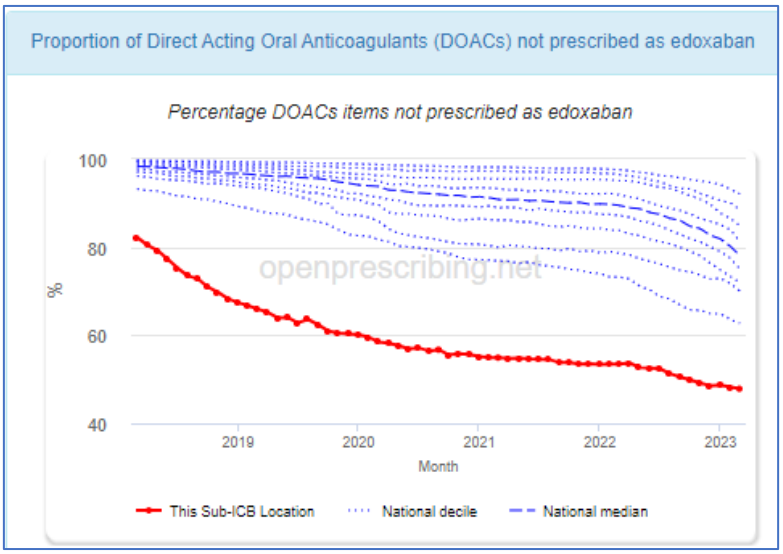
3.1 **Prescribing Quality Scheme**

We have granted an extension till 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 OpenPrescring data.

As reported last month from July Apixaban will also be a cost-effective choice due to its entry into part VIII of the drug tariff into Category M. Whiulst this is true our rebate is dependent on national market share so edoxaban should continue to be used first line in preference.



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 April 2023 are below. This was out of the 134 organisations on OpenPrescribing with position 1 being the highest (usually worst). Since April there are only 106 organisations listed due to further mergers of ICBs.

- High dose opiates – no change in use at 82nd, 22nd percentile on high dose opiate items as percentage of regular opiates

- Gabapentinoids – decreased to 27th ,75th percentile (29th, 73rd percentile previously) on defined daily doses of gabapentin and pregabalin

- Hypnotics and anxiolytics – is at 5th position nationally 96th percentile (previously 4th nationally 97th percentile) volume per 1000 patients – the trend (below) is however an improving one (yellow dotted line is Norfolk and Waveney performance and trend respectively)

