Primary Care Commissioning Committee Part One

Tue 12 September 2023, 13:30 - 16:30

Agenda

13:30 - 13:30 0 min

Agenda

Hein van den Wildenberg

2023 09 12 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (1 pages)

13:30 - 13:30 0 min

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

Information *Hein van den Wildenberg*

13:30 - 13:30 0 min

2. Apologies for absence

Information *Hein van den Wildenberg*

13:30 - 13:30 0 min

3. Declarations of Interest

Information *Hein van den Wildenberg*

2023 09 12 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30 0 min

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

Decision *Hein van den Wildenberg*

2023 08 08 Item 04 NWICB PCCC Minutes Part One.pdf (7 pages)
2023 09 12 Item 04 PCCC 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

6. Risk Register

Decision *Sadie Parker*

2023 09 12 Item 06 Risk Register.pdf (22 pages)

13:30 - 13:30 0 min

Service Development

13:30 - 13:30

7. Dental Short Term Plan

0 min

Decision *Sadie Parker*

2023 09 12 Item 07 Dental Short Term Plan.pdf (14 pages)
2023 09 12 Item 07 Dental Short Term Plan - slides.pdf (12 pages)

13:30 - 13:30
0 min

8. Primary Care Commissioning Principles

Decision *Sadie Parker*

2023 09 12 Item 08 Primary Care Commissioning Principles.pdf (14 pages)

13:30 - 13:30
0 min

9. Estates Quarterly Report

Information *Paul Higham*

2023 09 12 Item 09 Estates Quarterly Report.pdf (6 pages)

13:30 - 13:30
0 min

10. Digital Quarterly Report

Information *Anne Heath*

2023 09 12 Item 10 Digital Quarterly Report.pdf (3 pages)

13:30 - 13:30
0 min

11. Care Quality Commission Inspections - Chet Valley Medical Practice

Information *Shepherd Ncube*

2023 09 12 Item 11 CQC Inspection Report Chet Valley Medical Practice.pdf (9 pages)

13:30 - 13:30
0 min

Finance and Governance

13:30 - 13:30
0 min

12. Dental Operational Delivery Group Report

Information *William Lee*

2023 09 12 Item 12 Dental Operational Delivery Group Report.pdf (4 pages)

13:30 - 13:30
0 min

13. Pharmaceutical Services Regulations Committee Report

Information *Catherine Hedges*

2023 09 12 Item 13 PSRC Report.pdf (4 pages)

13:30 - 13:30
0 min

14. Finance Report

Information *James Grainger*

2023 09 12 Item 14 Finance Report.pdf (16 pages)

13:30 - 13:30
0 min

15. Prescribing Report

Information *Michael Dennis*

2023 09 12 Item 15 Prescribing Report.pdf (12 pages)

13:30 - 13:30
0 min

Any Other Business

13:30 - 13:30
0 min

16. Questions from the Public

Discussion *Hein van den Wildenberg*

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 12 September 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 August 2023 meeting** *For approval*	Chair
5.		**Forward Planner** *For Approval*	SP
6.	13:40	**Risk Register** *For Approval*	SP
		Service Development	
7.	13:50	**Dental Short Term Plan** *For Approval*	SP
8.	14:10	**Primary Care Commissioning Principles** *For Approval*	SP
9.	14:20	**Estates Quarterly Report** *For Noting*	PH
10.	14:30	**Digital Quarterly Report** *For Noting*	AH
11.	14:40	**Care Quality Commission Inspections** • **Chet Valley Medical Practice** *For Noting*	SN
		Finance & Governance	
12.	14:45	**Dental Operational Delivery Group Report** *For Noting*	MB/SP/WL
13.	14:55	**Pharmaceutical Services Regulations Committee Report** *For Noting*	CH
14.	15:00	**Finance Report** *For Noting*	JG
15.	15:10	**Prescribing Report** *For Noting*	MD
		Any Other Business	
16.	15:15	**Questions from the Public**	Chair

Date, time and venue of next meeting
Wednesday 11 October 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
Lisa Drewry	Executive Officer, Norfolk & Waveney LMC	Burnham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
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
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 8 August 2023
via video conferencing & YouTube

Voting Members - Attendees

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

In attendance

Name	Initials	Position and Organisation
Andrew Bell	AB	Vice Chairman, Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney
Paul Benton	PB	Director for Quality and Care, Norfolk and Waveney ICB
Colin Bright	CB	Associate Director of Financial Management, Norfolk and Waveney ICB
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Lisa Drewry	LD	Executive Officer, Norfolk & Waveney Local Medical Committee
Michael Dennis	MD	Associate Director of Medicines Optimisation, Norfolk and Waveney ICB
James Foster	JF	Practice Manager Committee Attendee
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk and Waveney ICB
Cath McWalter	CMcW	Senior Primary Care Estates Manager, Norfolk and Waveney ICB
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Cllr James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council
Peter Taylor	PT	Assistant Director, Public Health Commissioning Norfolk County Council, Public Health
Fiona Theadom	FT	Head of Primary Care Commissioning, Norfolk and Waveney ICB
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
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
Carl Gosling	CG	Senior Delegated Commissioning Manager – Primary Care, Norfolk and Waveney ICB
Tania Farrow	TF	Chief Officer, Community Pharmacy Suffolk
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
Jason Stokes	JS	Secretary Norfolk Local Dental Committee (LDC)

No	Item	Action owner
1.	**Chair's introduction** DB introduced herself to Committee members as the new Chair of PCCC.	**Chair**
	Matters Arising There were no matters arising.	
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 DB minutes for signing.** **Action Log:** **154-161 closed.** **153 to be heard in Sept 2023**	**SW**
5.	**Forward Planner** *For Approval*	**SP**
	SP confirmed SW had included all the changes and highlighted these in yellow/red. A number of items were still to be confirmed as items were being divided between PCCC and the new GPODG/DODG (general practice and dental operational delivery groups) as per the previous agreed scheme of delegation. SMI health checks and the health checks stock take report were highlighted in RED as these would move to the GPODG agenda. SP welcomed comments and there would likely to be further changes to this document as we move into the new forums. JR highlighted the dental short term plan had been moved from September to October and SP confirmed this was a drafting error and would be moved back to September.	

	HW highlighted the date for the performance report was to be confirmed and hoped this would be soon. SP confirmed that this was linked to the work that the Business Intelligence team were doing following the audit report. SN would follow up on this work and confirm a date for the forward planner. **ACTION: SN to check with performance report would be ready to present to Committee**. DB agreed it was helpful for it to be set out like this and also reflected that this would continue to be revised as we move forward.	**SN**
6.	**Care Market Sector Quality Assurance and Monitoring** *For Noting*	**PB**
	PB shared slides (that had been provided in the Agenda Pack) and went through the pack in some detail for the attention of the Committee. PB paused and offered to take questions. DB thought this was a critical part of health and social care and was pleased to note it was on the agenda. DB thought we should be proud of the integrated approach taken in health and social care and acknowledged the quality ratings in Norfolk and Waveney were not as good as they could be and there was a challenge to turn this around. The PAMMS system would be welcomed. DB opened up for comments and questions. JR thanked PB for the report and asked if he had been well received when visiting care homes. He hoped that this was as an enquiring friend as opposed to a critical friend and would like to see this was welcomed by homes rather than another inspection. PB thought this depended on the home and for those that were used to working with the system, they see it as positive. For those that were struggling this may not be the case and whilst everything was done to ensure that this was not another type of inspection there was a role for us to have a scrutiny and risk based approach. PB went on to say some homes were receptive and offered support to turn around and where some were not able to be helped there would have to be appropriate action taken. JR reflected the presentation and the use of outstanding-rated care homes to support others and noted this was a competitive market. He wondered if homes would be forthcoming, and PB confirmed they were. NW thanked PB for the presentation. NW reflected on the feedback from practices on the high turnover of care home staff and which impacted the building of relationships with staff who often leave. New staff often wanted to establish new systems and change systems which sometimes generated more work. She asked if that had been considered during the visits where there was an opportunity to share examples of staff retention and to ensure staff understood the responsibilities of the care homes to deliver care to their patients versus what the responsibilities were for general practice. NW thought it was around embedding of systems and training of staff. PB reflected there was a need to be clear on roles and responsibilities and the minimum standards that needed to be in place in care homes and practices. PB agreed with NW around workforce and NW offered support to PB if helpful.	

	JR asked if nursing and care homes were changing their registration and PB confirmed this was the case. Nursing homes had deregistered to become care homes and some of this was down to cost cuts and viability. JR reflected the conundrum of roles and responsibilities in this case. DB explained that there was a Multi-Agency Board which would look at the improvements that could be bought to the care sector and noted care cannot be solved by one partner but needed a multi-agency approach. PB then went onto outline next steps across Norfolk and Waveney and the rest of the slides. DB thanked PB for the slides and his update.	
7.	**Care Quality Commission Inspections** • **Bacon Road Medical Centre** • **Taverham Surgery** *For Noting*	**SN**
	SN presented the CQC Inspection reports received for Bacon Road Medical Centre and Taverham Surgery and provided an overview for Committee's attention. KW was pleased to note improvements and the need for sustainability and maintenance around the level of confidence following the recognition that practices and providers make progress following inspections. KW asked how sustainability would be managed. SN confirmed that both practices had received intensive support from the ICB a multi-disciplinary team and this support would be reduced but would continue for on a monthly basis. Work was continuing on the access improvement plans which formed the wider strategic ambition linking into the issues that had been identified. DB thanked SN for the updates.	
8.	**Primary Care Estates – Revisions to Advice Note 2: Sale and Leaseback proposals** *For Approval*	**CMcW**
	CMcW presented the proposals to Committee for their approval and CMcW explained these in some detail for Committee's attention. DB asked if this was more detailed guidance and not a change and CMcW confirmed that it was not a change in policy or approach but setting out a more staged approach. KW thought the guidance clearly articulated the stages and asked if the LMC had any comments. CMcW confirmed that the LMC had supported with the development of the document and were happy with the confirmed proposals. CMcW welcomed feedback in order to further refine if necessary and this would start to be used with practices immediately if approved. DB asked Members if they were content to approve as a practical step forward and Members confirmed their approval.	

	DB thanked CMcW for her report.	
9.	**General Practice Operational Delivery Group Report (GPODG)** *For Noting*	**MB/SP**
	MB presented the General Practice Operational Delivery Group Report to Committee for noting and thanked SP for preparing the report. The first GPODG had taken place last week and MB noted it was an opportunity to focus on key areas of work going forward. The meeting was positive with good engagement. The Terms of Reference were reviewed and the report provided an overview of the topics covered. MB felt the key to this group was to give an opportunity to discuss some of the operational details that were not appropriate to be discussed within the PCCC as a strategic group. SP confirmed that the report format used was the same Committee provided to Board and, as it was the first one, SP thought it would be helpful to have feedback on the level of detail in the report. HW asked for a bit more specificity and provided an example around learning disabilities and the level of detail and data seen within those reports and thought it would be useful to provide some background to discussions. HW asked if was also possible to include attendance. At future operational meetings the practices at risk would be discussed and of the proposals for part one / part 2 reporting were in development - HW asked SP and MB to give some thought to this. SP thanked HW for his helpful comments and agreed to action the points made. **ACTION: SP to include more specific detail on performance in future reports to PCCC**. DB asked if the balance felt right and MB agreed it did for a first discussion and this would play out over the next 2-3 meetings and feedback would be provided in future reports. DB thanked MB and SP for the excellent note.	**SP**
10.	**Finance Report** *For Noting*	**JG**
	JG presented his Finance Report to Committee for noting. DB reflected on what she had heard in that the position had not changed significantly since last month and that work had started to identify further efficiencies but there was an emerging pressure particularly around dental services based on the level of income that was not realised. JG confirmed the position and there was a need to monitor and consider this as a whole and plan for dental in its entirety. HW thanked JG for adding the commentary that the organisation was looking at the additional efficiency schemes to address the forecast for that shortfall. HW reflected on BB comments made in the previous meeting, whereby each Director should try and manage their own balance and it would be good to see that confirmed in the next report in terms of dental.	

	HW asked if the dental position was specific to Norfolk and Waveney or nationwide. JG confirmed that it was nationwide. NHSE provided a plan at the start of the year and used that for the expected patient revenue charges everywhere. AB had a specific question about the dental budget and whether any guidance on ring fencing of the dental budget had been received yet and JG confirmed it had not. AB raised his concern that the current variance might change the overall variance. AB noted he believed the reason for the ring fence was that no budget was lost. AB was aware that there was a huge underspend and reiterated HW point about this being a national problem and the current forecast was that it was about £0.5bn worth of clawback nationally. AB was aware it was particularly high in this region. JG confirmed that he would add in an additional schedule for dental, optometry and pharmacy and an update on the efficiencies in future reports. Committee noted the report.	
11.	**Prescribing Report** *For Noting*	**MD**
	MD presented the prescribing report to Committee for noting. DB asked about the work being undertaken in partnership with practices and patients to address some of the areas outlined. MD confirmed there had been work done on dependence forming medicines and an award had been won for work done in Great Yarmouth and Waveney as they were previously an outlier. Patients had been involved and incentive schemes used to set targets and look for reductions and training had been provided. Each year a scheme was designed to focus on priorities and MD gave an example where regional funding for e-learning courses had been provided to help patients wean off high dose opioids and provide training on consultation skills for dealing with patients with chronic pain. There was a regional strategy for antimicrobial stewardship and there were regular meetings on this and tools, resources and training from those areas were being used. HW read that NHS England produced some guidance where it described sixteen national medicine optimisation opportunities for the NHS and asked if these were being looked into. MD confirmed that work was done on these already and progress had been made on high-cost drugs secondary care medicines, hospital medicines and bio-similar eye drugs. MD had been invited to speak to the National Director of Medicines' Efficiency Programme and MD would talk to her before the next regional checkpoint with NHS England. KW thought it was important to acknowledge that there had been an increase in antimicrobial prescribing due the StrepA outbreak during last winter, and it was important to note this might have pushed some practices into higher rates. MD agreed and there had been high demand for antibiotics, a few went out of stock and alternatives sourced and this continued to drive up the 12 month data.	

	DB suggested the possibility of a more in-depth discussion about prescribing issues. DB thanked MD for his report.	
12.	**Any Other Business**	**Chair**
	Questions from the public. **Question regarding the Closure of the branch surgery in Blakeney** **Dr Victoria Holliday** Advice note 3 regarding branch closures states there should be practice led consultation and engagement meetings which vary in times to ensure access for all groups. Holt Medical Practice held a public meeting last week to discuss the potential closure of the branch surgery in Blakeney in the late afternoon. The venue was too small, the time was early for working residents and late for older ones, if travelling by bus you could get there but not home afterwards, and it conflicted with a prescheduled major event in a neighbouring village. We estimate at least 300 residents were prevented from attending because the size of the venue or couldn't attend because of the date and time. When will Holt Medical Practice be holding another public meeting? **Question regarding the Closure of the branch surgery in Blakeney** **Alexandra Hooper** What are you doing to change/address how Holt Medical Practice currently proposes to engage and include all of its patients and stakeholders as part of the patient engagement process for the proposed closure of Blakeney Surgery? Given their current plans are not inclusive and rely on access to a computer, a mobile telephone or a car, what specific criteria will you be requiring be used to ensure that the following groups have been included? 1. Those with limited or no access – to the internet/mobile phones 2. Those with limited or no access – to a computer 3. Those with no ability to physically access meetings/drop in sessions at the surgery in Holt or Melton 4. Those with a disability likely to affect engagement – such as visual impairment, dyslexia, etc 5. Those on very low incomes who are less likely to be in a position to respond via post or other means that require financial investment. **Sheelin Cuthbert** Sheelin Cuthbert supported the last two questions and had sincere concerns for the elderly in the Blakeney district who had limited access to the surgery. The surgery was not in Holt, it was in High Kelling which would mean another bus or taxi. If you did not own a car then you would worry, it would cause serious problems for the whole area, and Sheelin askd to be kept informed of discussions and results. A response would be provided offline and published on the ICB website following the conclusion of the Committee. Committee then closed at 14:45	

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
12 September 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
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		
0163	08-aug-23	4	SW	Signed minutes to Chair	SW sent signed minutes to Chair	12-sep-23		09-aug-23
0164	08-aug-23	5	SN	Forward planner - Performance Report - SN to check when this would be ready to present to Committee.		12-sep-23		
0165	08-aug-23	9	SP	General Practice Operational Delivery Group Report - SP to include more specific detail on performance in future reports to PCCC.		11-okt-23		

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

		April	May	June	July	August	September	October	November	December	January	February	March	Notes
	Proposed date:	21st	9th	12th	11th	8th	12th	11th	14th	12th	9th	6th	5th	
Standing items:	Risk Register		Y		Y		Y		Y	Y	Y	Y	Y	Nov & Jan updates moved to Dec and Feb respectively
	Monthly Finance Report	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	
	Estates Quarterly		Y	Y			Y						Y	To move to 6-monthly, with operational detail discussed at GP ODG (ON ODG FP)
	Digital Quarterly			Y			Y						Y	To move to 6-monthly, with operational detail discussed atGP ODG (ON ODG FP)
	Prescribing Report	Y	Y	Y	Y	Y	Y			Y			Y	To move to quarterly strategic report with operational detail discussed a GP ODG (ON ODG FP)
	CQC Inspections Report	Y	Y	Y	Y	Y	Y						Y	Individual inspections to move to GP ODG, and reported through their report. Six-monthly update on system picture to PCCC (ON ODG FP) Will include dental report
	Primary Care Performance Report	TBC												Business intelligence work underway. Separate dental dashboard to be developed by end of March. A dental dashboard is also being developed by March 2024
	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 Strategic Plan												Y	
	Joint Forward Plan							Y				Y		
	Strategic Workforce Plan													
	Transformation of service proposals (including locally commissioned services)	TBC												
	Report on annual changes to primary care contracts and impact analysis												Y	
	Optometry services – contractual changes and other matters	TBC					Y			Y			Y	Brought as and when required. Quarterly report from hosted team
	Reports from the Pharmaceutical Services Regulations Committee	TBC					Y			Y			Y	
	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							Y			TBC	TBC		Annually
	Learning Disability /Autism Health checks	Y		Y			Y							to move to ODG and reported through ODG report and PCCC risk register (ON ODG FP)
	PCCC Self Assessment - Contract Assurance Framework							Y			TBC	TBC		introduction to CAF in October. Review of final submission TBC subject to NHSE timeline
	Severe Mental Illness Health checks			Y		Y								to move to ODG and reported through ODG report and PCCC risk register (ON ODG FP)
	Healthcheck Stocktake report					Y								TBC
	Dental Short Term Plan						Y							
	Dental Strategy and Workforce Plan												Y	
	Oral Health Needs Assessment			Y						Y				
	Place development and interface with PCCC						Y			Y				Postponed to post organisational change
	TIAA Audit Report									Y				Monitored by ODG (ON ODG FP)
	Delivery Plan for Recovering Access to Primary Care							Y				Y		
	Complaints and contacts (JP)					Y			Y	Y		Y		Nov update moved to Dec mtg
Items noted without a date:														

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

As part of the transition, propose to stand down Nov and January PCCC meetings

2023 - 2024

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

2022 2023

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

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

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

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

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
June 2023	Latest HEE workforce data illustrates the following: • 2.1% growth in Nursing workforce roles across N&W during the period of April 22 vs April 23. 448 WTE are in place across the system. • -2.2% decline in GP workforce roles (excluding training GPs) during the same period. 517 WTE are in place across the system. We have seen an increase of 8 WTE since Jan 23 to April 23 in partnerships and salaried roles across the system. • 23.1% growth in GP Trainees across N&W during the same period. 134 FTE are in place across the system. General Practice Partnership Model – 20 new GP partnerships will be supported during 23/24. To date we have 1 new GP partnership has been appointed and two applications are pending. Newly qualified incentive - 17 newly qualified GPs will be supported to take up substantive roles in Norfolk & Waveney. To date 3 newly qualified GP's have received substantive employment and a further 11 EOI's have been received across practices. Most of the training doctors are due to qualify in August 2023. We will be introducing two new primary care fellowship roles to support over the next 18 months the following: **Green Sustainability Fellow**: to produce a Primary Care Green plan, aligned the principles of the ICS Green Plan, including the carbon reduction of: • Medicines, medical equipment, and other areas of the supply chain such as construction, freight, food and catering • The carbon footprint from our buildings and materials • Personal travel (including patient and staff travel, as well as visitors • Commissioned health and care services **Health and Wellbeing Fellow**: to align to the four key pillars of the ICS Health and Wellbeing Strategy 2023 -2025, which include: • Mental and Emotional • Physical • Social • Financial In April 2023 the introduction of the Advance Nurse Practitioner role, claimable under ARRS has been introduced, we are working with several PCN's to support this role.		September 23

	A full review of the Training Needs Analysis has now taken place, which has provided the intelligence to identify the top three requirements for clinical and non-clinical training. This tool allows us to identify the needs by locality and by role, so that we can build the training programme tailored to meet these needs. The training programme needs to be submitted to NHSE by 31st July 2023 so that funding can be released nationally.		
August 2023	Latest HEE workforce data illustrates the following: • 2.6% growth in Nursing workforce roles across N&W during the period of June 22 vs June 23. 450 WTE are in place across the system. • -2.6% decline in GP workforce roles (excluding training GPs) during the same period. 513 WTE are in place across the system. • 21.6% growth in GP Trainees across N&W during the same period. 127 FTE are in place across the system. General Practice Partnership Model – 10 new GP partnerships will be supported during 23/24. To date we have 1 new GP partnership has been appointed and a further 6 EOI's have been received across practices. Newly qualified incentive - 25 newly qualified GPs will be supported to take up substantive roles in Norfolk & Waveney. To date 18 newly qualified GP's have received substantive employment and a further 11 EOI's have been received across practices. A full review of the Health and Wellbeing Survey, which was issued in June 2023, has provided the intelligence to identify the top three requirements for improvement in general practice, these include: • 14.8% of staff feel their organisation is not proactively looking at H&W being support. • 22.8% of staff have felt less supported by line managers with harassment and bullying. • 17.1% of staff feel their work is not valued by the organisation. The top three areas of significant improvement has been reported are: • 15.7% of staff in general practice felt that teams working well and resolving conflict quickly. • 11.7% of staff feel have personally seen a reduction in public harassment and bullying. • 4.8% of staff feel they are involved in deciding changes at to work which may affect them. It was also noted that 9.4% of "Severe" burnout reported in 2022 has not been reported in 2023, which is positive. We are currently developing a 12 month "Work Well Webinar Programme" which is using the themes identified in the survey to support Health and Wellbeing for primary care.		October 23

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

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

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

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

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

Gaps in controls or assurances
LDAHCs are now being undertaken face to face.