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

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

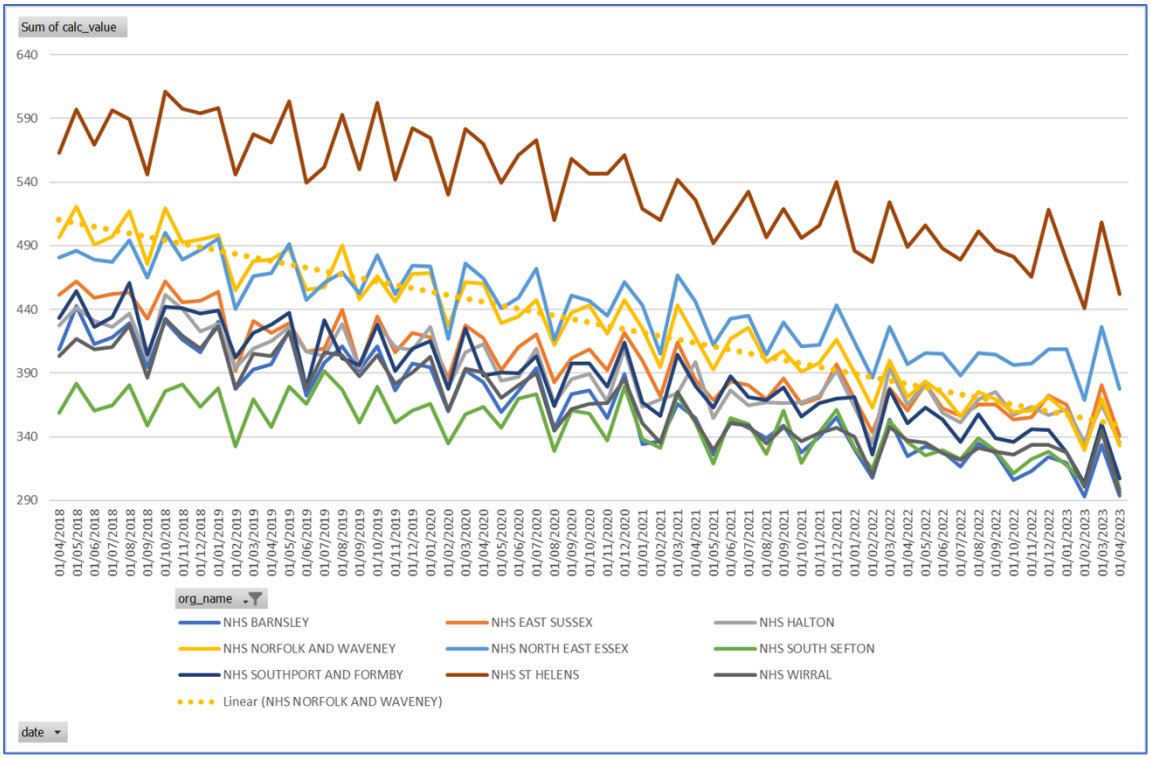
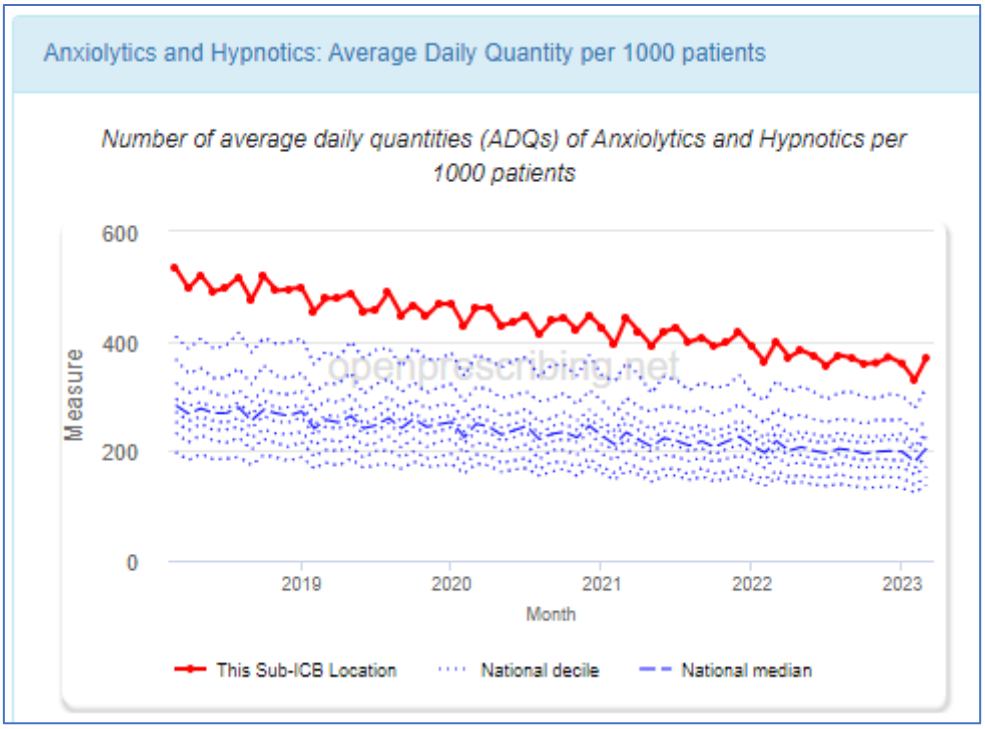


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



4 Antibiotic Prescribing

4.1 NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2023-24 remained the same as 2022-23. 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.