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
May 2023	Significant progress has been achieved in 2022/23, the ICB has met its national set target for Learning Disability Annual Health Checks (LDAHC). The Health Facilitation Team within the nursing directorate remains in place to provide additional support for struggling practices. Additional support will be made available to practice via the new initiative agreed with NHSE-Point of Care Testing Kit (POCT). The recommendation is that the risk score is reduced to a moderate score (from 16 to 9) to reflect our end of year landing position and structures in place to continue supporting delivery.		31.7.23
June 2023	According to NHSE national data sets Norfolk and Waveney achieved 70.7% completed LD Health Checks in 22/23. The discrepancies in data continue to be examined though NHSE has no intention of amending their national reporting. ICB Delegated Commissioning and BI colleagues are working together to ensure future regional reporting aligns with national data. While the ICB only have access to performance achieved in April and May 2023/24, as of the end of May practices had achieved 5.7% performance against a quarterly target of 25%, having delivered 410 LD Health Checks. This is a slight drop in activity compared to the same period last year. Equal distribution of activity in each quarter as agreed with NHSE is challenging and we continue to encourage practices to bring forward review dates. In light of the organisational changes, associated pressures in the ICBs, and funding challenges we are still considering a recommendation to increase the risk score. A decision will be made once Q1 figures have been validated.		
August 2023	Q1 23/24 figures show a small increase in register sizes as expected. There has been a 3% decrease in the percentage of eligible patients receiving an LD HC in Q1 23/24 compared to last year and we are working closely with practices and NHS England to monitor and improve this position. Norwich locality was the only area to show an increase in the number of LD Health Checks delivered in Q1 23/24 compared to Q1 22/23. While it is too early to forecast a trajectory of delivery for the year, it's clear that unless practices make a considered effort to increase delivery, Norfolk & Waveney ICB will struggle to deliver the same number of checks as 2022/23 or achieve the national 75% target of LD Health Checks delivered. An update on delivery in April & May 2023 was taken to July's General Practice Operational Delivery Group and the Delegated Commissioning team was asked to report back on: - General practice's capacity to deliver LD HCs this year and what they are able to do going forward. - Actions taken to actively explore short and long term alternative models of provision to build resilience and additional capacity in the system.		

	Work is currently being undertaken to action those requests. This risk score will be reviewed at the end of Q2 (end of September) and recommendations will be made to either increase or maintained based on performance and plans in place to improve the position.		

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

Webb Sarah
06/09/2023 09:05:37

PC9	
Risk Title	Hypnotics and anxiolytics prescribing
Risk Description	High prescribing rate of hypnotics and anxiolytics in primary care – improved to 5th nationally on volume per 1,000 patients. These medications have negative side effects on patients and should not routinely be used long term.
ICB priority	

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

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
Mar 2023	Dec 22 data = ADQ/1000 patients = 371.118 97th percentile (31 days this month) Rate per day = 11.97. It is recommended that the risk target date is extended for a further year.		30.4.23
May 2023	Jan 23 data = ADQ/1000 patients = 359.627 96th percentile (31 days this month) Rate per day = 11.60		31.3.24
July 2023	April 23 data = ADQ/1000 patients = 332.881 96th percentile (30 days this month) Rate per day = 11.10, so continuing to reduce		31.3.24
Sept 2023	June 23 data 96th percentile 5th nationally		31 3 24

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

Webb Sarah 06/09/2023 09:05:37

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

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

Risk Scores

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

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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion
13.6.23	• Support from internal ICB teams for practices rated inadequate or RI continues. Bite size training sessions to share learning are ongoing • 67 practices benefitted from the quality, stability and support payment with a total investment from the ICB of £788,020 • Interface reporting was encouraged intensively for 2 weeks in May to maximise understanding of issues facing practices. Significant increase in reporting with themes reported to the working group. Pace of developing Trust action plans is slow • Ongoing support being provided by locality teams to support development of PCN access recovery plans in line with national contract requirements. System plan under development with regional assurance meetings underway • Attended Norfolk Health Overview and Scrutiny Committee to discuss the issues and ICB plans to support patient access • Comms campaign launched with focus on the additional roles forming part of modern general practice • Agreement of final primary care budgets still awaited, causing delay to some areas of work • Publication of national guidance to support investment of primary care system development funding to enable delivery of system and PCN access recovery plans, however budget availability may impact on this		30.9.23
10.8.23	• Quality, stability and support payments calculated for primary care networks – provisionally 11 PCNs will benefit with £680k due to be paid in August, which is a significant investment from the ICB. When added to the QOF QSSP, this totals nearly £1.3m. • Winter resilience letter published which confirms no additional funding for primary care over and above access recovery funding. • Interface group continues to make slow progress, the medical director has written to the Trusts to encourage them to address and progress the outstanding issues in private consultant referrals and ICE requesting for health care professionals. There will be a report to the November ICB Board meeting • All 17 PCNs have submitted access recovery plans, however there has been limited interest from practices in the national GP improvement programmes. Feedback suggests this is due to the intensity of the programmes and lack of backfill support available. The national funding for transition support has now been made available for this year, the ICB is developing its communications to practices.		30.11.23
Sept 2023	• Covid and Flu vaccination programme start date has been brought forward to early Sept, accelerating rollout of vaccinations, starting with care home residents and eligible		

	vulnerable patients. Aim is to vaccinate as many people by end Oct.		

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

PC15	
Risk Title	Wave 4B Primary Care Hubs – loss of capital funding
Risk Description	There is a risk that there could be a loss of £25m capital funding if the Wave 4b Primary Care Hubs are not operational by March 2024. The Programme Business Case was revised and resubmitted June 2022, following NHSE feedback, reducing the programme from 5 schemes to 4. Programme Business Case was approved September 2022, Full Business Cases have now all been approved for each scheme. A DHSC review in December 2023 is scheduled to see how expenditure to plan is tracking and if there is a need to request any capital to be carried forward in to 24/25.

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

Risk Scores

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

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

Gaps in controls or assurances

Programme plan monitored by Programme Board. Previous concern on detail of approval process is now fully mitigated, as approval process has successfully completed.

Updates on actions and progress

Date	Action	RAG	Target completion
June-July 2023	Completion date is the same as April 2023 update as next stage of business case approval remains ongoing. Sprowston business case approved by PCCC 13.06.23 and submitted to NHS England 21.06.23: on time. Issue with Letters of Commitment (from practice) outstanding. Rackheath and King's Lynn business cases due for consideration by PCCC in July ahead of formal submission to NHS England in July: on time. Issues connected to both sites (outside NHS control) being managed – relating to connection of utilities and site access. "Round-table" meeting requested by NHS England to discuss the Wave 4b Programme took place on 22 June. The ICB took this opportunity to talk through key risks of cost and delivery.		30.08.23

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1. Delivery. The ICB received verbal permission to delay operational opening of new build sites to September ’24 if required. The ICB are waiting for this confirmation to be received in writing before adjusting risk score.

2. Cost. The ICB talked through cost mitigation. The largest mitigation will be to elect the new builds for tax which will see a VAT benefit of c.£4m. The consequence will be increased revenue costs of approx. £60k per year. A paper is being present to ICB EMT on 10th July to seek approval to elect the building to tax. Risk score can be adjusted following this outcome.

NHS England approval still expected in August 2023.
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<td>August 2023</td>
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The business case approval process for all four schemes have been completed, with NHS England national approval (following NHS England regional approval and Department of Health and Social Care finance approval) being confirmed 22.08.23.

The programme is now moving into delivery phase, with the main deadline being in connection with the spend of the STP Wave 4b capital: this needs to have completed by end March 2024.

The RAG has been reviewed, following the business case approval process, and downgraded (from 2x4 to 2x3). The rating will be reviewed again in December, when further detail will be known re. potential of carrying forward £2m-£4m capital into 2024/25.

The schemes “headline” construction phases are outlined below:
<table>
<tr><th>Scheme</th><th>Construction</th><th>Completion and handover</th></tr>
<tr><td>Thetford</td><td>September 2023 – February 2024 (tbc)</td><td>March-April 2024 (tbc)</td></tr>
<tr><td>Sprowston</td><td>September 2023 – February 2024 (tbc)</td><td>March-April 2024 (tbc)</td></tr>
<tr><td>King’s Lynn</td><td>September 2023 – March 2024</td><td>March-April 2024</td></tr>
<tr><td>Rackheath</td><td>September 2023 – March 2024</td><td>March-September 2024</td></tr>
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<td>31.03.24</td>
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Visual Risk Score Tracker												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	8	8	8	8	6	6						
Change	→	→	→	→	↓	→						

PC16	
Risk Title	Severe Mental Illness (SMI) Annual Physical Health Checks
Risk Description	1. The ICB is at risk of failing to meet its commissioning commitment to meet the needs of its SMI population which leads to a **clinical risk** that patients with SMI will experience significant health inequalities and a 15-20% higher mortality when compared to their peers. 2. There is also a **performance risk** identified with regards to delivering the national target of the Norfolk and Waveney system delivering 60% of SMI health checks. 3.

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

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
	•		30.4.23
	•		
June-2023	• Performance figures for Q1 period are expected to be published by NHSE at the end of July/August • Good progress was achieved last year and we are expecting this upward trend to continue this year,.		

	• Community outreach work via drop in sessions for members of public to raise the profile of SMI checks has been completed across all localities. • Improvement Stakeholder Group will be closely reviewing performance results for Q1 23-24 to make sure this progress is continued. • Work is ongoing to identify patients who have not had their checks in the last 12 months across the system (currently this is only achievable at an individual per practice level).		
August 2023	• Q1 2023/24 figures have been published and the uptake is positive above the national average of 51.5%. • The number of SMI HCs provided was more than Q1 22/23 and the ICB continues to see an increase in the core 6 checks. • The SMI register size decrease by 366 between Q4 22/23 and Q1 23/24. • 10 practices have seen their SMI register size decrease by more than 11 patients since Q4 22/23, with 7 of those 10 practices being in Great Yarmouth & Waveney. • Improvement work is ongoing as Delegated Commissioning continue to work closely with Mental Health colleagues.		

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

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

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

Risk Scores

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

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

Gaps in controls or assurances

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
June 23	Latest Health Education England workforce data illustrates the following: • 10.2% growth in Direct Patient Care workforce roles across N&W during the period of April 22 vs April 23. • 615 WTE are in place across the system. • 25.3% (155 WTE) are over the age of 55 years • 5.7% (35 WTE) are under the age of 25 years Based on the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney is forecast to utilised 68% of the national funding up to the end of March 2024, we anticipate this will increase over the next few months. We currently have a total of 450 WTE into the system. However, the National Workforce Reporting tool is showing 388 WTE for this period. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making good progress. Succession planning through student placements, recruitment drives and exploring joint roles between general practice, community pharmacy was launched during Q4 of 22/23. 7 pharmacy summer placements across Norfolk & Waveney will take place during July for 8 weeks in general practice. We have also started a programme with the University of East Anglia (UEA) for 20 x undergraduate pharmacy placements across General Practice and Community Pharmacy. The primary care Health and Wellbeing (HWB) programme has been operating now for two years and this survey is key to evaluate our successes, identify areas of improvement and outline what support they may need going forward. This health and wellbeing survey closed on the 30th June 2023 and we asked clinical and non-clinical staff to complete. We are now in the process of analysing the results. A full review of the Training Needs Analysis has now taken place, which has provided the intelligence to identify the top three requirements for clinical and non-clinical training. This tool allows us to identify the needs by locality and by role, so that we can build the training programme tailored to meet these needs. The training programme needs to be submitted to NHSE by 31st July 2023 so that funding can be released nationally. In April 2023 the introduction of a Physician Associate Apprenticeship, claimable under ARRS has been introduced, we are working with several PCN's to support this role. A 40% increase of Pre-Registration Pharmacy Technicians for the September cohort in 2023 has been recorded for Norfolk and Waveney in comparison to September 22. The next intake is February 2024 which we are supporting to meet our system allocation.		September 23

August 23	Latest Health Education England workforce data illustrates the following: • 9.7% growth in Direct Patient Care workforce roles across N&W during the period of June 22 vs June 23 (620 WTE). • 2.3% growth in non-clinical roles (1720 WTE) Based on the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney is forecast to utilised 79% of the national funding up to the end of July 2024, we anticipate this will increase over the next few months. We currently have a total of 528 WTE into the system. However, the National Workforce Reporting tool is showing 447 WTE for this period. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making good progress. All PCN's are required to submit their recruitment plans for ARRS by the 31st August 2023, so that the ICB can have a strategic overview of their recruitment intentions. A full review of the Health and Wellbeing Survey, which was issued in June 2023, has provided the intelligence to identify the requirements for improvement and where improvements have been made, which has been featured in PC01. The results did not see any significant variations for AHP, ARRS and non-clinical roles.		October 23

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

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

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

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

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

Gaps in controls or assurances

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

• Lack of access to NHS dentistry services is an area of quality concern. This impacts on some of our most vulnerable patient groups. • Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning • Lack of knowledge about the resilience and stability of existing dental services			
Updates on actions and progress			
Date opened	**Action / Update**	**BRAG**	**Target completion**
July 2023	As agreed at May Executive Management Team and PCCC, this content of this risk (previously on the transition of services) has been replaced by the resilience of NHS general dental services. Active engagement with the dental profession to understand the challenges they are facing. Monthly meetings with the LDC and LPN established. Dental Development Group has met twice with regular meetings established for 2023/2024 to agree short term commissioning plans by September 2023 and the Dental Strategy by March 2024 Engagement with other ICBs in the region to agree regional approach to commissioning where appropriate and beneficial Workforce data analysis underway. There are no NHS dental practices accepting new NHS patients in Norfolk and Waveney – propose to increase risk rating to 20 due to the current state of provision.		30/9/2023
Sept 2023	The ICB has approved an Urgent Treatment Service pilot that is being mobilised and will be live during September for patients with an urgent dental need to receive urgent care. Nearly 30% of practices across Norfolk and Waveney have signed up to offer urgent treatment appointments. The pilot will be in place for 12 months with an option to extend for a further 6 months. A short term initiative for 2023/2024 to support children's oral health education has also been agreed and providers have been invited to submit expressions of interest to the ICB. Other initiatives are under development as part of the ICB's short term plan. The Dental Development Group has supported the ICB's short term plan which will be published in September subject to final ICB approval by Primary Care Commissioning Committee and Executive Management Team. This includes identifying areas for access improvement in areas of greatest need using the Oral Health Needs Assessment as an evidence base to inform commissioning intentions, support to practices for quality improvement and workforce plans. Development of the ICB's long term dental plan is underway and subject to approval will be published in March 2024. All opportunities are being taken to actively engage with the dental profession which will help inform these plans in addition to a wider stakeholder engagement. Meetings of the ICB Dental Services Operational Delivery Group are taking place enabling the ICB and key stakeholders to take a		31/03/24

	deep dive when making decisions about important and urgent matters related to NHS dental services within the Scheme of Delegation of the Primary Care Commissioning Committee. The year end process for activity in 2022/2023 is underway which has identified a high level of underperformance largely due to difficulties in recruitment. The ICB is working with all providers to manage the financial impact of clawback. A lack of access to NHS dental services also has an impact on patient charge revenue received by the ICB as part of the dental budget allocation.		

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**Short Term Plan for NHS Dental Services 2023/2024**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee (Part 1)**
Date:	**12 September 2023**

Purpose of paper:

To seek approval for the ICB's Dental Services Short Term Plan for 2023/2024 and support to work up proposals for funding to support implementation of the plans not already agreed.

Executive Summary:

The ICB became responsible for NHS dental services (primary, community and secondary care) under the Delegation Agreement with NHS England from 1 April 2023.

From early engagement with the Local Dental Committee and Local Dental Professional Network, the Primary Care Commissioning team committed to three priorities in February 2023:

- to listen to the views of the dental profession through an open and honest discussion about the future of dental services in Norfolk and Waveney and how we can support them.
- to consider how we can retain our local dental workforce and allow them to develop their skills and expertise, offer opportunities for them to provide some services in a different way where possible, and also to encourage individuals to come and work in our area.
- to listen to our patients and their lived experience, and to ensure our local population has access to oral health prevention advice and dental treatment when needed.

In April, the ICB formed its Dental Development Group to bring together clinicians from across the profession in primary, secondary and community care along with other key stakeholders such as local authority Public Health and Healthwatch. The aim of the Group was to provide an informal forum to discuss the challenges and barriers for NHS dental services in Norfolk and Waveney and to identify solutions. Discussions have led to the development of the ICB's short term plan for 2023/2024 which is described in this paper for approval.

A set of slides (Appendix A) summarise the key aims of the Short-Term Dental Plan (STDP) and we will be working with the ICB's Communications and Engagement team (Primary Care) to develop the key messages for stakeholders if approved.

The ICB has committed to publishing its long-term dental plan and strategy by March 2024. Work has already commenced with the different workstreams identified and the ICB's commissioning intentions are described in the short-term dental plan. The aim is to have a working draft by December for sharing with key stakeholders for feedback. The Dental Development Group will help inform the development of these plans alongside an evidence-based approach using the ICB's Oral Health Needs Assessment updated this year alongside population health management tools.

Report

The ICB became responsible for NHS dental services (primary, community and secondary care) under the Delegation Agreement with NHS England from 1 April 2023.

From early engagement with the Local Dental Committee and Local Dental Professional Network, the Primary Care Commissioning team had identified three priorities by February 2023:

- to listen to the views of the dental profession through an open and honest discussion about the future of dental services in Norfolk and Waveney and how we can support them.

- to consider how we can retain our local dental workforce and allow them to develop their skills and expertise, offer opportunities for them to provide some services in a different way where possible, and also to encourage individuals to come and work in our area.

- to listen to our patients and their lived experience, and to ensure our local population has access to oral health prevention advice and dental treatment when needed.

These priorities helped inform our active engagement with the profession and key stakeholders and the formation of the ICB's Dental Development Group.

The ICB's Joint Forward Plan identifies four key themes in our integrated care strategy:

- **Driving integration**: Collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them
- **Prioritising prevention**: A shared commitment to supporting people to be healthy, independent, and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services
- **Addressing inequalities**: Providing support for those who are most vulnerable using resources and assets to address wider factors that impact on health and wellbeing
- **Enabling resilient communities**: Supporting people to remain independent whenever possible, through promotion of self-care, early prevention, and digital technology where appropriate.

The ICS Ambitions to 2025 are focused on the following areas:

- Urgent and emergency care
- Primary care
- Elective recovery
- Improving mental health services
- Improving our financial position
- Population Health Management, Reducing Inequalities and Supporting Prevention
- Improving services for Babies, Children and Young People
- Transforming care in later life

Addressing the multiple and complex challenges for NHS Dental Services in Norfolk and Waveney will have a direct influence on delivery of the ICB's ambitions and Joint Forward Plan priorities outlined above. It is important to note that there are no easy solutions and change will take time. Some aspects are outside the control of the ICB such as contract reform and long-term workforce planning, however the ICB has an opportunity to make a difference at a local level using flexible commissioning.

Publication and successful delivery of a short-term dental plan in 2023/2024 to begin to improve access for patients and support the workforce and local providers will enhance the ICB's reputation and demonstrate our commitment to making a difference for patients and those we work with, including our system partners.

NHS England is expected to publish a Dental Access Delivery Plan shortly. However, although announced in May, there is no known timeline for publication.

Governance

The formation of the Dental Services Operational Delivery Group reporting to the Primary Care Commissioning Committee ("Committee") provides the necessary assurance and oversight but also the opportunity to focus discussions as required to make informed decisions around dental commissioning.

The Dental Development Group makes recommendations to the Delivery Group or Committee as appropriate.

Why a Short-Term dental plan?

One of the key priorities for primary care within the ICB's Joint Forward Plan is the stabilisation of existing primary care dental services.

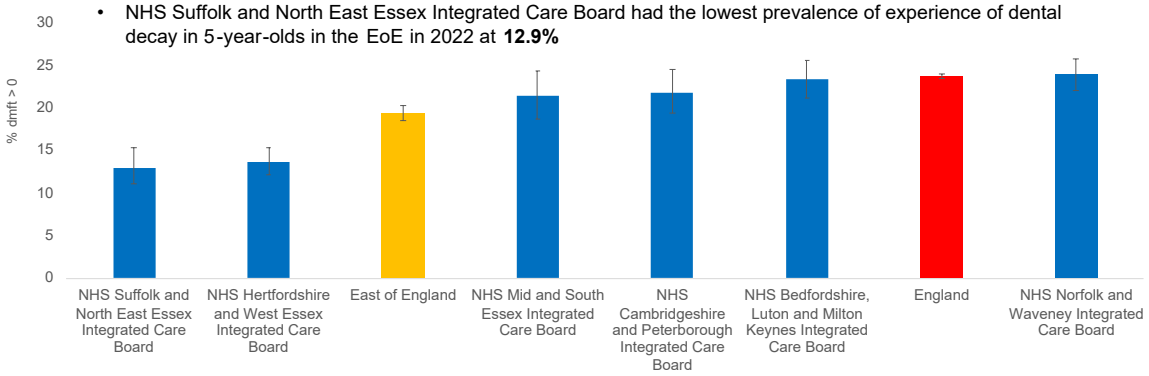
There are no NHS dental practices accepting new patients and there was no provision for individuals with dental pain and in need of urgent treatment to access an NHS dentist. A number of contractors have given notice to terminate their contracts in the past twelve months.

NHS Norfolk and Waveney Integrated Care Board had the highest prevalence of experience of dental decay in 5-year-olds in the EoE in 2022 at **23.8%**

Prevalence of experience of dental decay in 5 -year-olds in Integrated Care Boards across the East of England, 2022.

NHS England

- NHS Norfolk and Waveney Integrated Care Board had the highest prevalence of experience of dental decay in 5 -year-olds in the EoE in 2022 at **23.8%**
- NHS Suffolk and North East Essex Integrated Care Board had the lowest prevalence of experience of dental decay in 5-year-olds in the EoE in 2022 at **12.9%**



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Source OHID 2023[5]

The ICB has identified the following drivers for change for dental services in Norfolk and Waveney which have informed the ICB's short term plan:

- **Lack of access to NHS general dental services for new patients**

Currently there are no NHS practices accepting new patients although occasionally a practice will open its list for a short period before closing due to significant demand. It should be noted that anecdotally there are lengthy waiting lists for private dental services.

There is very limited access to urgent treatment for individuals in pain.

Increasing pressure on the dental workforce, particularly reception teams, who have to listen to individual patient's concerns and those in pain, leading to increased verbal abuse and unacceptable behaviour.

- **Limitations of the national dental contract for delivering primary care services**

The current dental contract is not widely supported by dental providers as they do not believe an activity-based approach supports them to deliver NHS dental care to individuals. The contract reform announcement in 2022 has had mixed reception with some providers seeing a positive impact whilst others believe contract reform should go further.

Dental providers have an option to withdraw from providing NHS services whilst continuing to expand their private dental services. The Primary Care Team regularly speaks to dentists who are considering terminating their NHS contracts to encourage them to remain whilst the ICB develops its plans for the future, so there is a very small window of opportunity before more NHS provision is lost.

- **Workforce recruitment and retention challenges**

The ability to attract dentists and dental care professionals to Norfolk and Waveney is critical to achieving the ICB's priorities to improve access and resilience in our dental services.

A recent ICB survey identified low morale for some of the dental profession due to the pressures. The rates at which dental performers are paid is highly competitive and for local providers to attract new dentists to come to Norfolk and Waveney, local rates need to compete with other areas across England.

There is no dental school in East Anglia and therefore encouraging Foundation Dentists to remain in Norfolk and Waveney is a challenge. It should also be noted that a dental graduate can work privately without completing their Foundation training required for working in the NHS.

- **Dental contract finance**

The dental budget is ring fenced by NHS England for 2022/2023 however it is not yet confirmed whether this will continue beyond this financial year.