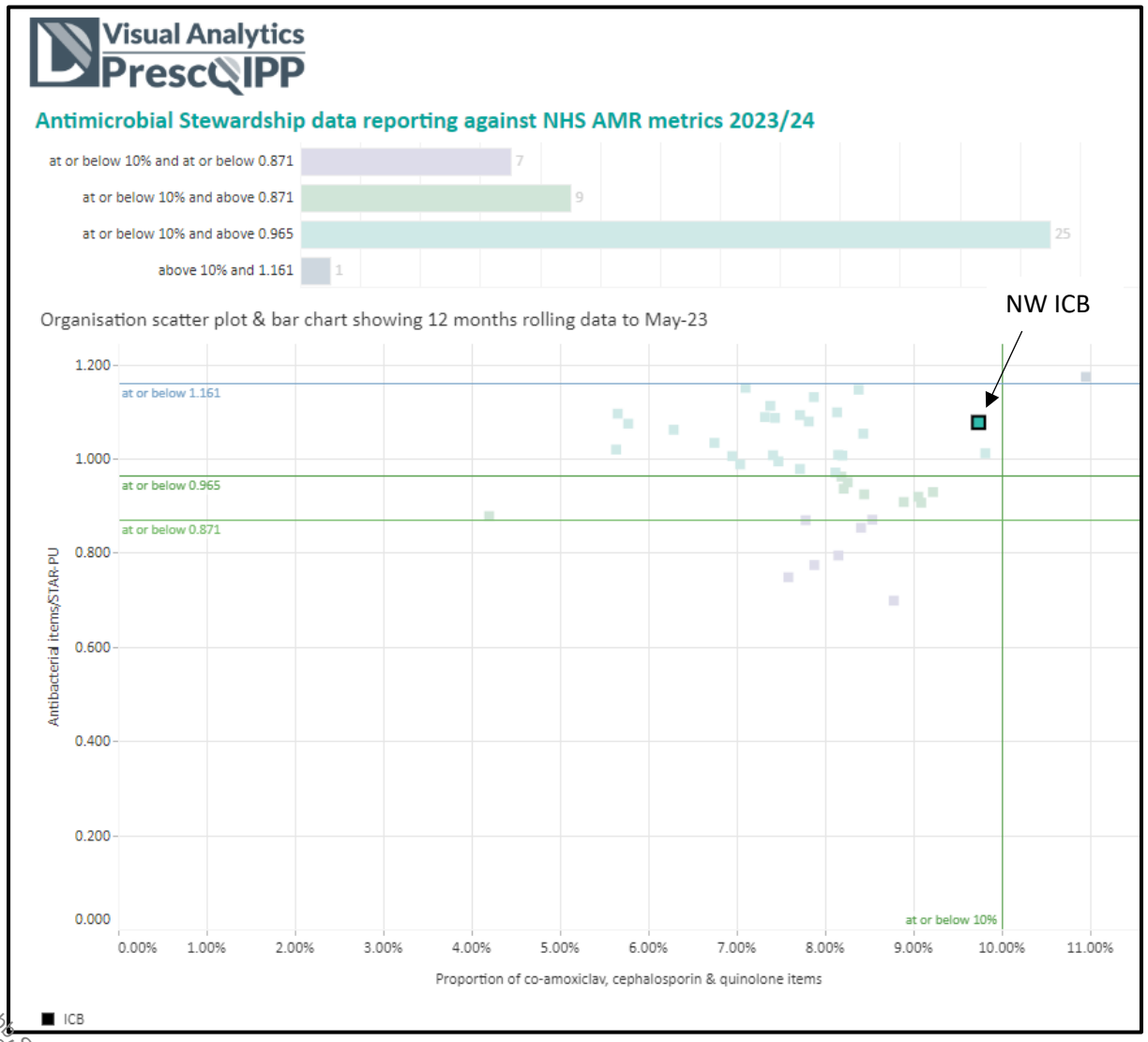
4.3 December 2022 saw a change in guidance for the threshold for prescribing antimicrobial agents due to a rise in Strep A cases in children. National stock shortages of antimicrobials led to alternative antibiotics being prescribed. Both factors have distorted the data for our practices and nationally. 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 1.076 antibacterial items per STAR-PU in the 12 months to May 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 9.73% in the 12 months to May 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.