Practices which fail to achieve more than 96% of their contracted activity (flexed to 90% for 2022/2023) face clawback up to 100%.

- **Provider relationships with the ICB**

The Primary Care Commissioning team has made engagement with the local dental profession a key priority, taking every opportunity to respond to queries quickly and take action where needed, listen to their concerns and to hear their ideas about how the ICB can improve local service provision. This is helping to build positive relationships with local providers however the ICB has a short window of opportunity to make a difference reputationally or lose providers to private practice.

All of the challenges highlighted above are leading to poor oral health outcomes for adults and children and young people both now and in the future which will lead to poor health outcomes for our local population and long-term health problems which may be more costly in the future. Health inequalities are likely to widen as a direct

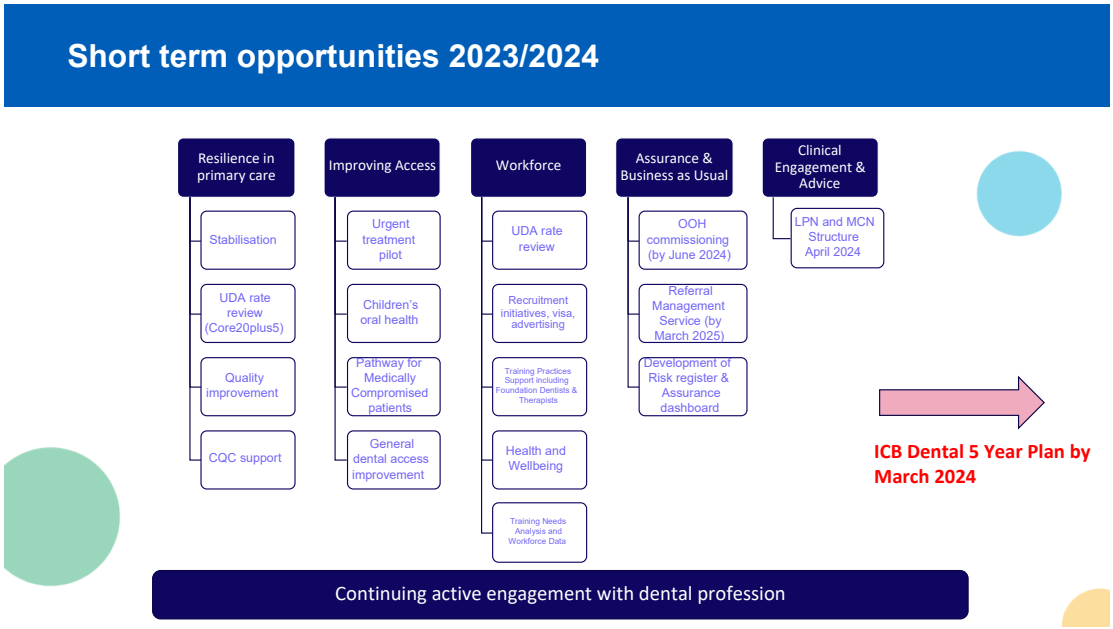
result. If not tackled, there will be an increasing shift of NHS practices towards private practice with contract terminations.

Short-Term Dental Plan Proposals

The STDP has been developed as a result of the ICB's engagement with the dental profession and key stakeholders such as Healthwatch who represent the patient voice.

The aim of the STDP has been to make quick investment decisions that can bring immediate benefits for patients and help to build resilience across our dental services whilst also demonstrating the ICB's commitment to making a difference for patients and providers. The STDP does not seek to address the multiple challenges in Norfolk and Waveney but to give the ICB time to develop its five-year plan and dental strategy as part of the wider integrated primary care strategy which will aim to tackle some of these challenges.

There are five strands to the STDP, summarised in the slide below:



1 Resilience in primary dental care

Building resilience in primary and community care dental services will provide the foundations upon which to stabilise dental services in Norfolk and Waveney.

- **UDA rate review**

Dental providers have identified an important change they feel could make a difference to dentist recruitment and that is to increase UDA rates to allow local practices to compete with other areas across England offering higher rates to dentists.

To support recruitment, the Primary Care team is therefore proposing to carry out a targeted UDA rate review during October 2023 to increase UDA rates in key areas identified through mapping underperformance, UDA rates and gaps in access identified by the Oral Health Needs Assessment.

The UDA rate is calculated by dividing the annual contract value by the annual contracted activity, dental performers are generally paid 50% of the UDA rate. In many areas outside of Norfolk and Waveney, the rate of pay to dental performers can be higher because UDA rates are higher. For historical reasons there is a wide range of UDA rates locally.

Whilst the UDA rate is not the only factor influencing workforce recruitment, it is an important factor. Carrying out a targeted UDA rate review to increase UDA rates using Core20plus5 principles and local population health management aimed at tackling inequalities may encourage dentists to consider working in Norfolk and Waveney and improve access where it is needed.

A UDA rate review can be cost neutral if activity is reduced to maintain the annual contract value, but this will negatively impact access by doing it this way. However, if practices are underperforming as a result of not being able to recruit, access is not tangibly impacted.

For information, Suffolk and North East Essex ICB are planning a targeted UDA rate review as well.

- **Quality Improvement and CQC support**

The ICB's Quality team has recruited a Dental Nurse to provide expertise and technical advice to the ICB and to dental service providers. Support schemes for practices are being developed, including risk profiling, a dental practice visit programme and an updated Infection Control Toolkit. Discussions are also taking place with the ICB's Safeguarding team about how to support all primary care services. It is intended that this will be a rolling programme of support up to and beyond March 2024.

In a similar way to the approach adopted for general practice, the ICB will be providing support to dental practices in advance of CQC inspections and where necessary, to provide improvement support following a poor inspection outcome. CQC have advised they have no current concerns around NHS dental services in Norfolk and Waveney however it should be noted that many have not been inspected for several years. Informal monthly meetings with CQC are being established to share information.

Quarterly meetings with the NHS Business Services Authority clinical quality team are already in place to review performance reports on individual services and providers and agree actions.

2 Improving Access

The ICB's Executive Management Team and Primary Care Commissioning Committee have already approved short term plans for an Urgent Treatment pilot for up to 18 months and children's oral health initiative to end of March 2024. A report on outcomes and progress will be made to the Committee once both services are operational.

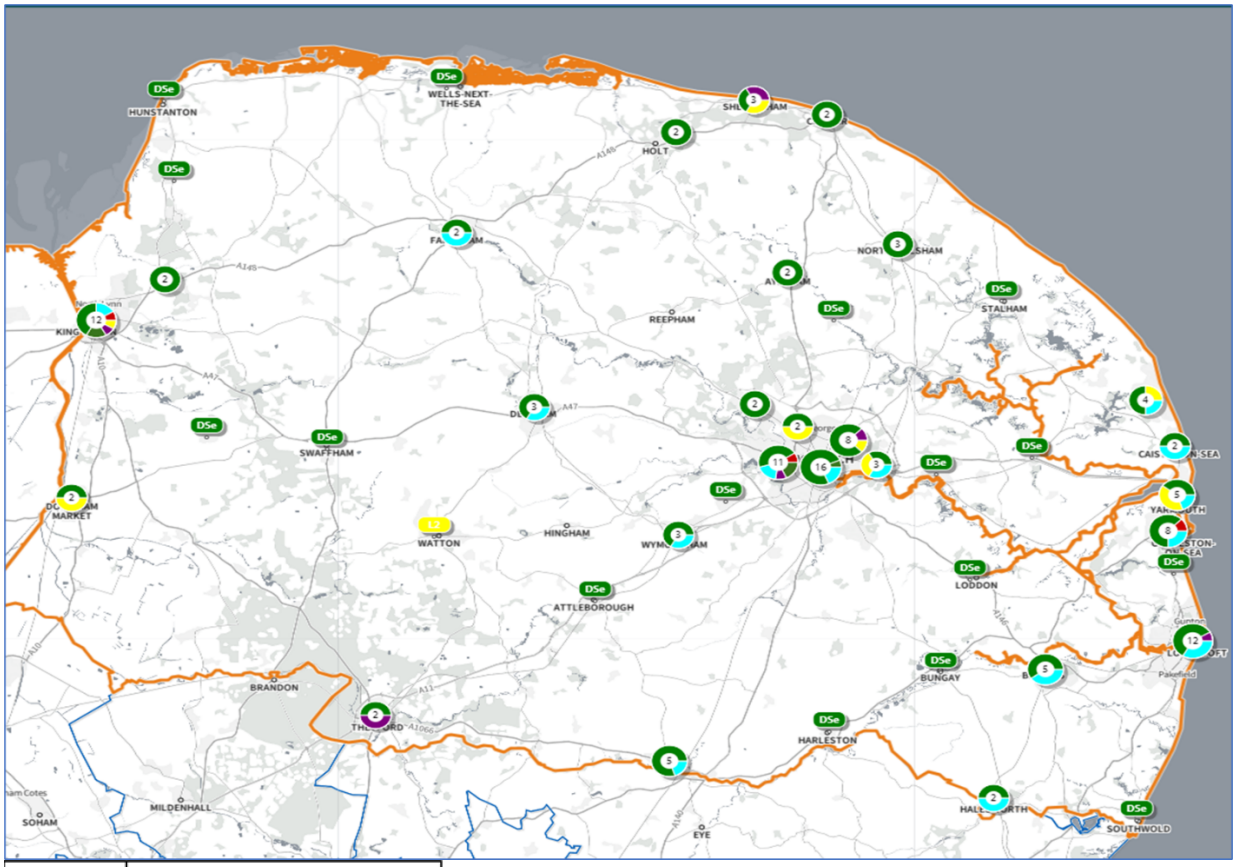
Mobilisation of the Urgent Treatment Service pilot during September will have a positive impact for patients and reduce the pressure on dental practice teams, general practice, secondary care settings, and NHS 111.

Securing Children and Young People's oral health has been identified as a key priority within the ICB's long term dental plan as an investment in the future health and wellbeing of our children and young people.

The ICB is developing a pathway for individuals needing cardiac surgery and oncology treatment (and possibly other health care needs such as osteoporosis) to enable individuals who have not seen a dentist recently to be seen in general dental practice to stabilise their oral health needs prior to surgery or cancer treatment. A patient can be referred for Level 2 dental services if clinically necessary. If a patient's oral health is not stable when undergoing cardiac surgery or cancer treatment, infection can lead to more complex healthcare problems and also significantly impact the patient's ability to recover. Working with local dental clinicians across primary and secondary care, a pathway proposal is expected by December 2023.

A pathway for post-operative dental treatment in these situations will be developed as part of the ICB's long term plan as this is potentially more complex and costly.

Plans will also be developed using the Oral Health Needs Assessment to identify areas of greatest need for improving access and to replace activity lost through contract terminations. The map below shows the location of all dental services across Norfolk and Waveney. As part of this work, the ICB is reviewing schemes from other ICBs, for example, incentivising practices to accept new patients who have not seen a dentist for many years and have more complex oral health needs. It is proposed to develop these plans by January 2024 for implementation when funding is available.



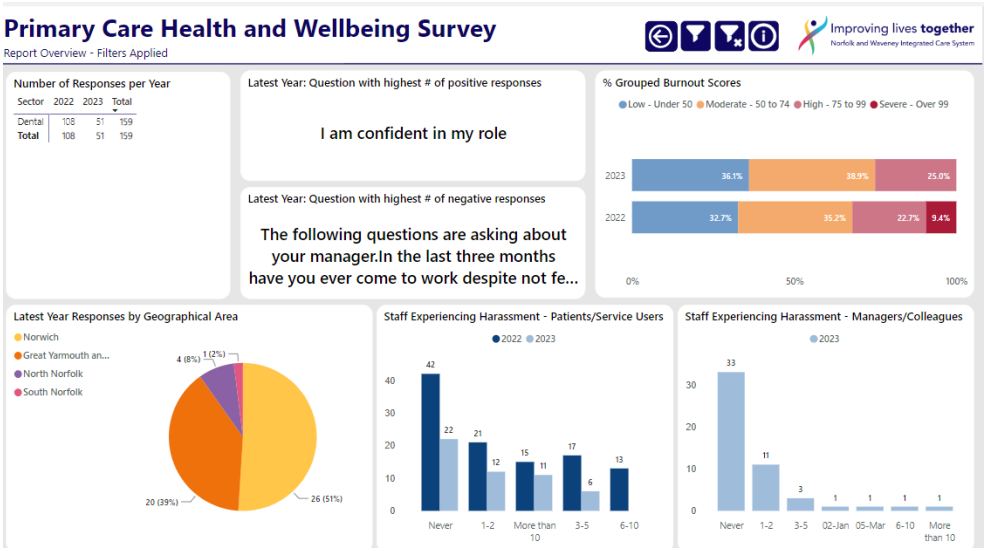
Code	Type of Service
DSe	General Dental Service
CDS	Community Dental Service Hub
Hos	Hospital
L2	Level 2 Oral Surgery Provider
UTC	Urgent Treatment Centre

The ICB has also agreed to invest monies towards a Dentaid bus to visit the homeless during this year.

3 Workforce

The Primary Care Workforce team has also been speaking to local providers and as a result is developing both short-term incentives, for example “golden handshakes, Tier 2 visa support and advertising through Primary Care Careers”. Medium and long-term proposals are being drawn up in partnership with NHS England’s Training, Education and Workforce team and other ICBs across the EoE.

Health and Wellbeing offers are being introduced across primary care to support workforce retention and to address the key themes emerging from the Primary Care Health and Wellbeing Survey including burnout, harassment, and stress.



Dental providers have highlighted an urgent need to recruit and upskill dentists and the wider dental team as another key priority. This can be partially achieved through flexible commissioning of services, expansion of Level 2 services (oral surgery, endodontics and periodontics), increasing Foundation Training practices, international recruitment programmes and apprenticeships through levy transfers, but also requires engagement with our Higher Education universities and colleges.

4 Assurance and Business as Usual

With delegated responsibility for primary care services from April 2023, all ICBs will be required to ensure compliance with NHS England's Primary Care Assurance Framework, NHS England » Primary care commissioning assurance framework. ICB staff will therefore need to ensure that robust policies and procedures are in place to manage business as usual processes across primary care. The ICB also has a responsibility under the Delegation Agreement to follow guidance set out in NHS England's Dental Policy Handbook.

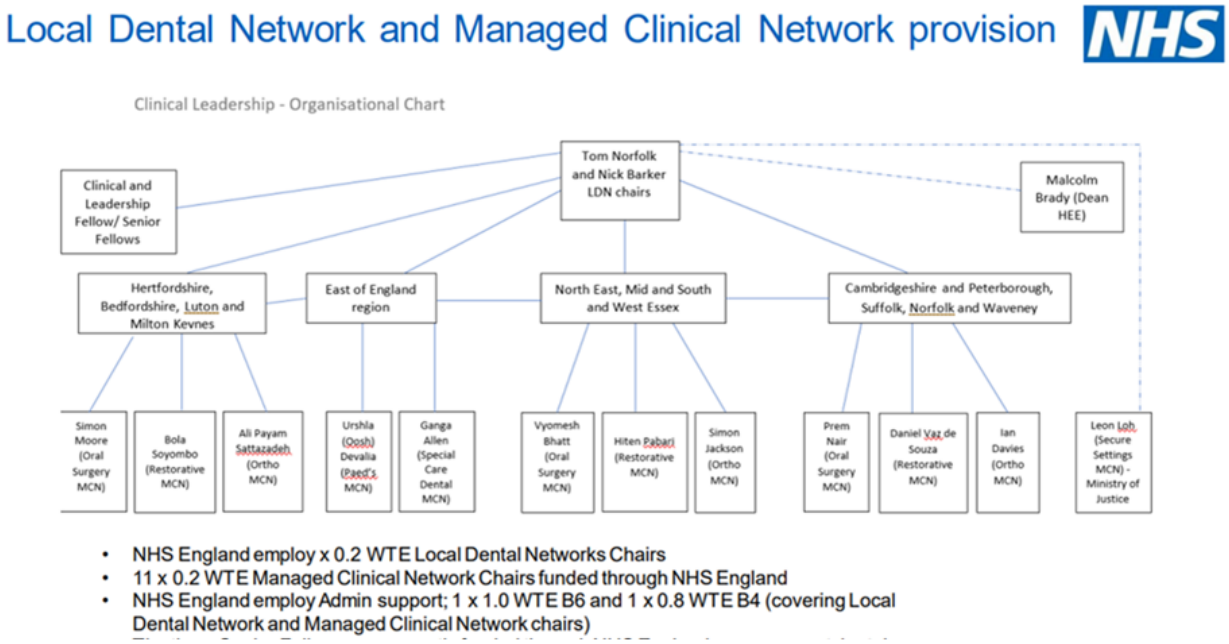
There are a number of commissioning decisions that will need to be made to secure ongoing provision of specific services, for example, the Out of Hours Dental Service contract for weekends and bank holidays which expires in June 2024. Plans will need to be in place by December.

The ICB will also be working with ICBs across the region to agree commissioning plans for a Referral Management System contract by March 2025.

As part of its approach to assurance and risk management, a performance dashboard will be developed by December 2023 for reporting to the Dental Services Operational Delivery Group on a monthly basis. The ICB already has access to eDEN, the dental data reporting system, which will be used to inform the dashboard data to be used. The ICB is able to request bespoke reports from the BSA as and when required in addition to the wide range of standard reports already available to view. A practice risk register similar to that already in place for general practice will also be developed this financial year for reporting to the Dental Services Operational Delivery Group and to provide assurance to the Committee.

5 Clinical Engagement

NHS England East of England agreed to fund the existing Local Professional Networks for pharmacy, optometry and dental services for 2023/2024; this includes funding for the dental Managed Clinical Networks and administrative support as well. The dental structure is set out below for information.



Clinical representatives from the network provide expert clinical advice to commissioners in support of the development of their commissioning intentions and clinical advisors are also employed to support the ICB complaints function.

Norfolk and Waveney ICB staff across ICB directorates have relied heavily on the expertise and technical knowledge of the LPN and MCN chairs in developing both our short and long term plans, for clinical advice and guidance, and for advice about workforce matters. Representatives sit on the ICB's Dental Development Group. Primary Care Directors across the region will be reviewing the structure for April 2024 however ICB teams are very keen to support the continuing existence of this structure (or similar) to provide ongoing expert advice and guidance to the ICB in the future.

Members of PCCC are asked to support discussions to retain a similar structure, either on a regional basis or with neighbouring ICBs only, from April 2024.

Key stakeholders

To ensure Norfolk and Waveney plans do not unduly impact other areas of Suffolk, proposals and plans are being shared with Suffolk and North East Essex ICB and they are doing likewise with their plans.

Healthwatch Norfolk and Healthwatch Suffolk are represented on the Dental Development Group and through the ICB's governance arrangements to represent the patient voice. Feedback from members of the public to Healthwatch is helping to inform the ICB plans.

Finance

The dental budget is ring fenced for 2023/2024 however it is not known whether this ring fencing will continue beyond March 2023. Where not already agreed, each proposal in the STDP will be subject to financial agreement based on the plans submitted and presented to the Committee for approval.

Investment for an Urgent Treatment Service pilot for up to 18 months and a short-term children's oral health initiative have already been approved.

Risks

Successful mobilisation and development of both the STDP over the next few months and the development of a long-term plan by March 2024 is based on a number of assumptions:

- resources are available within the Primary Care team and across other ICB teams – Finance, Quality, Estates, Digital and Primary Care Workforce and Training and Education,
- funding availability, and
- ongoing commitment to NHS dental services from local providers.

There is a risk that despite the ICB developing its plans, they are unachievable with the existing dental workforce and the pressures they are already facing with higher costs and significant recruitment challenges. There is a "catch 22" scenario in that without recruitment, the ICB is unable to commission services and without changing the way services are commissioned to encourage practices to remain within the NHS, local practices are unable to recruit.

There is a risk to the ICB's reputation if a short-term plan is not agreed and implemented in 2023/2024, with a failure to demonstrate our commitment to stabilise local NHS dental services and begin to improve access to oral healthcare to our population. NHS dental providers are increasingly likely to terminate their NHS contracts and shift their focus towards private dental care. For individuals unable to afford private dental care, this will lead to long term health problems and increased costs in secondary care. The ICB has been able to encourage two providers not to terminate their contracts and to give the ICB a chance to demonstrate its commitment to stabilise and improve NHS dental services. There is a very short window of opportunity open to the ICB.

Members of the Dental Services Operational Delivery Group have recommended that the ICB publishes it commissioning intentions for the next two years and beyond to encourage NHS providers to remain within the NHS and for patients and other key stakeholders to be aware of the ICB's plans for stabilising and improving NHS dental services. These are described below:

- To stabilise NHS dental services in Norfolk and Waveney and improve resilience
- Active engagement with the dental profession
- Improve access to NHS dental services for our local population through integrated working with our system partners and key stakeholders using evidence based upon our Oral Health Needs Assessment
- Commitment to reinvest dental monies in NHS dental services in Norfolk and Waveney and to optimise flexible commissioning opportunities
- Workforce recruitment and retention – make Norfolk and Waveney a great place to come and work
- Collaboration with East of England system partners to commission services where beneficial and more effective to commission jointly with other ICBs in the region
- Expansion of Level 2 services
- Upskilling, training and education for the whole dental team working with local higher education institutions and NHS England
- Delivering the outcomes and recommendations from the East of England Secondary Care Dental Steering Group
- Reduce waiting times for access to services and treatment
- Engagement with patients and members of the public
- Support NHS dental practices through Quality Improvement
- Health and Wellbeing of all staff working in NHS dental services

Next steps

If the STDP is agreed, work will commence to develop the remaining pathways and to agree funding with the ICB's Finance team.

Work also commences immediately on developing the various workstreams that have been identified for the ICB's Long Term Plan and Dental Strategy which will form part of the wider Primary Care Strategy to be published in March 2024.

Recommendation to Committee:

To seek approval for the ICB's Dental Services Short Term Plan for 2023/2024 and support to work up proposals for funding to support implementation of the plans not already agreed.