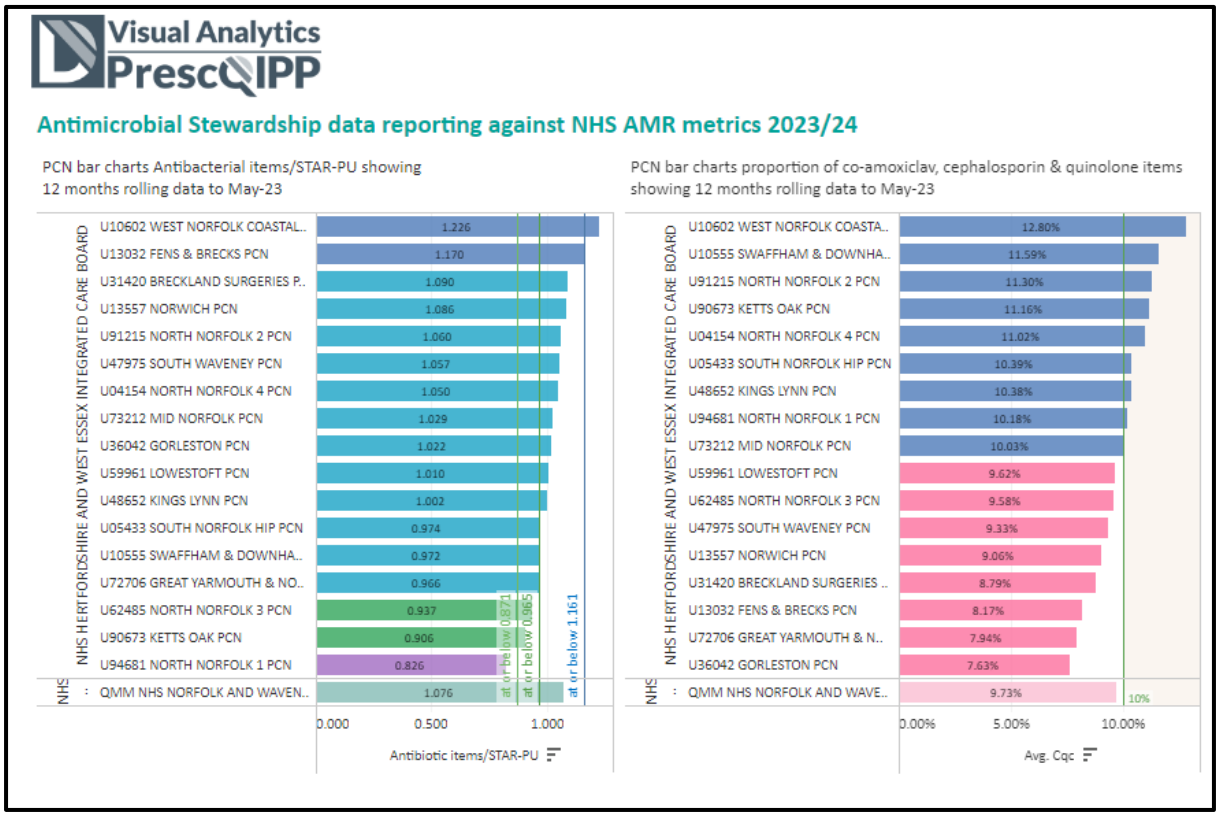
Table 6. ICB scatter chart – Antimicrobial prescribing 12 months to end May 2023