Key Risks	
Clinical and Quality:	Failure to invest in NHS dental services will lead to reduced access and long term health problems for our local population and a reduction in the quality of dental services
Finance and Performance:	Failure to invest in NHS dental services is likely to lead to higher costs in secondary care and a reduction in patient charge revenue which may result in a cost pressure for the ICB in the future

Impact Assessment (environmental and equalities):	Implementation of the proposed short term plan will help to reduce some health inequalities in improving access to some services. The ICB's OHNA is being updated to reflect the impact on health inclusion groups to inform future commissioning intentions. An EIA is being completed.
Reputation:	The ICB's reputation will be negatively impacted if it is unable to deliver its commitment to implementing a short term plan to stabilise NHS dental services
Legal:	
Information Governance:	N/A
Resource Required:	Primary Care, Quality, Finance, Workforce, Local Professional Network and Managed Clinical Networks
Reference document(s):	Dental contract regulations, NHS England Dental Policy Handbook, Oral Health Needs Assessment 2023
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	PC18 – Resilience of Dental Services

Governance

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

Improving lives together
Norfolk and Waveney Integrated Care System

NHS
Norfolk and Waveney

Short term plan for stabilising Dental Services in Norfolk and Waveney

September 2023

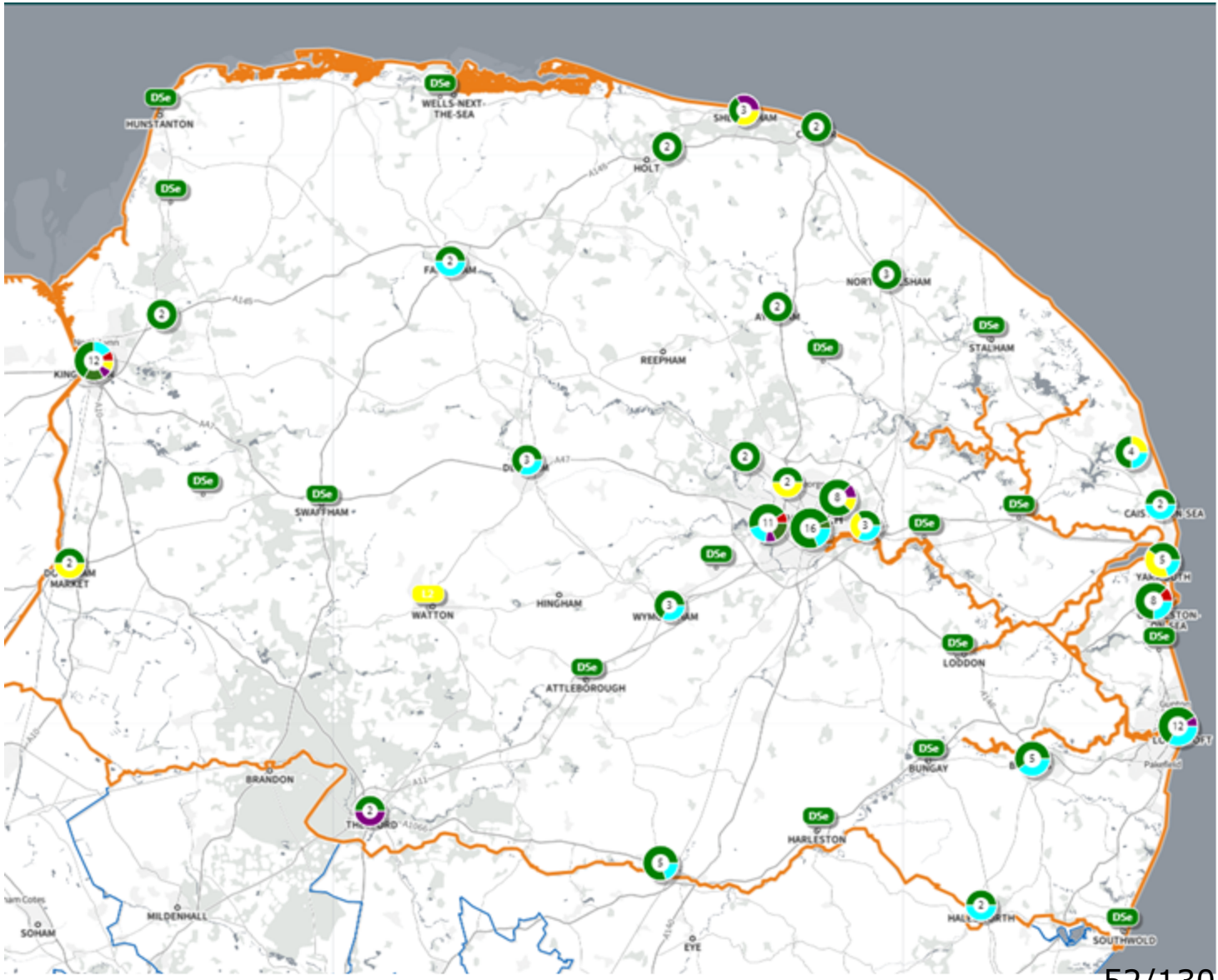
Context

ICBs took on responsibility for commissioning pharmaceutical services, optometry and primary, community and secondary care dental services on 1 April 2023

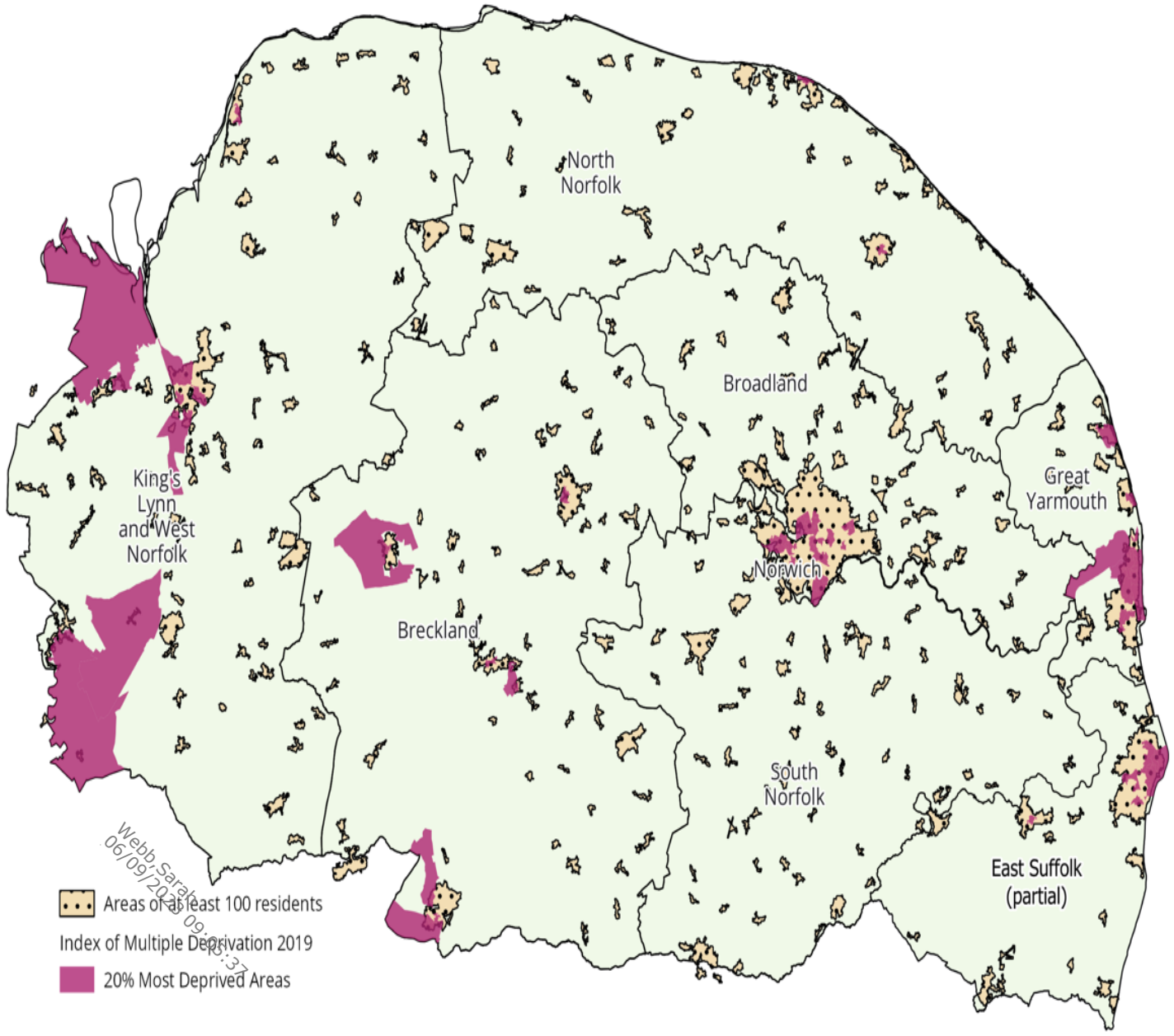
Services in Norfolk and Waveney

- **102 primary care contracts**
- **Community dental services / Special Care**
- **3 secondary care contracts at place**
- **Level 2 oral surgery specialised services in primary care**
- **Urgent treatment pilot practices**
- Access to Level 2 specialist endodontic and restorative services in East of England
- Trauma pathway pilot across East of England

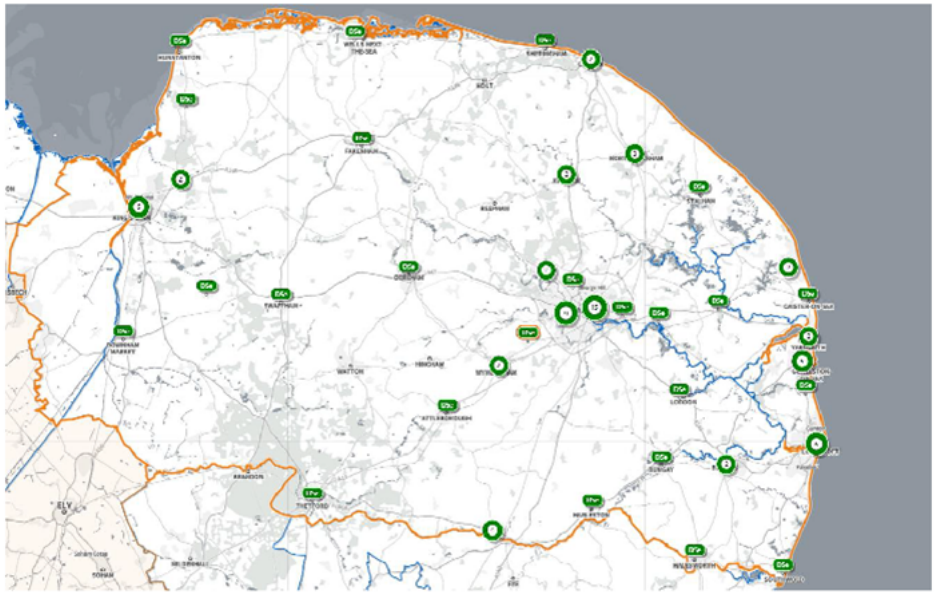
- Building relationships with individual providers - a mix of large corporates, small independents and large & small partnerships
- Workforce data – 410 dentists (2021) working in the NHS



N&W ICS- areas of population density by LSOAs and 20% most deprived LSOAs within each LTLA



NHS Dental Services Providers in Norfolk & Waveney – May 2023



Source NHSE HCPH, ONS 2021

Key considerations

Norfolk and Waveney Oral Health Needs Assessment (May 2023)

- East of England had the second lowest prevalence of dental decay at 19%.
- Norfolk and Waveney had the highest prevalence of experience of dental decay in 5-year-olds in the EoE in 2022 at **23.8%**
- Within Norfolk and Waveney, Great Yarmouth and West Norfolk/King's Lynn had the highest prevalence of experience of dental decay in 5-year-olds in 2022.
- Increasing number of 15 – 19 year olds with decay being referred to secondary care for extractions
- These results highlight areas of higher dental needs and aim to help NHS Norfolk and Waveney Integrated Care Board understand commissioning priorities across the ICS.

NHS Workforce Long Term Plan (June 2023)

- The NHS Long Term Workforce Plan, published June 2023, proposes plans to train thousands more dentists in England over the next five to ten years
- As part of the plan, it will increase training places for dental therapists and hygiene professionals to more than 500 by 2031/32.
- It will also increase training places for dentists by 40% to more than 1,100 by this same year.
- In support of this, it will increase training places for dental therapy and hygiene professionals by 28% by 2028/29, with an increase of 24% for dentists to 1,000 places over the same period.

Norfolk and Waveney ICB - Joint Forward Plan

Driving integration

- Collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them

Prioritising prevention

- A shared commitment to supporting people to be healthy, independent, and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services

Addressing Inequalities

- Providing support for those who are most vulnerable using resources and assets to address wider factors that impact on health and wellbeing

Enabling resilient communities

- Supporting people to remain independent whenever possible, through promotion of self-care, early prevention, and digital technology where appropriate

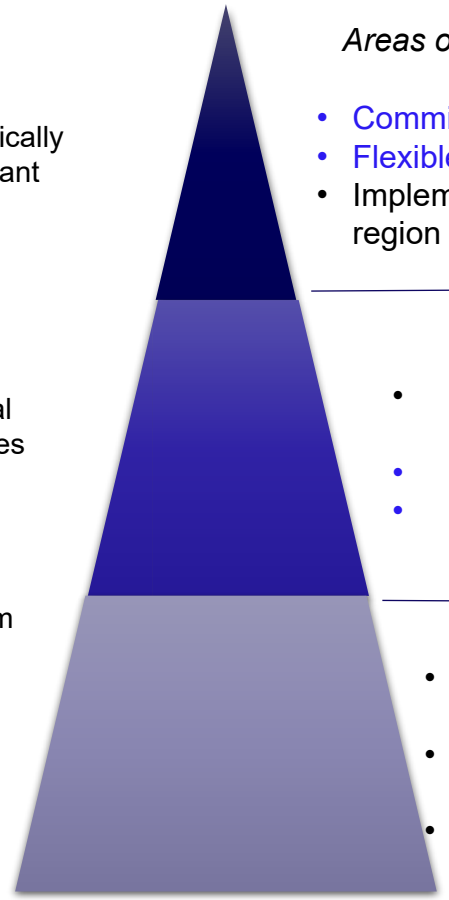
ICS Ambitions to 2025

- Urgent and Emergency care
- Primary Care
- Elective Recovery
- Improving Access to mental health services
- Improving our financial position
- Population Health Management, Reducing Inequalities and Supporting Prevention
- Improving services for Babies, Children and Young People
- Transforming care in later life

How do things feel right now – drivers for change?

- Lack of access to general dental services for new patients
- Increasing pressure from patients to access NHS dental services but no dentists
- Increasing pressure on the dental workforce, including reception teams
- Limitations of national dental contract for primary care services
- Workforce recruitment and retention challenges
- Inability to attract dentists and dental care professionals to Norfolk and Waveney
- Funding limitations and reduced patient charge revenue
- Developing local provider relationships with the ICB (building trust)
- Low morale reported by some in the dental profession due to the pressures (recent ICB health and wellbeing survey)
- Contract terminations and move towards private dentistry
- Oral health needs of the public and patients
- Poor oral health outcomes for children and young people
- Limited access to urgent treatment for individuals in pain
- Access to Level 2 services for oral surgery, endodontics and restorative services at local level
- Waiting lists for access to some services, e.g. community dental services and secondary care – limited capacity

What can local commissioning offer?



Strategically Significant

Tactical Priorities

System Level

Areas of Focus

- Commitment to work with local dental providers and listen
- Flexible commissioning of services
- Implement shared vision to improve patient outcomes across the region

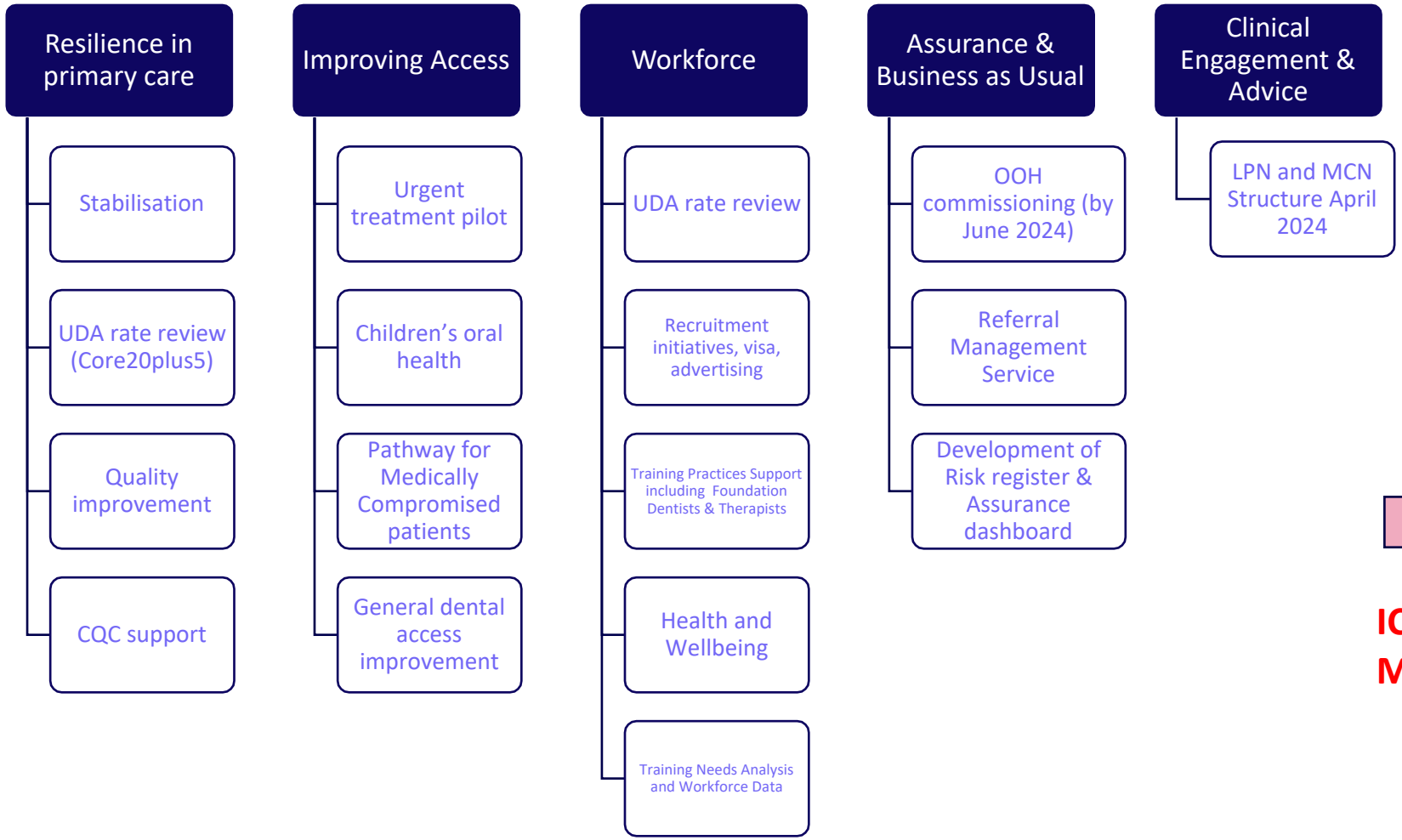
- Improve workforce resilience with recruitment and retention initiatives
- Increase access to services in Norfolk and Waveney
- Reinvestment of dental monies in local services

- Understanding of local population health needs and health inequalities
- Active and positive engagement with local dental dentists and dental teams to develop ideas
- Working with local communities and voluntary organisations

Speciality

- Children's Oral Health
- Pathway for Medically compromised patients
- New patient incentive scheme
- UDA rate review
- Urgent Treatment
- OOH Commissioning
- Referral Management Service by Mar 25
- Risk Register and Assurance Dashboard
- Referral Management Service by Mar 25
- LPN & MCN Structure By Mar 24

Short term opportunities 2023/2024



ICB Dental 5 Year Plan by March 2024

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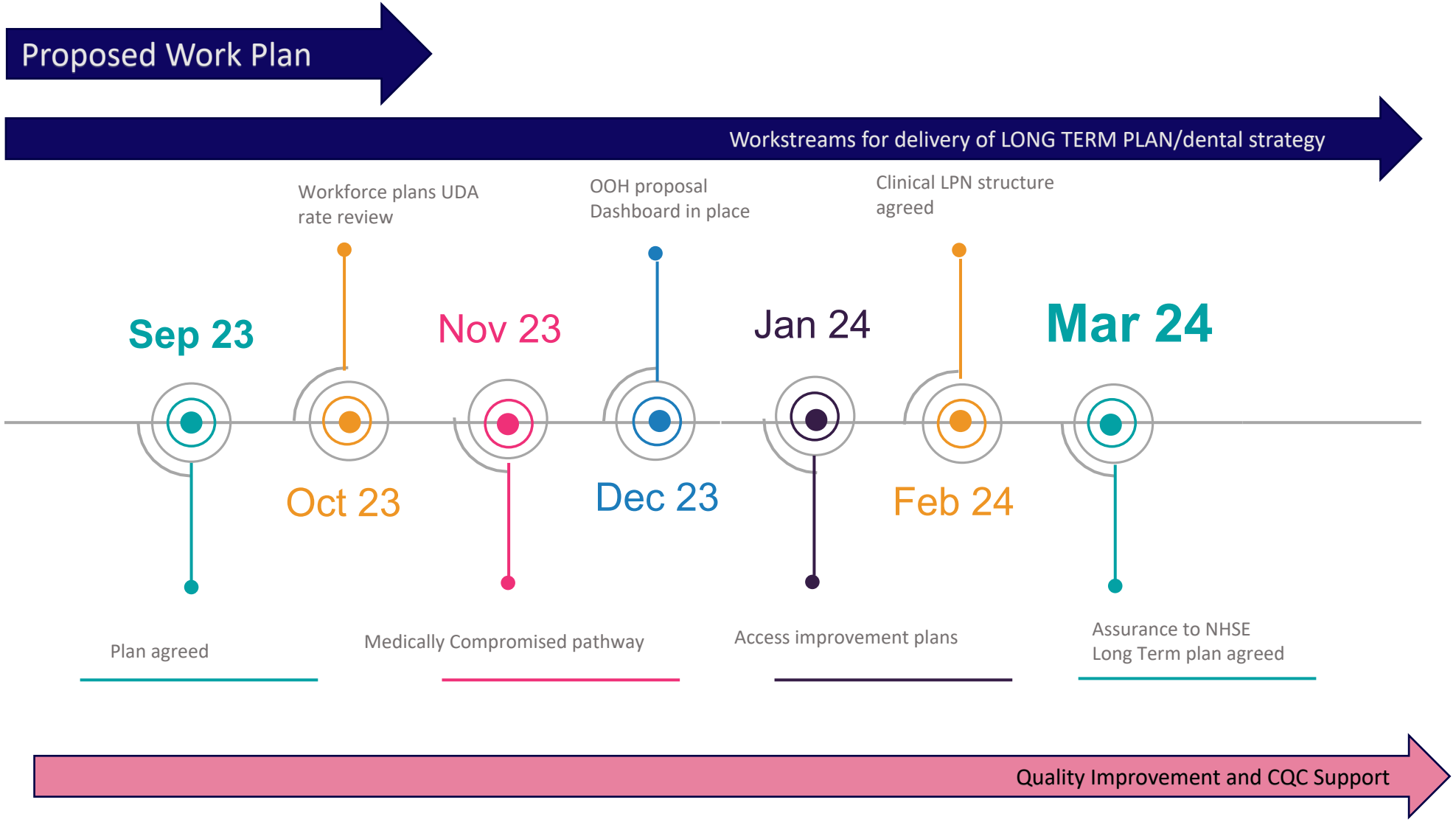
Continuing active engagement with dental profession

Short Term Plan Timeline



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Our Commissioning intentions to April 2026 and beyond

- To stabilise NHS dental services in Norfolk and Waveney and improve resilience
- Active engagement with the dental profession
- Improve access for to NHS dental services for our local population through integrated working with our system partners and key stakeholders using evidence based upon our Oral Health Needs Assessment
- Commitment to reinvest dental monies in NHS dental services in Norfolk and Waveney and to optimise flexible commissioning opportunities
- Workforce recruitment and retention – make Norfolk and Waveney a great place to come and work
- Collaboration with East of England system partners to commission services where beneficial and more effective to commission jointly with other ICBs in the region
- Expansion of Level 2 services
- Upskilling, training and education for the whole dental team working with local higher education institutions and NHS England
- Delivering the outcomes and recommendations from the East of England Secondary Care Dental Steering Group
- Reduce waiting times for access to services and treatment
- Engagement with patients and members of the public
- Support NHS dental practices through Quality Improvement
- Health and Wellbeing of all staff working in NHS dental services

Enablers

- Funding – ring fenced dental budget 2023/2024 and reinvestment of dental monies
- Quality Impact Assessment / Equality Impact Assessment
- Dental Contract reform Nov 2022 enabling multi-skilled dental team approach
- NHS England Dental Access Recovery Plan
- NHSE Long Term Workforce plan (June 2023)
- Use of Digital tools
- NHS England Training, Education and Workforce engagement
- Oral Health Needs Assessment update
- ICB staffing structure and clinical advisor resources

Key stakeholders

- Members of the public and patients living in Norfolk and Waveney
- Local Dental Professional Network and Managed Clinical Networks
- Local Dental Committees
- General dental providers and performers / Orthodontic providers
- Dental care professionals
- Dental practice teams
- Level 2 specialists
- Community Dental Services / Special Care Dental Services
- Secondary Care service providers
- MPs, councillors, HOSC in Norfolk and Suffolk
- Norfolk County Council Public Health
- Suffolk County Council Public Health
- Healthwatch Norfolk / Healthwatch Suffolk
- University of Suffolk, UEA and West Anglia college
- East of England Integrated Care Boards
- NHS England

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Primary Care Commissioning Principles**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning, Sarah Harvey, Head of Primary and Community Strategic Planning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 September 2023**

Purpose of paper:

To seek approval from the Primary Care Commissioning Committee for the proposed approach to commissioning primary care services in the future.

The ICB's Executive Management Team discussed and agreed the proposals in this paper on 15 August 2023.

Executive Summary:

The new Procurement Bill, "NHS Provider Selection Regime", setting out changes to procurement law, including the Light Touch regime used in primary care, is likely to become law in 2023 with a six month transition period. It is likely that the new bill will allow greater flexibility for local negotiation. It will replace the Public Contracts Regulations 2015.

This paper sets out proposed commissioning principles to support a sustainable primary medical care structure in line with the strategic direction of the NHS Long Term Plan and the Fuller report, support innovation and collaboration as well as provide best value and quality for patients.

The aim is to create a framework to inform decision making for commissioning of primary care services that supports a local collaborative approach and which prioritises partnership working and negotiation with local system partners to create sustainable solutions that offer good quality, safe healthcare for patients and increase the resilience and stability of general practice. The framework also aims to support delivery of the ICS priority to strengthen primary care.

This framework, if approved, can then be applied when considering upcoming APMS contract expiries and in enhancing general practice resilience.

The proposals described in this paper have been discussed with the Associate Director – Contracts and Procurement and feedback incorporated.

Report

Introduction

The new Procurement Bill, "NHS Provider Selection Regime (NHS PSR)", setting out changes to procurement law, including the Light Touch regime used in primary care, is likely to become law by end of 2023 with a six month transition period. It is likely that the new bill will allow greater flexibility for local negotiation based on the consultation and government feedback; however, it should be noted that this approach cannot be guaranteed if amendments are made whilst passing through Parliament.

In light of upcoming APMS contract expiry dates and a strategic need to make rapid decisions about the future provision of primary medical care services for the Norfolk and Waveney patient population, this document defines a set of principles to support a sustainable primary medical care structure in line with the strategic direction of the NHS Long Term Plan and the Fuller report, support innovation and collaboration as well as provide best value and quality for patients.

Background

Historically, procurement of a new APMS contract has been the solution to ensuring care for patients when a service terminates usually with a higher price per registered patient (£140 per registered patients under APMS compared to an average of £100 per GMS patient). Whilst APMS contracts offer an opportunity for local determination of services, including the opportunity to include local key performance indicators, they often do not offer best value for money as they are time limited (the ICB can only offer a five-year contract term, NHS England approval is required for anything longer). More importantly, they may not always offer the best outcomes for patients. They often do not provide stability and resilience within general practice at local level and risk introducing new provider partners into local PCNs. Short term contracts in Norfolk and Waveney have lacked interest from bidders due to upfront investment versus long term opportunity.

Over the past five years, procurements across Norfolk and Waveney have failed to attract wide interest from outside the area with all but one of our APMS providers being delivered by local GP partnerships or GP provider organisations. The investment, both in terms of staff resources and funding, required to mobilise a new contract is significant and could be managed in a different way if negotiations with local providers had taken place instead of going through a procurement process.

The procurement process for primary care contracts can be complex and lengthy and may often discourage local partners from getting involved due to the significant

resource required to prepare a tender bid. Local partners are however often best placed to determine what is the right care for the local population and in understanding any local health inequalities; they may potentially work at scale within a PCN geographical area or as an individual organisation. Large providers may be able to submit polished bids but do not always understand the local landscape and patient need.

Strategic Context

The NHS is facing the biggest workforce challenge to date, and this has never been truer for primary care. Nationally, all primary care services, including general practice are facing ever greater challenges due to workforce shortages, an increasingly complex workload, rising public expectations, and working alongside multiple health and care providers as part of an Integrated Care System (ICS).

In Norfolk and Waveney, we experience recruitment challenges across all professional groups due to our unique geography, particularly within the more rural areas of West Norfolk and Great Yarmouth and Waveney. These challenges are compounded further due to our aging workforce within general practice; 26% of our GPs, 35% of our practice nurses and around 28% of support roles (such as care assistants and administrative staff) are over the age of 55.

The recovery of services post-pandemic requires practices to provide greater levels of appointments than in previous years and whilst practices across Norfolk and Waveney have risen to this challenge, these increasing demands, compounded by the increasing running costs of the practice due to inflation, are placing significant pressure upon general practice. As a result, we are seeing a decline in the number of GP partners and for the partners remaining, they are facing increased managerial and supervisory workloads and are working longer hours to accommodate the demands placed upon them. Without intervention, practice list sizes could become untenable and could lead to poorer quality of care being provided.

Alongside workforce, the challenges in relation to general practice estates are also significant. Around 60% of our general practice estate is over 30 years old and 19% of the surveyed general practice estate is no longer functionally suitable. In line with the NHS long term plan, our Norfolk and Waveney system estates strategy outlines the need to increase ‘out-of-hospital’ care through joining up primary and community health services to deliver new and alternative models of care.

We have developed our strategic objectives for the next two years that have been published as part of the Norfolk and Waveney ICS Joint Forward Plan. Our primary care resilience and transformation ambition aligns with The Next steps for integrating primary care: Fuller stocktake report which outlines the new vision for integrating primary care services, improving the access, experience and outcomes for our patients and communities.

The aim is to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home. Our priority objectives for the initial publication are:

- Developing our vision for providing a wider range of services closer to home, improving patient outcomes and experience.
- Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years.

Alongside this, our PCNs have been working with the national PCN Service and Estates planning toolkit which has been designed to support ICSs to identify primary care estate change and investment priorities requirements, with a focus on future service delivery and models of care. This is an integral piece of work that will help us to shape our strategic system priorities for general practice and the wider primary care profession.

It is important to recognise that 2023/24 is a transitional year with the final year of the Primary Care Network Contract Direct Enhanced Services (PCN DES) and contractual arrangements beyond this point are not yet known. We are also currently working in the context of organisation change which presents an opportunity to think about how we work differently as a system and to define some of the key priorities, including the development of Place, which is vital to the development of our strategic direction.

Building on this engagement with our PCNs, we will develop our overarching principles and our strategic vision for future primary care delivery (across all primary care services), supporting our ambition to deliver cohesive primary and community care services across Norfolk and Waveney, by Autumn 2023.

Recognising the period of transition, we are in, we will focus on the development of our General Practice and Dental strategies in the first instance, aiming to have these published by March 2024. We will then develop our strategies for Community Pharmacy and Optometry throughout 2024/25.

Commissioning Approach

To support our strategic intentions outlined above, we are proposing to create a framework to inform ICB decision making in relation to how we commission future services. The principles outlined within this paper relate to the commissioning of primary medical services initially, and, as we develop our strategic direction, it is envisaged that a similar approach will be adopted for commissioning of dental services following delegation to ICBs in April 2023.

The process will be open, transparent and fair in its approach balancing the risk of challenge in procurement law against commissioning a solution that offers better outcomes for patients. The aim is to provide a framework that supports our strategic vision of deliver cohesive primary and community care services across Norfolk and Waveney though local collaboration and partnership working with local system partners to create sustainable solutions that offer good quality safe healthcare for patients and increase the resilience and stability of all of our primary care services, including general practice.

The scope of the framework is to:

- set out the approach and vision of Norfolk and Waveney ICB for the commissioning of primary medical services, that fall under delegated commissioning functions (Delegation Agreement 2023 between NHS England, “NHSE” and the ICB); and
- define a set of principles for the commissioning and management of primary medical services contracts which provides a consistent and managed approach.

These defined principles may be applied to any new decisions in relation to commissioning of services as well as decisions relating to existing contracts and continuation of services, where needs analysis and options appraisals indicate a primary care medical services contract may be required. The framework recognises that each situation will be unique and therefore managed on a case by case basis.

Approach to securing primary medical services in Norfolk and Waveney

The GMS Regulations 2015 (and related PMS and APMS Regulations) set out the regulatory regime within which primary medical services can be provided and by whom, including but not limited to NHS Trusts and companies (Annex A summary refers). This framework sits alongside these Regulations recognising the ability of local commissioners to take commissioning decisions that ensure the long term delivery of resilient, safe and stable services to patients in general practice in Norfolk and Waveney.

It is our intention that these principles will be applied to support the delivery of our system Primary care resilience and transformation ambition through opportunities to support individual contractors struggling with resilience and long term stability issues for any reason, e.g. lack of workforce, difficulty recruiting and retaining workforce, poor CQC outcomes etc. as well as our aim to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team.

When considering opportunities for partnership working and local negotiation to ensure continuity of care for the patient population, re-procurement of services may not be the optimum solution or most beneficial for patient care. The intention is therefore to consider other options first, including but not limited to the following options (not in any order of priority as each situation will be unique):

- Dispersal of registered patient list to one or more neighbouring practices whilst maintaining the site infrastructure and other service provision(s);
- Dispersal of registered patient list to one or more neighbouring practices (site(s) not retained);
- Merger with a practice(s) or partnership;
- Negotiation with an appropriate local organisation or partnership to take over the contract or manage all or part of the contract/services taking account of GMS/PMS/APMS regulations about who can hold a contract for primary medical services, e.g. partnership working, sub-contracting or employment of staff with an NHS Trust;

- Working in partnership with the local PCN, Federation or GP Provider Organisation to identify a local solution;
- APMS contract extension noting procurement law regulations and risk of potential challenge for the ICB;
- Procurement of a new APMS contract up to five[1] years in duration; or
- Alternative local solution in discussion with other local partners.

Once this framework is agreed and in place, it is proposed that the ICB's Executive Management Team (EMT) will be asked to review any proposal and make a recommendation to the Primary Care Commissioning Committee (PCCC). They will ensure the best decisions are made for patients, the taxpayer and in the context of a partner contributing to the overall resilience and stability of general practice and PCN development within Norfolk and Waveney ICS.

It is important that wherever possible that engagement with the practice and key stakeholders commences as early as possible to ensure all options can be considered and fully appraised so an informed recommendation can be made to EMT and PCCC.

Making an informed decision

For each case, it is recommended that a small Task and Finish Group be established to identify best outcomes for patients and to set out recommendations for EMT and PCCC to make an informed decision; the Group to include representatives from Primary Care Commissioning, Locality (Place) team, Quality, Estates, Contracts and Finance teams.

Using the key lines of enquiry outlined in Appendix A, all supporting information and options will be collated for the Task and Finish Group to consider and prepare a business case and recommendation to the ICB's EMT and PCCC. The approach will be proportionate to the individual case, identified risks and benefits to patients.

A Communications and Engagement plan will need to be agreed for each situation involving key stakeholders such as Healthwatch, LMC, PPGs, neighbouring practices, local PCNs (noting potential Conflicts of Interests), other system partners and potentially non-system partners where appropriate.

Any recommendation must have due regard to improving health inequalities and long term opportunities for PCN development and system resilience, Place based integration and collaboration and be in line with N&W's primary care strategic approach and ICS vision for the future.

The business case must also have due regard to GMS/PMS/APMS Regulations 2015, Public Contracts Regulations 2015 (or subsequent amendment to legislation), NHS Act 2006, General Duties under the Delegation Agreement awarded to ICBs in relation to the NHS Act 2006 – Sections 13C – 13Q, and NHSE General Practice

[1] Delegation Agreement 2023, Schedule 5 refers to approval process with NHSE for contracts exceeding 5+ years

Policy and Guidance Manual and Standing Financial Instructions. Appendix B describes who can currently hold general practice contracts for reference.

Risks

This proposed framework sets out an approach to inform local decision making. Key drivers for change and any risks will be identified within each individual proposal, e.g. procurement risk, will be clearly highlighted and mitigating actions described in detail.

Any potential financial cost pressures for the ICB will also be clearly identified and accompanied by an options appraisal.

The overall recommendation will seek to reduce any other risks to the ICB or be clearly highlighted to inform decision making.

Next Steps

The next steps will be to apply the principles to upcoming APMS contracts due to expire within next 18 months and bring forward proposals for EMT and Committee approval.

Recommendation to the Committee:

The Primary Care Commissioning Committee are requested to approve the proposed framework and approach to primary care commissioning.

Key Risks	
Clinical and Quality:	The principles aim to improve clinical outcomes and quality of patient care through local partnerships and collaborative working and to ensure safe patient care
Finance and Performance:	Financial risks will be clearly identified in individual proposals
Impact Assessment (environmental and equalities):	The principles aim to support commissioning for health inequalities and to consider any environmental factors in the solution
Reputation:	Failure to secure adequate care for patients in primary care or ensure general practice resilience will impact on the ICB's reputation and patient care
Legal:	GMS/PMS/APMS Regulations 2015, Procurement Regulations 2015 (or subsequent amendment to legislation), NHS Act 2006, General Duties under the Delegation Agreement awarded to ICBs in relation to the NHS Act 2006 – Sections 13C – 13Q, and NHSE General Practice Policy and Guidance Manual and Standing Financial Instructions
Information Governance:	N/A
Resource Required:	Primary Care, Quality, Finance, Contracts & Procurement

Reference document(s):	NHSE General Practice Policy and Guidance Manual and Standing Financial Instructions, ICB Financial Scheme of Delegation, The Next steps for integrating primary care: Fuller Stocktake report
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

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

Appendix A

For simplicity, the table below refers to a "new partner" as a generic term to apply to any of the potential solutions identified.

Key Lines of Enquiry	General practice under review	Benefits and risks potential solution(s) brings
Clinical Quality and Outcomes for patient care	• Consider if poor clinical quality measures and outcomes for patients been identified that may need enhanced support to resolve from "new partner"? • What clinical governance structures are in place and are there any concerns? • Are there any SIs or significant events reported? Does the practice have a learning culture? • Does the practice have a poor CQC rating that may require additional support measures from "new partner"? • Review QOF and annual health check performance for Learning Disabilities and Severe Mental Illness • Consider feedback from local population, e.g complaints & concerns, ICB indicators and soft intelligence available	If concerns identified, new "partner" solution must have the capability and leadership commitment to invest in resources and time to improve clinical outcomes for patients and clinical governance structures if required Any potential financial cost associated with delivering improvements where required will be highlighted in an options appraisal. Is any additional support required from the ICB for an incoming "partner"? What might this look like?
Patient care – continuity of care	• Is there an urgent risk to patient care that might require a solution quickly or is there time to consider longer term more sustainable options? • Agree plans for engagement with PPGs and patient groups to provide feedback • Review access indicators, e.g. number and type of appointments offered, GP Access survey outcomes, skill mix and how appointments are utilised	Solution must support improvements in patient care, provide continuity and improve long term condition management

	Patients regularly feedback about the benefits of continuity of care with access to the same clinical team and must therefore be a key factor.	
General practice resilience	• Understand if there are any factors impacting the practice's resilience • Consider if an independent analysis (e.g. RCGP) would be helpful in identifying and understanding the issues the practice is facing • Are there any opportunities for working at scale? • Are there partnership disputes that may influence outcomes? • Does the practice have an up to date business continuity plan and risk register? • Does the practice have a post Covid recovery plan and how it is being managed? *Early awareness of struggling practices and engagement with them to find a solution may pre-empt a reactive solution and enable a managed solution to be put in place*	Consider the benefits and risks of changing providers, how does this potentially impact resilience and stability Risk register to be created and monitored as part of the transition plan to new "partner" solution
Continuity of other service provision	• Confirm if other services are provided by the provider and the potential impact and outcomes for these services under different options • Are there any opportunities? • Are there any sub-contracting arrangements in place? Are they informal or formal?	May need to consider alternative arrangements to be put in place if new "partner" solution not an option; this may be a risk to continuity of service provision.
PCN integration and maturity	• How does the practice contribute to PCN service delivery and maturity?	Can the PCN offer a beneficial local solution for patient care and will it have a positive benefit. Will solutions have a potentially destabilising impact on the PCN, or neighbouring PCNs?

	• What is the potential impact on provision of PCN services and priorities, including Enhanced Access arrangements?	
Social value	• Consider the importance of change on people and local organisations and quantify the value • Understand list size, health inequalities and deprivation • Consider impact on local communities and how they might be impacted	
Value for money	• Any solution must consider value for money and efficiency opportunities. GMS contracts offer better value for the ICB in the longer term *Monies released through agreeing a different commissioning model should be reinvested in primary medical care services, including locally commissioned services*	Is additional financial support required from the ICB, e.g. tapered payments over time, an upfront "parachute" payment? Any potential financial cost associated with delivering improvements and improving resilience where required will be highlighted in the options appraisal. APMS contracts have a higher price per patient than GMS, may require a transitional decreasing tapered payment over a number of years to support transition and safe management of any risks, improvement outcomes.
Workforce retention and resilience	• Are there any workforce issues impacting stability and resilience? Are there opportunities for supporting the workforce? • How is clinical and non-clinical leadership developed at all levels within the practice? Is any additional support required? • Is the practice a training practice? Can they be supported to become one?	Risk if training practice not able to continue. New "partner" solution to demonstrate ability to support workforce development and succession planning, improvements in clinical leadership at all levels.

	Constantly changing providers can lead to workforce instability – changing ways of working, team building and motivation, how services are provided and developed, recruitment & retention, training & development, motivation, health and wellbeing challenges although TUPE applies	
Patient and Stakeholder engagement	• To undertake a Comms and Engagement process (proportionate to the changes proposed) • Are there any preferred solutions that have the ability to support improvement in patient outcomes, e.g. GP Access survey outcomes, complaints and concerns?	*Management of patient expectations may be critical before and after a decision is made if service change is possible or likely.* *Solution must support better health outcomes and management inequalities, including core20plus5 factors to meet local health population needs.*
Contract type	• The type of contract held may limit the opportunities for local partnership solutions. To consider if contracting options e.g. incorporation, broaden the long term solutions available *Where an APMS contract is the only option, the principles of stability, resilience and outcomes will apply and this will determine the recommended contract length, which may be longer than has historically applied in Norfolk and Waveney. Consider if the NHSE Pseudo Dynamic Purchasing System may be utilised to procure APMS services.* ***Note**: NHSE SFIs/Delegation Agreement currently require regional NHSE director approval for contract term of 5+ years*	To confirm the contracting options available and identify any procurement risks and mitigating actions Aim to encourage investment from providers who may be more likely to see a return on their investment than over a shorter term. Consider providers who will have the opportunity to properly embed themselves in the local health economy; building long term relationships in line with local and national strategy.
Potential impact on Place, system	• What is the optimum solution(s) for the practice, PCN, Place?	Is there any market intelligence to support the need for a procurement or opportunities for local negotiation with local partners?

partners and integration	• How will solutions enhance integrated working with community and other local services, e.g VCSE and local authorities, and strengthen and build relationships? • Which options, if any, have the ability to support delivery of the Fuller recommendations? *Strategic and local system infrastructure will vary depending on each situation and considered in relation to PCN, Place and ICS development and maturity* *New providers can also lead to different ways of working and how pathways function* *Loss of knowledge & expertise about how local and wider ICS system operates if staff leave*	
Estates	• Understand the criticality of the existing infrastructure to the provision of primary medical services locally and at Place and system level and options for efficiencies or expansion in line with primary care estates strategy? *Estates issues e.g. poorly maintained buildings, landlord/tenant disputes can be unattractive to potential new providers* *Stable longer term commissioning enables long term investment in estates /resolving estates issues with opportunities for development if not fit for purpose*	

Primary Medical Care Services Contracts			Appendix B
	GMS Contract	PMS Agreement	APMS Contract

Who can hold the contract?	• Individual medical practitioner
	• Two or more individuals practising in partnership where:
	  ○ at least one partner is a medical practitioner, and
	  ○ any other partner is either an NHS employee; or an individual eligible under s88 of the NHS Act
	• A company limited by shares
	
	The above is a summary only. Please refer to Annex 1 in the NHSE GP Policy and Guidance Manual for more detail.
		• Medical practitioner
		• NHS employee
		• Health care professional
		• Individuals already providing services under a GMS, or GDS contract or equivalent (UK)
		• Individuals eligible under s93 of the NHS Act
		• Qualifying body (which is a company limited by shares with restrictions on share ownership)
		• NHS trust or foundation trust
		
		The above is a summary only. Please refer to Annex 2 in NHSE GP Policy & Guidance Manual for more detail.
			The APMS Directions do not state who can hold a contract.
			Instead it states that particular types of persons cannot hold a contract if they are not eligible.
			
			Please refer to Annex 3 in the NHSE GP Policy and Guidance Manual for more detail.

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 09

Subject:	**Estates – quarterly update**
Prepared by:	**Estates Team**
Submitted to:	**Norfolk and Waveney ICB Primary Care Commissioning Committee [Part 1]**
Date:	**12 September 2023**

Purpose of paper:

Update on Primary Care and other Estates issues, for information.

Contents

Update:

Wave 4b Primary Care Hubs

Work has been continuing to develop each of the four Hubs, since the programme was approved by NHS England and the Department of Health and Social Care, in September 2022.

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

NHS England requested a “Round Table” discussion with the ICB which took place in June 2023, to discuss progress and potential support. This meeting was attended by the Department of Health and Social Care Director for Capital & Infrastructure and Deputy Director of Capital and Major Projects. The meeting was positive and support was offered to the ICB in progressing the final stage of approvals for the projects and the challenging timeframe acknowledged.

Thetford (£2.8m)

The business case for the scheme to refurbish the Thetford Healthy Living Centre was approved by NHS England in March 2023. There were some delays relating to the release of the NHS capital to the landlord to enable the scheme to start. The scheme is now due to commence mid-September 2023 and complete by March 2024. The scheme will see

existing admin space converted into 14 new consultation rooms alongside other improvements.

Sprowston (£0.2m plus £1.0m landlord contribution)

The business case for the scheme at Sprowston Primary Care Centre was approved by NHS England in July 2023. The agreement on the Heads of Terms should be completed by the end of September 2023, following which construction will get underway and is due to complete by March 2024. This scheme will make better use of existing vacated space for provision of primary care, rather than the originally proposed extension.