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 May 2023



4.9 Medicines Optimisation Team are supporting the following initiatives to increase awareness of Antimicrobial Stewardship in Primary Care

- TARGET training – train the trainer
  Led by Dr Naomi Fleming EoE Regional Antimicrobial Pharmacist
- Auditing high prescribing practices
  Two practices chosen
  Practice one – high overall prescribing, high broad-spectrum percentage
  Practice two – high overall prescribing, low broad-spectrum percentage
- Bite size learning at Bi-monthly prescribing leads
  August meeting: C. diff RCA learnings
- Reviewing PQS antimicrobial practice audits for 22/23

Table 8: Outlier Practices for overall antimicrobial prescribing (90th percentile or above) 12 months to end of May 2023

Practice	Sum of percentile
NORWICH PRACTICES HEALTH CENTRE	99.91
SCHOOL LANE SURGERY	98.64
BRUNDALL MEDICAL PARTNERSHIP	98.31
MUNDESLEY MEDICAL CENTRE	98.22
BURNHAM SURGERY	96.89
LONGSHORE SURGERIES	96.23
ST CLEMENTS SURGERY	95.90
ORCHARD SURGERY	95.51
HINGHAM SURGERY	94.93
GRIMSTON MEDICAL CENTRE	94.84
ANDAMAN SURGERY	94.62
CUTLERS HILL SURGERY	93.90
SHIPDHAM SURGERY	93.83
WELLS HEALTH CENTRE	93.18
HEACHAM GROUP PRACTICE	91.24
BOUGHTON SURGERY	90.52

4.10 Our outlier practices (90th percentile or above) that are driving the higher percentage of Broad-spectrum antibiotics in May data are shown in Table 9

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

Practice Name	Percentage of broad-spectrum antibiotics May 2023	Sum of percentile
BURNHAM SURGERY	20.48%	99.72
GRIMSTON MEDICAL CENTRE	18.77%	99.58
LITCHAM HEALTH CENTRE	18.38%	99.52
FLEGGBURGH SURGERY	16.88%	99.08
MUNDESLEY MEDICAL CENTRE	16.63%	98.94
HOWDALE SURGERY	15.79%	98.58
ACLE MEDICAL PARTNERSHIP	15.21%	98.08
THE HOLLIES SURGERY	15.12%	97.96
GREAT MASSINGHAM SURGERY	14.86%	97.77
CROMER GROUP PRACTICE	14.51%	97.36
BRIDGE STREET SURGERY	14.29%	96.88
EAST NORWICH MEDICAL PARTNERSHIP	13.98%	96.43
THORPEWOOD MEDICAL GROUP	13.80%	96.13

MANOR FARM MEDICAL CENTRE	13.65%	95.82
HEACHAM GROUP PRACTICE	13.36%	95.01
ELMHAM SURGERY	13.22%	94.66
WATLINGTON MEDICAL CENTRE	13.19%	94.49
BRUNDALL MEDICAL PARTNERSHIP	13.14%	94.29
WELLS HEALTH CENTRE	13.04%	93.96
ATTLEBOROUGH SURGERY	12.97%	93.79
HOLT MEDICAL PRACTICE	12.85%	93.44
WINDMILL SURGERY	12.81%	93.32
LAWNS PRACTICE	12.76%	93.21
KIRKLEY MILL HEALTH CENTRE	12.50%	92.24
TOFTWOOD MEDICAL CENTRE	12.42%	92.04
OLD MILL AND MILLGATES MEDICAL PRACTICE	12.29%	91.56
HARLESTON MEDICAL PRACTICE	12.12%	90.93
PLOWRIGHT MEDICAL CENTRE	12.11%	90.87
PARISH FIELDS PRACTICE	12.06%	90.68
LUDHAM AND STALHAM GREEN SURGERIES	12.01%	90.40
CHURCH HILL SURGERY	11.98%	90.29
VIDA HEALTHCARE	11.94%	90.12

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