King's Lynn (£11.5m) and Rackheath (£10.6m)

NHS Property Services have appointed Darwin Construction to oversee the design and build of the two new build schemes at Rackheath and King's Lynn. The new builds will contain a mixture of tenants with approx. 50% of the space allocated for primary care and 50% for NHS trusts. Draft business cases were submitted to NHS England in June 2023. Following ICB approval, regional NHS England approval, Department of Health and Social Care approval – national NHS England approval was anticipated on 15 August but this was delayed. Approval was finally confirmed on 22 August – meaning the schemes now have full approval and can proceed subject to planning permission being secured. Planning permission for the King's Lynn scheme is in place and Rackheath approval is due to follow in week commencing 28th August 2023.

PCN Service and Estates Toolkit Programme

NHS England commissioned Community Health Partnerships (CHP)[1] to support PCNs, nationally, to implement the PCN Service and Estates Toolkit in 2022/23. The Toolkit is clear that an estate strategy should be driven by a clinical strategy.

Of the 17 PCNs in Norfolk and Waveney, 11 engaged with Health Integration Partners (HIP) who supported the development of clinical strategies. Only 3 PCNs have not engaged with Norlife, who supported work on the development of estate strategies. The programme was due to complete by April 2023, but the timeline slipped. At the time of writing, the ICB had received 13 of the 14 strategies expected and is working through the strategies to provide comments to feedback to PCNs. The ICB will be able to make use of the data gathered during the programme to support the 3 remaining PCNs to develop strategies, but there will not be any dedicated external resource for this work. The primary care estates team are aiming to produce an ICB Primary Care Estates Strategy by December 2023.

As previously noted, completion of the toolkit programme nationally will, for the first time, provide a consistent national view of the condition and demands on primary care estate. One of the aims of the programme is to use this evidence base to support future funding requirements in expenditure reviews.

Funding to support General Practice Estate development

The Primary Care Estates Team is aware – formally or via informal enquiries – that around 70% of practices are interested in funding to support an estates scheme. It is expected that this proportion will rise when the next formal call for bids, from practices interested in premises improvements and/or more space, is made. The Primary Care Estates Team had expected to make this formal call for bids before the end of 2022, but with 2023/24 budgets committed and the outputs of the PCN Service and Estates Toolkit Programme delayed, invitations will now likely be issued by the end of 2023 (for the 2024/25 budget).

The schemes/proposals being supported by NHS business as usual capital and revenue funding to support increased rent reimbursement are:

[1] Community Health Partnerships (CHP) is wholly owned by the Secretary of State for Health and Social Care. Incorporated in 2001, the focus was to improve the NHS estate via Public Private Partnerships. Since 2013, CHP have taken on the role of Head Tenant from the former Primary Care Trusts.

Practice	Scheme	Capital	Fees	Revenue	Total	2022/23	2023/24
Elmham Group of Practices – Toftwood Medical Centre	Additional capacity	✓	✓	✓	£0.4m	£0.1m	£0.3m
Blofield Medical Centre	Extension	✓	✓	✓	£1.7m *with £1.2m from NHS capital*	£0.6m	£0.6m
St James Medical Practice	New build replacement premises	Third party funding	✓	✓	£8.2m *with £0.2m from NHS capital*	£0.0m	£0.2m
Long Stratton Medical Partnership	Extension	Third party funding	✓	✓	£1.6m *with £0.1m from NHS capital*	£0.0m	£0.1m
Drayton Medical Practice	Extension	Third party funding	✓	✓	£2.9m *with £0.1m from NHS capital*	£0.0m	£0.1m

There are some uncertainties about the proposed scheme at the Toftwood Medical Centre, as landlord approval has not been secured. Committed funds would be reprioritised alongside other eligible schemes if the scheme is not viable to deliver within 2022/23.

The legal discussions which led to a delay with the Blofield extension have concluded. The ICB and practice worked together and were successful in maximising expenditure in the 2022/23 financial year.

The ICB are facing challenges with rental valuations for new build premises not matching developer expectations (due largely to the increased cost of construction materials and labour), meaning some developments are stalling. ICBs can consider “top up” payments, in certain circumstances, governed by the NHS Premises Costs Directions, where the assessed rental valuation does not provide sufficient returns for the developer/investor. NHS England have asked ICBs to refer any rental supplement proposals to them for assessment.

Demand & Capacity and Housing Developments

The ICB continues to work closely with the local planning authorities to ensure the location, scale, and timelines for housing and population growth are understood and proactively planned for. The Strategic Estates Team are currently developing Infrastructure Developments Plans in response to local plans; these will highlight current demand and capacity, the impacts of housing developments and growing demand, and what is required to mitigate these impacts – from an infrastructure perspective.

To help mitigate the impacts, financial contributions through Community Infrastructure Levy (CIL) and Section 106 Agreements (S106) will continue to be sought and aligned to our Capital Investment Pipeline. These financial contributions towards health infrastructure are extremely valuable and provide some of the additional capital required to ensure our infrastructure expands in line with the growing demand upon it.

The dashboard below highlights the latest position with regards to contributions sought via CIL and S106, what has been secured/agreed, what is available to the ICB, and what has been invested. It’s worth highlighting that due to the restrictions on health’s ability to request CIL funding across Norwich, South Norfolk, Broadland, and West Norfolk these remain at £nil secured. The Estates Team is hoping to hold further discussions with local planning authorities and council colleagues to unblock this, as without this capital to expand

infrastructure the impacts of housing developments and growing demand are not sustainable.

Planning contributions dashboard:

	Sum of contributions sought	Sum of amount secured (£)	Sum of total available for draw down	Sum of total recieved by ICB	Sum of total invested by ICB
Breckland (s106)	£4,538,977.00	£2,984,063.57	£368,569.35	£141,353.78	£0.00
North Norfolk (s106)	£2,553,187.00	£163,589.25	£36,862.25	£44,200.00	£44,200.00
Great Yarmouth (s106)	£2,568,784.00	£1,604,506.00	£0.00	£0.00	£0.00
Greater Norwich (CIL) - (cover Norwich, South Norfolk & Broadland)	£0.00	£0.00	£0.00	£0.00	£0.00
West Norfolk (CIL)	£0.00	£0.00	£0.00	£0.00	£0.00
East Suffolk (CIL)	£1,283,000.00	£0.00	£0.00	£0.00	£0.00
	£10,943,948.00	£4,752,158.82	£405,431.60	£185,553.78	£44,200.00

Norfolk and Waveney General Practice Estate: ongoing projects

Projects expected to complete in 2023:

Practice	Scheme
Blofield Surgery	312m² extension to existing premises
St James Medical Practice, King's Lynn	New (replacement) facility is due to open January 2024
Long Stratton Medical Partnership	153m² extension to existing premises.

Projects being scoped and/or prepared for approval:

Practice	Scheme
Attleborough Surgery	Additional capacity alongside development of long-term solution.
Bungay Medical Practice	Extension, reconfiguration and improvements. A Community Infrastructure Levy bid was submitted at the end of May.
Bridge Road Surgery, Lowestoft	Practice have engaged a third-party developer for a replacement premises utilising a combination of Section 106, Community Infrastructure Levy Funding, and private capital.
Shrublands, Gorleston	The ICB went to market for a third-party developer for the construction of this scheme in Gorleston, which was originally one of the Wave 4b Primary Care Hubs. A third-party developer was appointed following stakeholder interviews in January and the business case for the scheme is being developed.
Humbleyard Practice – Hethersett development	Discussions continue with The Humbleyard Practice about potential solutions to the existing and future pressure on their capacity – South Norfolk Council are undertaking some feasibility work towards supporting a new build facility.
Taverham Partnership	Discussions involving the local planning authority are quite advanced, with a multi-agency group meeting regularly: Taverham Communities & Health Hub Partnership, which is overseeing the design of the proposed building. The Taverham Partnership are proposing to move from their existing main site into the new premises.

In addition, there are housing related developments which may give rise to primary care estates scheme proposals (including, but not limited to):

a. Halesworth: developments include older people's housing. An application for Community Infrastructure Levy funding is being prepared for the 2024 bid round.

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

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

Rent reimbursement and rent reviews

As from 1st April 2023, the primary care rent review function transferred from NHS England (NHSE) to ICBs. Responsibility for managing this function now sits with Norfolk and Waveney ICB's Primary Care Estates Team. In practice, the ICB started picking up the work before the official handover.

Since the previous update, the ICB has now been able to download all the electronic files relating to rents and leases which were transferred from NHSE. These have been separately saved to the Primary Care Estates Team folders.

There have been no issues with practices being unclear as to who they should contact in terms of their rent reviews and practices receive a prompt response to any enquiries raised in the dedicated rents and leases mailbox.

Since April 2023 all practices which were overdue or due a notional rent review have been contacted. However, not all practices have responded to enable a review to be processed. 7 out of 28 practices have yet to complete the relevant paperwork. Regular reminders are sent to these practices.

Out of those 21 practices where a rent review has been undertaken, there has been 3 practices wishing to appeal the District Valuer rent determination.

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

- For the period 2021/22 total rent reimbursement was approximately £12,763,163
- For the period 2022/23 total rent reimbursement was £13,319,566.24.

This gives a rent reimbursement increase of £556,403 from 21/22 to 22/23. This figure does not include rent arrears paid and just takes actual reimbursement on all property as of March at the end of each financial year.

2022/23 Reviews

Month	Number of rent review approvals	Rent increases
April	2	£ 7,120
May	7	£ 32,770
June	5	£ 23,875
July	2	£ 9,900
August	2	£ 4,600
September	0	-
October	4	£ 24,650
November	1	-£21,100
December	5	£ 11,050
January	1	£ 5,100
February	0	-
March	2	£ 9,300
TOTAL:		**£107,265**

2023/24 Reviews to date

Month	Number of rent review approvals	Rent increases
April	2	£ 4,600
May	1	£ 1,500
June	3	£ 2,350
July	1	£ 8,240
August	8	£ 52,467
TOTAL TO DATE:		**£ 69,157**

NHS
Norfolk and Waveney
Integrated Care Board

Subject:	Digital Update for Primary Care
Presented By:	Anne Heath, Associate Director of Digital
Prepared By: **Date:**	Anne Heath August 2023
Submitted To:	PCCC
Purpose of Paper:	To provide an update on Digital projects and innovations

1.0 Current Position of Digital Projects and Initiatives

Future Connectivity Investment

There has been some excellent news for GP Practice sites this month, with funding awarded by the NHS England Future Connectivity Programme for Fibre connections to all practice premises. These networks will give gigabit connectivity to practices, many of whom will experience speeds 10x faster than current performance.

This funding was the result of a successful bid, based on a novel technical design that will ultimately provide an ICS wide network to support system working.

Roll out of the Fibre connections is expected to take a year and be complete by September 2024.

Cloud Based Telephony Investment

A significant sum has also been received for the implementation of Cloud Based Telephony at around 34 practices. Guidance for practices on how to select a supplier is being compiled and will be shared shortly. All practices included in the funding have been notified.

SD-WAN and WiFi

The SOGEA Ethernet networks which will be used to provide Wi-Fi throughout practice premises are being installed, just over a third of practices have had their installation complete and almost half of the remainder have installation planned between now and October 2023.

RPA (Robotic Process Automation)

The innovation arm of the Digital Team has been working with a couple of practices in Norwich to look at the use of Robotic Process Automation in general practice, focusing on administrative tasks that are low risk as a pilot phase. A contract for the provision of robotic workers has been signed and it is planned that the first RPA processes will go live in the next few weeks, filing negative results.

Digital Services for Integrated Care

A new framework for digital tools to support practices and PCNs has been announced, with additional funding attached. The framework is late to launch, it is now expected to be live in mid-September. The exact products that will be available are therefore not yet known, but will be in the range of online consultation tools, messaging systems, voice recognition, demand and capacity tools. Arrangements will be made with practices and PCNs to meet to look at overall GPIT system costs, budgets, funds available and the new framework.

Shared Care Record

The Shared Care Record phase 1 is live and phase 2 will be live in the first week of September. In an average week, 263 Clinicians in the NHS 111 and Out of Hours services accessed 5,680 patient records, and in Norfolk County Council Adult Services, 435 staff accessed records of 1,292 clients.

Baseline information shows that staff are saving 30 minutes to an hour in gathering information about patients / clients. Work is currently underway to gather some user stories about how the Shared Care Record has brought benefit to patients, but this is not yet available.

Primary Care Access Recovery Plan

Information has been compiled on how digital tools can help with Primary Care Access Recovery, including the new funding and tools. There is a lot of activity underway to promote the NHS App to practice populations and the Digital Team has provided a site that hosts a range of promotional materials.

Online Consultation Tools

These tools will be part of the new Digital Services catalogue, launch of which has been delayed, so the plans to procure a new range of systems is also delayed.

Remote Monitoring in Care Homes

A pilot group of Care Homes is using remote monitoring technology provided by Feebris. This is bringing benefits to care home residents and to clinical staff in practices and the 111 service. A practice ANP was recently able to view patient observations and a picture of a rash remotely which led her to decide to visit the patient in person and start antibiotic treatment, which she feels probably prevented an admission. Without the combination of the observations and the visual of the rash, the nurse would not have considered this an urgent matter.

Social Media, Practice websites

Around half of all practices in Norfolk & Waveney are live with the managed Social Media offer, which looks after practice Facebook and Twitter accounts. Work continues on improving practice websites.

2.0 Development – national context, governance and finance

The Primary Care Access and Recovery Plan sets out digital ambitions for practices to implement "modern general practice access" and these are reflected in the workplan for the Digital Team.

Investment from the Future Connectivity programme and the Cloud Based Telephony programme will see significant improvements in these areas for GP Practice premises.

3.0 Future Deliverables and Priorities

The focus of delivery for Primary Care will be on the components that are included in the Primary Care Access Plan. There will also be a drive to reduce text messaging costs by moving to Smart Messaging. New digital tools from the Digital Services for Integrated Care framework will be available to practices.

4.0 Next steps

Cloud telephony and Fibre installations to commence. Progress with SD-WAN and WiFi, launch of DSIC framework and practice / PCN based decisions on which tools to procure.

5.0 Risks

Key Risks	
Clinical and Quality:	
Finance and Performance:	
Impact Assessment (environmental and equalities):	
Reputation:	
Legal:	
Information Governance:	
Resource Required:	
Reference document(s):	
NHS Constitution:	
Conflicts of Interest:	
Reference to relevant risk on the Governing Body Assurance Framework	

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection of Chet Valley Medical Practice**
Presented by:	**Shepherd Ncube – Head of Primary Care Commissioning**
Prepared by:	**Carl Gosling Lead Senior Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**12th September 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:

- Chet Valley Medical Practice

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
Chet Valley Medical Practice (List size 9,066 1/7/2023)	South Norfolk (SNHiP PCN)	7th June 2023	Outstanding 19th January 2017	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.

Chet Valley Medical Practice, South Norfolk Locality– Inspected: 7th June 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

Following the previous CQC inspection published 19 January 2017, the practice was rated as outstanding overall and for all key questions because:

• There was a clear strong leadership structure and staff felt engaged, supported and valued by management. The practice proactively sought feedback from staff and patients, which it acted upon.

• The practice had a robust and comprehensive range of governance arrangements that were regularly reviewed to ensure their effectiveness.

The CQC carried out a further announced comprehensive inspection at Chet Valley Medical Practice on 7 June 2023.

Overall, the practice has been rated as requires improvement, with the individual areas rated as follows:

Safe – Requires Improvement.

Effective - Requires Improvement.

Caring – Good.

Responsive - Requires Improvement.

Well-led - requires improvement.

At this inspection, the CQC found that whilst the provider had maintained some of the previous good practice, the threshold to achieve an outstanding rating at this inspection had not been reached. During the inspection the CQC identified areas of concern and therefore the practice is now rated requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services.

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

Why the CQC carried out this inspection.

The CQC carried out this inspection to follow up concerns reported to them.

Outline focus of inspection included:

• Key questions inspected.

• Areas followed up including ‘shoulds’ identified in previous inspection.

• Areas of concern that had been reported to the CQC.

How the CQC carried out the 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 our ongoing monitoring of data about services and

• information from the provider, patients, the public and other organisations.

The CQC found that:

• Prior to this inspection, the practice had recognised there were areas of improvement needed and had developed a detailed action plan. The new management team which included a GP lead had worked with the Integrated Care Board to address these shortfalls. This included management of patients prescribed high risk medicines and access.

• The GP leaders had developed more effective leadership and had clinical and management oversight of the progress made against a risk register and action plan. Some of the improvements and new ways of working had been newly implemented, and needed to be further embedded to ensure they were safe, effective, and sustained.

• The new systems and processes did not wholly evidence that safe and effective care was always delivered to all patients.

• The improved systems had resulted in staff taking on new and additional roles, which had contributed to some low morale.

• The practice had installed a new computer system which has been installed 3 weeks prior to the inspection, staff told the CQC this had increased the levels of stress they were experiencing and, in some areas, there were backlogs of work or staff shortages.

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

• Not all patients could access care and treatment in a timely way.

The CQC found 2 breaches of regulations.

The provider must:

• Ensure care and treatment is provided in a safe way to patients.

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

In addition, the provider should:

• Continue to monitor the system and process to ensure all patients including those with a learning disability are followed up within an appropriate timeframe.

• Continue to encourage patients to attend for NHS health checks.

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

The CQC inspection team

The CQC inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. In addition, a member of the CQC pharmacy team, a nurse specialist advisor and a second CQC inspector undertook a site visit.

Background to Chet Valley Medical Practice

Chet Valley Medical Practice is located at George House 40-48 George Lane Loddon Norwich Norfolk NR14 6HQ

The practice has a dispensary which the CQC 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 System (ICS) and delivers General Medical Services (GMS) to a patient population of about 8932. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, South Norfolk Healthcare in Partnership (SNHiP) primary care network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the eighth decile (8 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 0.7% Asian, 98.3% White, 0.1% Black, 0.8% Mixed, and 0.1% Other.

The age distribution of the practice population closely shows a larger population of older patients and a lower population of working age people.

There is a team of 7 GPs who provide cover at the practice. The practice has a team of 2 nurse practitioners and 3 nurses who provide nurse led clinics for long-term conditions.

The GPs are supported at the practice by a team of reception/ administration staff.

The practice manager and operations manager provide managerial oversight. The practice is open between 8am to 6.30 pm 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 as part of the South Norfolk Healthcare in Partnership (SNHiP) primary care network (PCN). Late evening and weekend appointments available. Out of hours services are provided by IC24 accessed through the 111 service.

Requirement Notices

Action the CQC have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

• The system and process in place had not ensured all staff had received appropriate training, at the appropriate level for their role.

• The practice did not record, investigate or share learning from significant events and complaints. The practice did not always meet their duty of candor responsibilities.

• Standard operating procedures were not updated and available for dispensary staff to ensure all medicines were dispensed safely.

• The practice did not have a formal approach to record clinical supervision of non-medical prescribers.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

• The CQC found examples of patients who had not received appropriate monitoring or follow up of medicines prescribed within an appropriate time frame. Not all patients who required steroid alert cards had been issued with them.

• Patient medical records did not always contain sufficient detail to evidence safe prescribing and decision making. Not all medicines had been linked to a condition.

• The system and process to manage patient safety alerts had not ensured all patients who may have been affected had been reviewed appropriately.

Requirement Notices

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Current Position

Following the inspection and the new CQC rating of Requires Improvement the ICB's Delegated Primary Care Team, South Norfolk Locality PCN development Team, Clinical Quality Team, and Medicines Optimisation team have met with the practice and have set up monthly meetings in order to work closely to support the practice and in order to gain assurances that the Practice continues to address the areas rated as Requires Improvement by the CQC by updating 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. The practice are also engaging with the PCN so that support may be received, as well as engaging with third party providers to gain clinical and administrative support.

Since the report has been published the practice has demonstrated engagement in the turnaround work and reviewing and progressing on all actions. The Practice are also engaging with their PPG in order to address areas of concern, as well as undertaking a staff survey to identify any concerns in order that they may be addressed.

Monthly MDT CQC Touchpoint 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: 12

Subject:	**Dental Services Operational Delivery Group Report**
Presented by:	**Sadie Parker, Director of Primary Care** **William Lee, Senior Primary Care Commissioning Manager (Dental)**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 September 2023**

Purpose of paper:

To provide the Committee with a report of the first Dental Services Operational Delivery Group ("DSODG") meeting held on 10 August 2023

Group:	**Dental Services Operational Delivery Group**
Chair	Mark Burgis, Executive Director of Patients and Communities
Meetings since previous update	10 August 2023
Overall objectives of DSODG	The purpose of the meeting is to provide a framework for effective decision making in relation to certain contractual matters for dental services under delegated authority from the ICB's Primary Care Commissioning Committee ("PCCC")
Main purpose of the meeting	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to improve access and transform services by providing oversight and assurance to PCCC on the exercise of the ICB's delegated primary care commissioning functions and any resources available for investment in primary, community and secondary dental care
BAF and significant risks relevant / aligned to this Group	At this stage, the risk register is monitored by PCCC however work is being undertaken to agree how operational and strategic risks can be monitored across DSODG and PCCC respectively

Key items for assurance / noting	• Conflict of interest noted for the Chair who left the meeting for item 7 (a); Deputy Chair led the meeting for this item • Terms of Reference noted and Members agreed that Quality should be a standing item on the agenda • There was an in depth discussion in relation to the Dental Year End interim report for 2022/2023 presented to DSODG and the impact for the ICB financially and for patient revenue income. A final report for Year End will be presented to PCCC in October. Members noted the significant number of practices not able to achieve their contracted activity for 2022/2023, due mainly to recruitment challenges and also noted that the Year End guidance published by NHS England states that difficulty in recruitment is not a reason for exceptional circumstances to apply. Concerns were raised about the resilience of dental practices as a result of clawback, noting also the fixed costs being incurred by practices, and how important it is for the ICB to support dental services. Concerns were also raised about the impact for patient oral health care if there is only limited access. • DSODG asked that the ICB's longer term commissioning intentions be published to reassure providers and the local population and it was agreed to set them out as part of publishing the ICB's Short Term plan during September. • Finance has been asked to prepare a report on the ICB's repayment policy for 2023/2024 for the Group to consider by Oct/Nov with a view to submitting to Audit Committee for approval. • DSODG agreed to support six month repayment plans within the financial year. Any exceptional requests for repayment plans beyond the financial year would need be considered in the context of the increased financial risk for the ICB if any were to be agreed. • A verbal update on the BUPA practice sales was also noted with a paper planned in Sept for approval.
Items for escalation to Committee	Committee to note the concerns about the high number of practices unable to achieve their activity due to workforce challenges and the impact for the ICB and patient access.
Items requiring DSODG approval	• Members agreed an application to reduce annual contracted activity to support the resilience of a

	practice and enable it to continue to offer NHS dental services • Members considered 3 ad hoc applications for an increase in UDA rate to support resilience in advance of the ICB's planned UDA rate review in the autumn. • Funding of £8000 was agreed to support the Dentaid bus for the homeless facilitated by St Martins charity. Outcomes would be monitored to inform future commissioning plans.
Confirmation that the meeting was quorate	Yes

Recommendation to the Committee:

To note the report for assurance purposes

Key Risks	
Clinical and Quality:	The Group will be monitoring quality improvement and development of a performance dashboard and overall assurance framework
Finance and Performance:	Finance is part of the membership, performance and spend against the dental budget will be monitored in detail and reported to the Committee
Impact Assessment (environmental and equalities):	Each proposal will be accompanied by an inequalities impact assessment to inform the Group's decision making
Reputation:	Healthwatch Norfolk and Healthwatch Suffolk, Local Professional Network and the Local Dental Committee are all represented on the Group
Legal:	Terms of reference, general dental services contracts, regulations and Dental Policy Handbook
Information Governance:	N/A
Resource Required:	Primary Care Commissioning Team
Reference document(s):	general dental services contracts, regulations and Dental Policy Handbook
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest
Reference to relevant risk on the Board Assurance Framework	N/A

Norfolk and Waveney ICB Dental Operational Delivery Group
Held on Thursday 10th August 9.30am-11.30am

Voting Members Present

Name	Initials	Organisation
Mark Burgis (Chair)	MB	Executive Director of Patients & Communities, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk and Waveney ICB

Attendees

Name	Initials	Organisation
Fiona Theadom	FT	Head of Primary Care Commissioning, Norfolk and Waveney ICB
William Lee	WL	Senior Primary Care Commissioning Manager – Dental, Norfolk and Waveney ICB
Holly Butcher	HB	Commissioning Support Officer, Norfolk and Waveney ICB
Sarah Webb	SW	Primary Care Administrator, Norfolk and Waveney ICB
Sarah Harvey	SH	Head of Primary and Community Care Strategic Planning, Norfolk and Waveney ICB
Louise Wilson	LW	Quality Improvement Dental Nurse, Norfolk and Waveney ICB
Stuart White	SW	Finance Manager – Delegated Primary Care, Norfolk & Waveney ICB
Laura Handley	LH	Primary Care Finance Officer, Norfolk and Waveney ICB
Matthew Lewis	ML	Primary Care Finance Officer, Norfolk and Waveney ICB
Rachael Parker	RP	Executive Assistant, Norfolk & Waveney ICB
Sally Weston Price	SWP	Consultant in Dental Public Health
Brigit Chisholm	BC	Healthwatch Norfolk

Apologies

Name	Initials	Organisation
Benita Oakenfold	BO	Norfolk and Waveney ICB
Catherine Hedges	CH	Norfolk and Waveney ICB
Tom Norfolk	TN	LDN Joint Chair
Jason Stokes	JS	NHS England/Norfolk LDC Secretary
Alex Stewart	AS	Healthwatch
Andy Yacoub	AY	Healthwatch Suffolk

To be completed by Meeting Secretary
Agenda item: 13
Paper No:

Norfolk and Waveney Integrated Care Board

Meeting/Committee:	**Primary Care Commissioning Committee**
Venue:	**Teams Meeting**
Date:	**12 September 2023**

Title of Report	**Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (April 2023 – June 2023)**	
Presented by	Catherine Hedges, Pharmacy, Optometry and Dental Primary Care Manager	
Author	Martyn Pretty, Commissioning Support Officer Reviewed/Updated by: Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Commercially Sensitive	No	
Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date: NA
Conflict of Interest	None known.	
Governance and reporting – at which other meeting has this paper already been discussed (or not applicable)	This paper has not been discussed at other meetings however all decisions reported in this paper were made at the PSRC meetings held between 01 April 2023 to 30 June 2023.	Outcome of Discussion: All decisions made at the PSRC meetings are made in line with the Pharmaceutical Services Regulations 2013 (as amended)
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England. All ICBs are invited to attend. The meetings are governed by Terms of Reference as set out in the Pharmacy Manual and have been ratified by PSRC (attached at **Appendix 1** for information.)	

Executive Summary:

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

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

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

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

The following are the market entry and fitness decisions made at the monthly PSRC meetings between 1 April 2023 – 30 June 2023:

Market Entry - Decisions made:

Application	Health and Wellbeing Board	Decision
Application to change core opening hours – Bestway National Chemist Ltd (Well Pharmacy), Lidl Retail Park, Holt Road, Fakenham, NR21 8JG	Norfolk	Refused
Application for inclusion in a pharmaceutical list: distance selling premises excepted application - G&B Healthcare Ltd, 15 Aldiss Court, High Street, Dereham, NR19 1TS	Norfolk	Granted
Application for inclusion in a pharmaceutical list: no significant change relocation application within Norfolk HWB's area – Medsio Ltd, Red Lion Car Park, School Road, Drayton, NR8 6DW	Norfolk	Granted
Application to permanently change core opening hours Mattishall Healthcare Ltd, ta/ Mattishall Pharmacy, 15 Dereham Road, Mattishall, Dereham, Norfolk, NR20 3QA	Norfolk	Refused
Notice of intention to withdraw from the pharmaceutical list giving shorter notice period. Lloyds Pharmacy Limited - 4 premises.	Norfolk	Refused
Discontinuation of arrangements for the provision of pharmaceutical services by doctors (gradualisation) to consider after successful unforeseen benefits application – NR5 9HA.	Norfolk	Granted 1-month notice for all 5 surgeries.

Breach/Remedial Notices Issued

Norfolk HWB

- Norfolk - Remedial Breach Notice – FFG38 Superdrug Stores PLC, 12 St Stephens Street, Norwich, Norfolk, NR1 3SA. Failure to complete the CPAF Pre-Visit Questionnaire.
- PSRC considered the following contractors in breach of their contractual terms as they did not fulfil their contractual notice period:
    - FTE89 Lloyds Pharmacy, Sainsbury's, Hardwick Industrial Est, King's Lynn, Norfolk, PE30 4LR.
    - FQJ35 Lloyds Pharmacy, Sainsbury's, Thetford Forest Retail Park, London Rd, Thetford, IP24 3QL.
    - FQ856 Lloyds Pharmacy, Sainsbury's, Pound Lane, Dussindale Park, Thorpe St Andrew, Norwich, NR7 0SR.
    - FE814 Lloyds Pharmacy, Sainsbury's, 1 Brazen Gate, Off Queens Rd, Norwich, NR1 3RX.

Market Entry Applications under Appeal

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

Application	HWB Area	Commissioner Decision	NHS Resolution Decision	Appeal Ref.
Unforeseen Benefits by Costessey (Norwich) Ltd, Unit 8, Bowthorpe Main Centre, Costessey, NR5 9HA.	Norfolk	Refused – 21 December 2022	Granted	SHA/25868

Fitness Decisions:

There were no fitness or concern cases heard at the April PSRC. An additional meeting was held on 4 May 2023 to consider fitness / concerns only. There were no fitness notifications / concerns heard during Q1 for N&W ICB.

Fitness Decisions under Appeal:

It is to be noted that fitness appeals do not go to NHS Resolution, instead they are heard by the First Tier Tribunal. There are no appeals relating to N&W ICB.

Recommendation(s):

Note the decisions made at the PSRC meetings between April 2023 and June 2023.

Next Steps:

- Reporting will occur on a quarterly basis.
- Members and colleagues in ICBs are welcome to attend any future PSRC meetings should they wish to learn more about the regulatory processes that are followed.

Appendix 1 – Terms of Reference for PSRC

Final ToR - June 2023 onwards.docx

Improving lives **together**

Norfolk and Waveney Integrated Care System

2023/24 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

July 2024

Primary Care Commissioning Committee 12th September 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M4 (July-23) of the ICB accounts.

- As at Month 4 (July), the Year to Date (YTD) spend is £ 180.9 m as against a plan of £178.6m leading to an overspend of £2.3 m for Primary Care and Prescribing in combination.

- The forecast spend is £538.9m as against a plan of £534.9m leading to a forecast overspend of £3.9m. 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, a 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 from section 3.0 to section 8.0

2.0 Total Financial Summary

23/24 Primary Care & Prescribing:	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances and M03 to M04 FOT movements
	Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv	Actual	Movement in FOT (Fav)Adv	
	£m	£m	£m	£m	£m	£m	£m	£m	
GP & Other Prescribing									
GP Prescribing	189.8	64.3	64.7	0.5	193.1	3.3	192.5	0.6	£2m Unidentified efficiencies in GP Prescribing (part of the 5%) and £1.2m adverse variance in identified efficiencies.
Other Prescribing costs	18.7	6.3	6.2	(0.1)	19.0	0.3	19.2	(0.2)	Central Drugs and Oxygen unidentified efficiencies and increase in Oxygen due to electricity costs.
Total GP & Other Prescribing	**208.5**	**70.6**	**71.0**	**0.4**	**212.1**	**3.6**	**211.7**	**0.4**	
Primary Care									
Delegated Primary Care	208.1	69.4	69.3	(0.1)	204.3	(3.8)	206.3	(2.0)	£-4.2m offsets in LES (PMS GMS) offset by pressures in delegated funding (historic) and dispensing pressures £0.4m
Local Enhanced Services	11.3	3.5	5.0	1.5	15.6	4.3	15.9	(0.4)	£4.2m offsets in Delegated (PMS GMS) some unidentified efficiencies offset by slippage in LES £0.1m
Other Primary Care	12.4	3.7	3.6	(0.1)	12.0	(0.5)	11.8	0.1	Dental salary offset £-0.4m
Total Primary Care	**231.9**	**76.6**	**77.9**	**1.2**	**231.9**	**(0.0)**	**234.1**	**(2.2)**	
DOP									
Dental	63.4	21.0	21.7	0.7	63.8	0.4	62.2	1.5	Dental salary offset £0.4m
Optom	10.2	3.4	3.4	(0.0)	10.2	(0.0)	10.2	0.0	On Plan
Pharmacy	21.0	7.0	7.0	0.0	21.0	0.0	21.0	0.0	On Plan
Total DOP	**94.6**	**31.4**	**32.0**	**0.6**	**95.0**	**0.4**	**93.4**	**1.5**	
Total Prescribing and Primary Care	**534.9**	**178.6**	**180.9**	**2.3**	**538.9**	**3.9**	**539.2**	**(0.3)**	
Variance as a % of Budget				*1.3%*		*0.7%*		*-0.1%*	

Variance Signage: (Favourable)/Adverse

3.0 GP And Other Prescribing

23/24 Primary Care: Prescribing	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances and M03 to M04 FOT movements
	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	67.6	66.5	(1.1)	201.6	1.9	201.0	0.6	Full year variance due to NCSO and unidentified efficiencies
Recharges to Local Authorities & NHS England	(5.6)	(1.9)	(0.8)	1.1	(5.6)	0.1	(5.5)	(0.0)	Slight reduction in recharges for sexual health and smoking cessation
Rebates from pharmaceutical companies	(4.4)	(1.5)	(1.0)	0.4	(3.0)	1.4	(3.0)	0.0	Variance due to reduction in Q1 of the Edoxoban rebate due to national framework
Central Drugs	5.1	1.8	1.8	0.0	5.4	0.3	5.4	0.0	Slight variance due to unidentified efficiencies and similar increases as per GP Prescribing
Dressings & wound care	5.9	2.0	1.9	(0.1)	5.8	(0.1)	5.9	(0.1)	Improvement in NHS Supply chain invoices
Others (Medicine Management, Oxygen, incentives etc.)	7.7	2.6	2.6	0.0	7.9	0.1	8.0	(0.1)	Pay vacancy benefits in medicines management offset by Oxygen costs
Total Prescribing	**208.5**	**70.6**	**71.0**	**0.4**	**212.1**	**3.6**	**211.7**	**0.4**	
Variance as a % of Budget				*0.6%*		*1.7%*		*0.2%*	

Variance Signage: (Favourable)/Adverse

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

4.0 Delegated Co Commissioning

23/24 Primary Care: Delegated	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances and M03 to M04 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
Contractual	130.58	43.53	43.39	(0.1)	130.1	(0.5)	130.0	0.1	Small benefit in contract and contract KPI's
QOF	16.17	5.39	5.39	0.0	16.2	0.0	16.2	(0.0)	On Plan
Premises cost reimbursements	15.56	5.19	5.17	(0.0)	15.5	(0.0)	15.6	(0.1)	On Plan
Other - GP Services	14.89	4.96	4.97	0.0	15.0	0.1	14.8	0.2	Dispensing fee's continued trend
Enhanced services	11.19	3.73	3.73	0.0	11.2	0.0	11.2	(0.0)	On Plan
CCG Spend	0.57	0.19	0.19	(0.0)	0.6	(0.0)	0.6	(0.0)	On Plan
PCN ARRS Staff	17.40	5.80	6.47	0.7	17.4	0.0	17.4	0.0	On Plan
PMS to GMS	4.18	1.39	0.00	(1.4)	0.0	(4.2)	0.0	0.0	Variance offset in LCS cost centre
Prior Year	(2.39)	(0.80)	(0.03)	0.8	(1.6)	0.8	(1.5)	(0.1)	Historic underfunding
Total Delegated	**208.1**	**69.4**	**69.3**	**(0.1)**	**204.3**	**(3.8)**	**204.3**	**0.0**	
Variance as a % of Budget				*-0.1%*		*-1.8%*		*0.0%*	
Variance Signage: (Favourable)/Adverse									

- 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.

5.0 System Development Fund / GPFV

23/24 Primary Care: SDF / GPFV	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances and M03 to M04 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
Training Hub	0.25	0.09	0.09	0.0	0.2	(0.0)	0.3	(0.0)	On Plan
Training Hub Default	0.91	0.18	0.18	0.0	1.0	0.1	2.0	(1.0)	Unidentified Efficiencies allocation moved in M04 to GPIT
Online Consultation System	0.00	0.00	0.00	0.0	0.0	0.0	0.0	0.0	On Plan
GP Fellowships	0.17	0.17	0.16	(0.0)	0.2	(0.0)	0.17	(0.0)	On Plan
Nurse Fellowships	0.00	0.00	0.01	0.0	0.0	0.0	0.0	0.0	On Plan
Supporting Mentors	0.04	0.04	0.04	0.0	0.0	0.0	0.04	0.0	On Plan
GP Retention	0.00	0.00	(0.00)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	On Plan
Flexible Staff Pools	0.00	0.00	0.00	0.0	0.0	0.0	0.0	0.0	On Plan
Infrastructure & Resiliance	0.00	0.00	0.00	0.0	0.0	0.0	0.2	(0.2)	On Plan allocation moved in M04 to GPIT
ARI Hubs	0.00	0.00	(0.00)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	On Plan
GP Accelerate	0.00	0.00	0.00	0.0	0.0	0.0	0.0	0.0	On Plan
Total Prescribing	**1.4**	**0.5**	**0.5**	**(0.0)**	**1.4**	**0.1**	**2.7**	**(1.3)**	
Variance as a % of Budget				*0.0%*		*5.3%*		*-47.4%*	

Variance Signage: (Favourable)/Adverse

- 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.
- The Forecast overspend is due to Unidentified Efficiencies (part of the 5% total efficiency target)

6.0 Dental

23/24 Primary Care: Dental	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances and M03 to M04 FOT movements
	Budget £m	Budget £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Movement in FOT (Fav)Adv £m	
Primary Dental									
Patient Revenue	(20.0)	(6.7)	(4.4)	2.3	(14.0)	6.0	(20.0)	6.0	As patient revenue started to be collected we can see a drop off compared to budget, as this was set on 19/20 levels and access is still limited
Baseline Payments (Inc Perf Adj)	58.0	19.3	19.3	0.0	57.2	(0.8)	58.0	(0.8)	Baseline adjusted to bring the forcast back to balance for now, this is in lieu of the in-year performance adjustments
Pay & Pensions	1.8	0.6	0.7	0.1	2.2	0.4	2.2	0.0	The pay is offset by a budget in Other Primary Care, due to the ring fenced nature of this budget
Minor Oral Surgery	0.5	0.2	0.2	0.0	0.5	0.0	0.5	0.0	On Plan
Other Primary Dental	0.7	0.2	0.2	(0.1)	0.6	(0.1)	0.7	(0.1)	Small benefits in property costs
General Reserve	5.1	1.7	0.0	(1.7)	(0.0)	(5.1)	5.1	(5.1)	Reserve show as utilised, but will be reversed when the in year claw backs are known and can be used for investment
Total Primary Dental	**46.1**	**15.4**	**16.0**	**0.7**	**46.5**	**0.4**	**46.5**	**(0.0)**	
Secondary Dental									
Baseline payments	13.9	4.6	4.6	0.0	13.9	0.0	12.0	1.8	ERF Allocation received in M04
Low Volume Activity & NCA	0.1	0.0	0.0	(0.0)	0.1	0.0	0.1	0.0	On Plan
Other	(0.0)	(0.1)	(0.1)	0.0	(0.0)	0.0	0.3	(0.3)	Additional Pay allocation received M4
Total Secondary Dental	**14.0**	**4.6**	**4.6**	**0.0**	**14.0**	**0.0**	**12.4**	**1.6**	
Community Dental									
Baseline Payment	2.6	0.9	0.9	0.0	2.6	0.0	2.6	0.0	On Plan
Specific Items	0.7	0.2	0.2	0.0	0.7	0.0	0.7	0.0	On Plan
Other	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.0)	On Plan
Total Community Dental	**3.4**	**1.1**	**1.1**	**(0.0)**	**3.4**	**(0.0)**	**3.4**	**(0.0)**	
Total Dental	**63.4**	**21.0**	**21.7**	**0.7**	**63.8**	**0.4**	**62.2**	**1.5**	Full Year variance offset by pay budgets held in Other primary care
Variance as a % of Budget				*3.1%*		*0.6%*		*2.5%*	

Variance Signage: (Favourable)/Adverse

6.0 Dental Reserve's

	Actual FOT 000's	Budget 000's	Variance 000's	Comment
Contractual				
Patient Revenue	(13,123)	(19,996)	6,873	Patient revenue budget based on 19/20 outturn so overvalued based on current access
Contract	53,834	57,998	(4,164)	Assumed contract hand backs. Does not include underperformance of current year contracts
Reserve		5,139	(5,139)	NHSE Reserve budgeted for 23/24
Assumed Performance Adjustment 22/23	(10,400)	-	(10,400)	This is the net clawback after a value of £6.1m which NHSE assumed in their 22/23 ledger
Claw back ICB to NHSE	10,400	-	10,400	Currently not confirmed if this can be retained by the ICB so assumed to be clawed back
Assumed Performance Adjustment 23/24	(16,500)	-	(16,500)	This is the assumed 23/24 clawback and is not yet confirmed, more will be known in the 2nd half of 23/24
Sub-Total Contractual	24,211	43,140	(18,929)	
Investments				
Emergency Pathway	1,000	-	1,000	New scheme in 23/24
Children's Pathway	600	-	600	New scheme in 23/24
Other UDA & Activity Changes	87	-	87	As per DODG 10/08/23
Other Primary Care Budget		1,741	(1,741)	Unmet need and pay, offset by other above budgeted for in 23/24
Sub-Total Investments	1,687	1,741	(54)	
Other (Inc Pay)	3,339	2,942	397	Staff cost not in budget
Other Primary Care Budget	-	415	(415)	Pay Budget
Sub-Total Other	3,339	3,357	(18)	
Net variance			(19,002)	
Bottom Line Requirements				
Closing the Gap Requirement			1,000	Current ICB additional efficiency requirement
Original Planning Asumption			1,250	Planned ICB efficiency requirement
Problem / (Additional Reserve)			**(16,752)**	

This Reconciliation is essentially on "off-ledger" schedule of the general reserve within dental, and the additional **potential** for claw back within year. As there is a certain amount of risk in the value of the potential claw back, none has yet been recognised in the financial position. In addition there is an amount of budget held outside of the dental cost centre (due to ring fenced reasons). This reconciliation takes into account all of these items for **illustrative purposes only**. This does however show the affordability of the current investments agreed through PCCC.

7.0 Optom

23/24 Primary Care: Optom	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		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	
Optician Sight Tests	6.2	2.1	2.1	0.0	6.2	0.0	6.2	0.0	On Plan
Vouchers for SuppSpec	3.3	1.1	1.1	0.0	3.3	0.0	3.3	0.0	On Plan
Domestic Visits	0.3	0.1	0.1	0.0	0.3	0.0	0.3	0.0	On Plan
Other	0.4	0.1	0.1	(0.0)	0.4	0.0	0.4	0.0	On Plan
Total Optom	**10.2**	**3.4**	**3.4**	**(0.0)**	**10.2**	**0.0**	**10.2**	**0.0**	
Variance as a % of Budget				*0.0%*		*0.0%*		*0.0%*	

Variance Signage: (Favourable)/Adverse

8.0 Pharmacy

23/24 Primary Care: Pharmacy	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		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	
Prescription Charges	(11.9)	(4.0)	(4.0)	0.0	(11.9)	0.0	(11.9)	0.0	On Plan
Professional Charges	26.6	8.9	8.9	0.0	26.6	0.0	26.6	0.0	On Plan
Essential Services	2.4	0.8	0.8	0.0	2.4	0.0	2.4	0.0	On Plan
Advanced Services	2.1	0.7	0.7	0.0	2.1	0.0	2.1	0.0	On Plan
Quality Payment Scheme	1.4	0.5	0.5	0.0	1.4	0.0	1.4	0.0	On Plan
Other	0.4	0.1	0.1	0.0	0.4	0.0	0.4	0.0	On Plan
Total Pharmacy	**21.0**	**7.0**	**7.0**	**0.0**	**21.0**	**0.0**	**21.0**	**0.0**	
Variance as a % of Budget				*0.0%*		*0.0%*		*0.0%*	
Variance Signage: (Favourable)/Adverse									

9.0 Efficiencies (Planned)

23/24 Primary Care: Efficiencies	Scheme Reference	Planned / CTG	Area	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances
				Budget	Budget	Actual	Variance (Fav)/Adv	Actual	Variance (Fav)/Adv	Actual	Movement in FOT (Fav)/Adv	
				£m	£m	£m	£m	£m	£m	£m	£m	
Continuation of 22/23												
Low Risk, cost effective switching programme	22/23 FYE	Planned	Prescribing	300.0	300.0	182.5	117.5	182.5	117.5	300.0	117.5	Underperformance in 22/23 continuation of plan is mitigated by 23/24 overperformance below so net effect is on plan
Opioid costs (supported by PQS/rebates) - 10%	22/23 FYE	Planned	Prescribing	600.0	500.0	402.1	97.9	552.1	47.9	599.8	47.7	
Greener/lower cost inhalers (supported by PQS/rebates) - 5%	22/23 FYE	Planned	Prescribing	450.0	300.0	359.9	(59.9)	509.9	(59.9)	450.4	(59.5)	
Oral Nutritional Supplements (supported by PQS/FK rebate) - 5%	22/23 FYE	Planned	Prescribing	150.0	100.0	65.6	34.4	115.6	34.4	150.3	34.7	
Over the counter	22/23 FYE	Planned	Prescribing	150.0	100.0	83.5	16.5	133.5	16.5	150.1	16.6	
Specials (supported by PQS) - 5%	22/23 FYE	Planned	Prescribing	90.0	60.0	60.0	0.0	90.0	0.0	89.6	(0.4)	
Subtotal Continuation of 22/23 Schemes				**1,740.0**	**1,360.0**	**1,153.5**	**206.5**	**1,583.5**	**156.5**	**1,740.1**	**156.6**	Underperformance in Low risk cost effective switches 22/23 continuation of plan is mitigated by 23/24 overperformance below so net effect is on plan
Switches & Medicines Review												
Transformation and expansion of Prescription Ordering Direct (POD)	MED034	Planned	Prescribing	1,506.0	138.0	107.0	31.0	321.0	1,185.0	756.0	435.0	Restructure resulting in reduced savings
Blood glucose testing strips (PQS and switch)	MED040	Planned	Prescribing	450.0	50.0	50.0	0.0	450.0	0.0	450.0	0.0	
Lancets (PQS and switch)	MED041	Planned	Prescribing	15.0	5.0	5.0	0.0	15.0	0.0	15.0	0.0	
Novarapid vs Trurapi	MED042	Planned	Prescribing	200.0	40.0	40.0	0.0	200.0	0.0	200.0	0.0	
Sitagliptin windfall and switch	MED043	Planned	Prescribing	250.0	50.0	50.0	0.0	250.0	0.0	250.0	0.0	
Home Oxygen targeted reviews	MED044	Planned	Prescribing	75.0	14.0	14.0	0.0	75.0	0.0	75.0	0.0	
OptimiseRx	MED045	Planned	Prescribing	1,800.0	600.0	580.8	19.2	1,797.8	2.2	1,800.1	2.3	
Low Risk Cost Effective Switches (facilitates all other switches)	MED046	Planned	Prescribing	100.0	20.0	100.0	(80.0)	220.0	(120.0)	100.0	(120.0)	
Opioid Costs (supported by PQS/rebates)	MED047	Planned	Prescribing	500.0	100.0	100.0	0.0	500.0	0.0	500.0	0.0	
DOAC edoxaban rebate and overall costs	MED048	Planned	Prescribing	1,000.0	333.0	333.0	0.0	1,000.0	0.0	1,000.0	0.0	
Lower cost greener inhalers (Luforbec switch)	MED049	Planned	Prescribing	750.0	150.0	150.0	0.0	750.0	0.0	750.0	0.0	
Oral Nutritional supplements (supported by PQS and FK rebates)	MED050	Planned	Prescribing	90.0	10.0	10.0	0.0	90.0	0.0	90.0	0.0	
Self Care	MED051	Planned	Prescribing	50.0	10.0	10.0	0.0	50.0	0.0	50.0	0.0	
Outlier Practices	MED052	Planned	Prescribing	150.0	40.0	40.0	0.0	150.0	0.0	150.0	0.0	
Specials and high cost items	MED053	Planned	Prescribing	75.0	25.0	25.0	0.0	75.0	0.0	75.0	0.0	
Dressings	MED054	Planned	Prescribing	300.0	0.0	0.0	0.0	300.0	0.0	300.0	0.0	
Repeat prescribing audit	MED056	Planned	Prescribing	75.0	14.0	14.0	0.0	75.0	0.0	75.0	0.0	
Stoma managed service pilot	MED057	Planned	Prescribing	100.0	20.0	20.0	0.0	100.0	0.0	100.0	0.0	
Subtotal Switches & Review				**7,486.0**	**1,619.0**	**1,648.8**	**(29.8)**	**6,418.8**	**1,067.2**	**6,736.1**	**317.3**	Restructure resulting in reduced savings
Unidentified Efficiencies as in July				**1,677.5**	**186.4**		**186.4**		**1,677.5**		**0.0**	
Total Efficiency				**10,903.5**	**3,165.4**	**2,802.3**	**363.1**	**8,002.3**	**2,901.1**	**8,476.3**	**473.9**	
Variance as a % of Budget							*11.5%*		*26.6%*		*5.6%*	
Variance Signage: (Favourable)/Adverse												

9.0 Efficiencies (Closing the Gap)

23/24 Primary Care: Efficiencies	Scheme Reference	Planned / CTG	Area	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances
				Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv	Actual	Movement in FOT (Fav)Adv	
				£m	£m	£ m	£m	£ m	£m	£ m	£m	
General Reserve	TBC	CTG	Dental	1.00	0.00	0.00	0.00	1.00	0.00	0.00	(1.00)	Agreed as part of Closing the Gap, further monitoring to be carried out
Bath and Shower	TBC	CTG	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed as part of Closing the Gap, further monitoring to be carried out
Branded Prescribing	TBC	CTG	Prescribing	0.15	0.00	0.00	0.00	0.15	0.00	0.00	(0.15)	Agreed as part of Closing the Gap, further monitoring to be carried out
Dandruff	TBC	CTG	Prescribing	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Agreed as part of Closing the Gap, further monitoring to be carried out
Dental	TBC	CTG	Prescribing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)	Agreed as part of Closing the Gap, further monitoring to be carried out
Ibuprofen caps and liquids	TBC	CTG	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed as part of Closing the Gap, further monitoring to be carried out
Topical Nail Treatments	TBC	CTG	Prescribing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.00)	Agreed as part of Closing the Gap, further monitoring to be carried out
Vitamin B	TBC	CTG	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed as part of Closing the Gap, further monitoring to be carried out
Dry eyes/sore tired eyes	TBC	CTG	Prescribing	0.12	0.00	0.00	0.00	0.12	0.00	0.00	(0.12)	Agreed as part of Closing the Gap, further monitoring to be carried out
Conjuctivitis	TBC	CTG	Prescribing	0.03	0.00	0.00	0.00	0.03	0.00	0.00	(0.03)	Agreed as part of Closing the Gap, further monitoring to be carried out
Indigestion and Heartburn	TBC	CTG	Prescribing	0.04	0.00	0.00	0.00	0.04	0.00	0.00	(0.04)	Agreed as part of Closing the Gap, further monitoring to be carried out
Infrequent constipation	TBC	CTG	Prescribing	0.08	0.00	0.00	0.00	0.08	0.00	0.00	(0.08)	Agreed as part of Closing the Gap, further monitoring to be carried out
Mild dry skin/sunburn	TBC	CTG	Prescribing	0.16	0.00	0.00	0.00	0.16	0.00	0.00	(0.16)	Agreed as part of Closing the Gap, further monitoring to be carried out
Mild to mod HF/Allerg Rhin	TBC	CTG	Prescribing	0.20	0.00	0.00	0.00	0.20	0.00	0.00	(0.20)	Agreed as part of Closing the Gap, further monitoring to be carried out
Minor conditions associated with pain	TBC	CTG	Prescribing	0.34	0.00	0.00	0.00	0.34	0.00	0.00	(0.34)	Agreed as part of Closing the Gap, further monitoring to be carried out
New Rebate opportunities	TBC	CTG	Prescribing	0.13	0.00	0.00	0.00	0.13	0.00	0.00	(0.13)	Agreed as part of Closing the Gap, further monitoring to be carried out
DT Windfall	TBC	CTG	Prescribing	0.44	0.00	0.00	0.00	0.44	0.00	0.00	(0.44)	Agreed as part of Closing the Gap, further monitoring to be carried out
General LES Slippage	TBC	CTG	LCS	0.40	0.00	0.00	0.00	0.40	0.00	0.00	(0.40)	Agreed as part of Closing the Gap, further monitoring to be carried out
Participation Fees	TBC	CTG	Other PC	0.05	0.00	0.00	0.00	**0.05**	0.00	0.00	(0.05)	Agreed as part of Closing the Gap, further monitoring to be carried out
PIPS Screens	TBC	CTG	GPIT	0.03	0.00	0.00	0.00	0.03	0.00	0.00	(0.03)	Agreed as part of Closing the Gap, further monitoring to be carried out
Total Efficiency				**3.2**	**0.0**	**0.0**	**0.0**	**3.2**	**0.0**	**0.0**	**(3.2)**	
Variance as a % of Budget							*0.0%*		*0.0%*		*0.0%*	
Variance Signage: (Favourable)/Adverse												

10.0 LCS Activity Tracker

Norfolk and Waveney ICB Locally Commissioned Services Activity Tracker

Locally Commissioned Service	Q1 Activity Budget (£)	Q1 Activity Claimed (£)	Percentage Utilisation %	Comment
Care Homes	88,744	40,733	46%	
Diabetes	139,106	108,023	78%	
Eating Disorders	115,149	56,376	49%	
Inclusion Health	126,985	73,981	58%	
Mental Health SMI Health Checks	139,347	49,558	36%	
Phlebotomy	1,259,417	1,205,868	96%	
Proactive Healthcare	1,045,058	788,948	75%	Waiting for invoice from NPL for £256k
PSA	74,626	72,092	97%	
Shared Care	319,409	311,156	97%	
Spirometry	127,065	120,047	94%	
Treatment Room	401,288	452,671	113%	Injections and Minor injuries based on activity hence overperformance
Warfarin	219,241	205,303	94%	
	4,055,435	**3,484,758**	**86%**	CQRS Local window for Qtr 1 closes 31 August so 1 more payment run to come

- The above shows the take up of claims for Locally Commissioned Services, this is subject to an additional payment window up until the end of August for Q1 of 23/24
- The above is a mixture of block and activity based schemes up until Q1 only
- Q2 onwards they will be converted to substantively activity based, hence the requirement to monitor this against the budget awarded.

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.

Norfolk and Waveney
Integrated Care Board

Agenda item: 15

Subject:	**Prescribing team report**
Presented by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Prepared by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**September 2023**

Purpose of paper:

Information and decision on future timing of this report.

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.

It is proposed that this report moves to quarterly and that a more granular report is presented at GPODG in future.

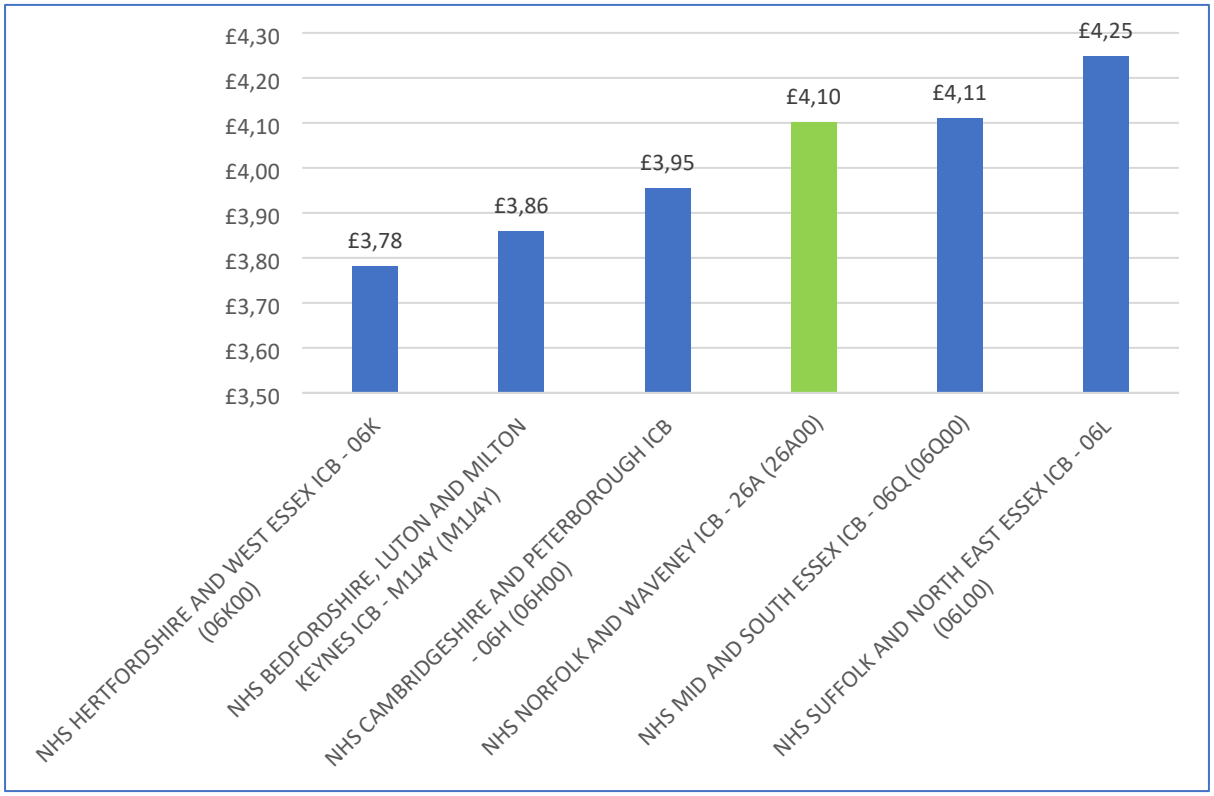
1. Prescribing team focus areas.

1.1 The prescribing team is focused on supporting the prescribing quality scheme and an additional switch scheme which is in the final stages of development.

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

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 stayed at 3rd out of 6 in June 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.

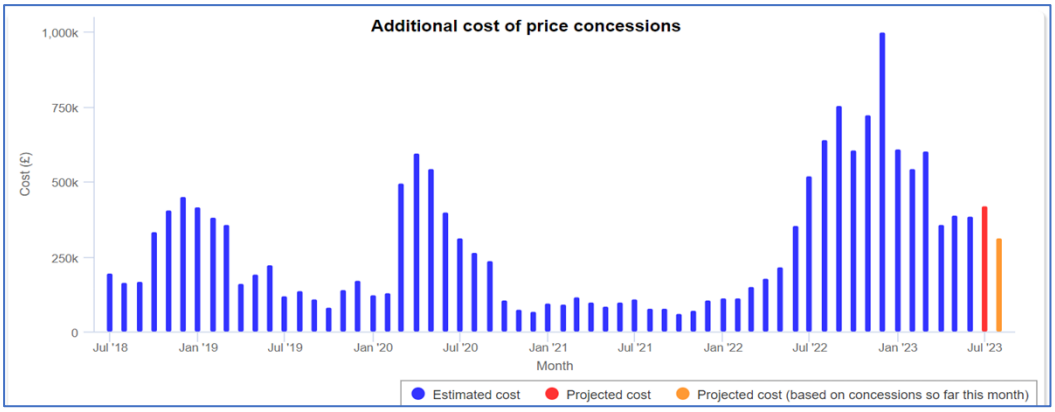
There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact YTD and projected for the following 2 months.

Table 1. Cost Pressure Report Aug 2023, June 2023 data

	YTD 2023/24	Projected July	Projected August
NCSO and other price concessions	£1,177,507	£415,987	£314,114
Back into DT at increased prices	£398,865	£402,327	£434,531
Increase In cat M	No increase for April to June, decrease from July projected to be £159,758 per month	- £159,738	-£159,964
Total	£1,576,372	£658,576	£588,681

* 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 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 – reduced to 84th, 21st percentile (82nd, 22nd percentile previously) on high dose opiate items as percentage of regular opiates
- Gabapentinoids – remained at 27th ,75th percentile on defined daily doses of gabapentin and pregabalin
- Hypnotics and anxiolytics – has stayed at 5th position nationally 96th percentile volume per 1000 patients – the trend (below) is however an improving one (yellow dotted line is Norfolk and Waveney performance and trend respectively)

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

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

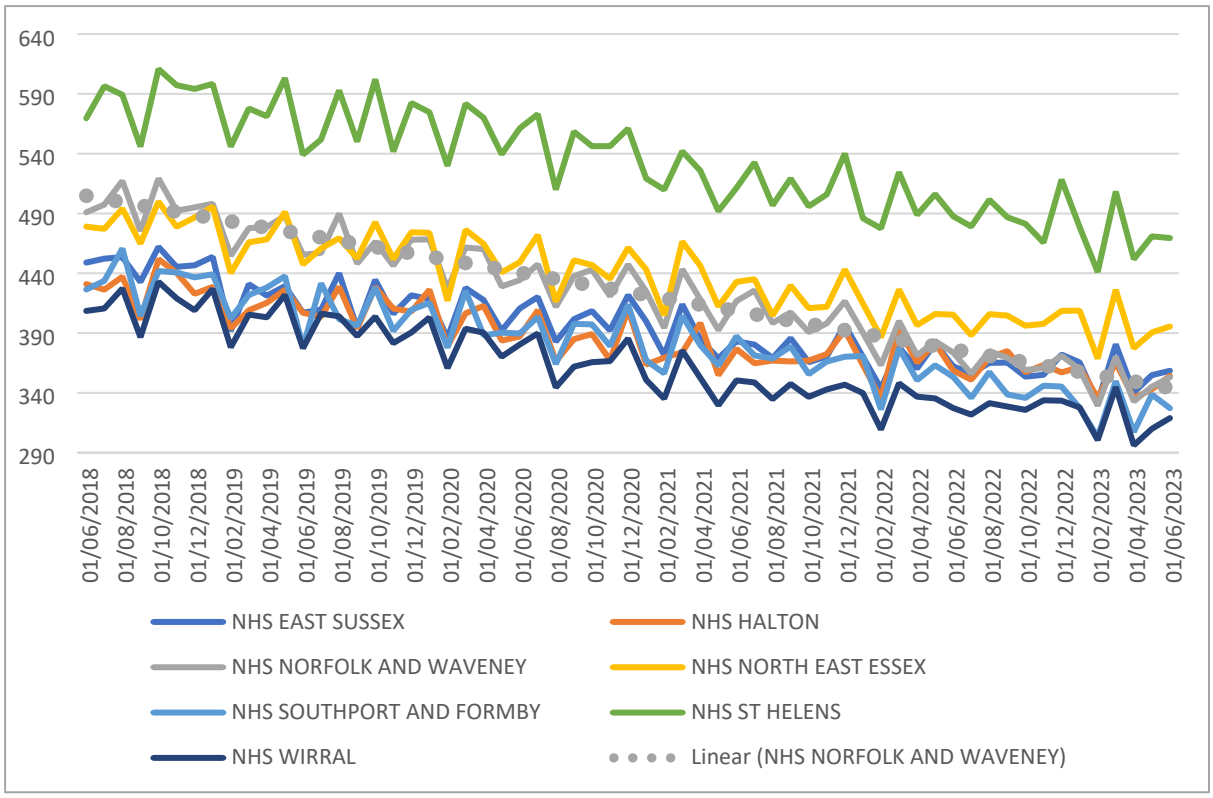
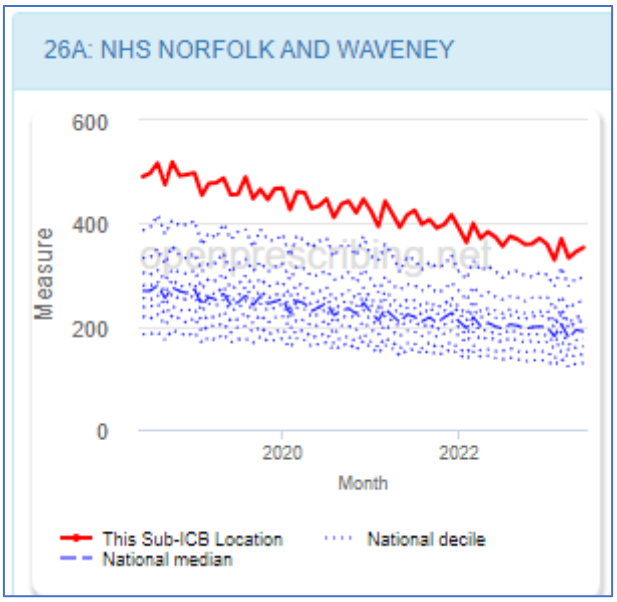


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



4 Antibiotic Prescribing

4.1 NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 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.

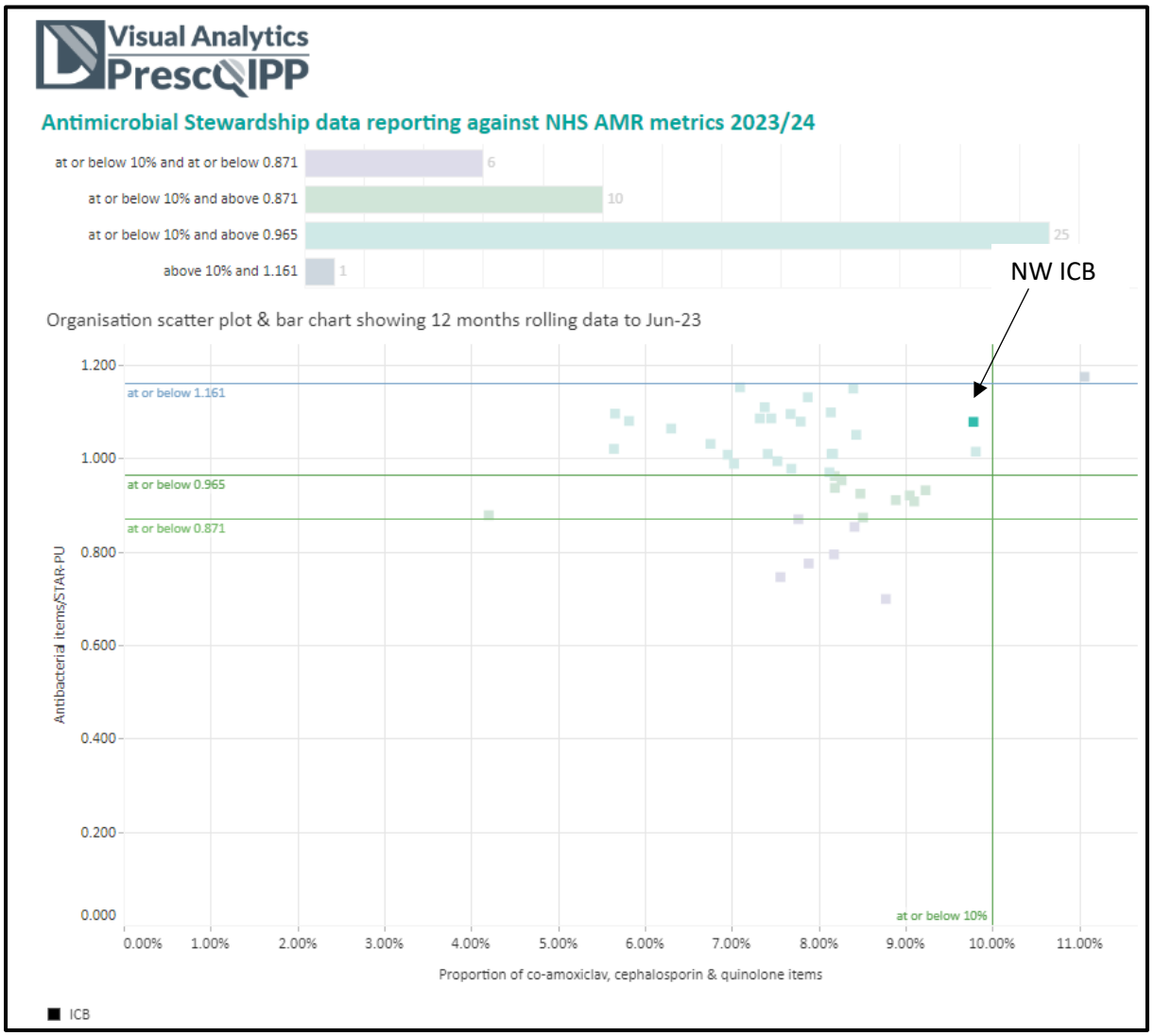
4.3 December 2022 saw a change in guidance for the threshold for prescribing antimicrobial agents due to a rise in Strep A cases in children. National stock shortages of antimicrobials led to alternative antibiotics being prescribed. Both factors have distorted the data for our practices and nationally. 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 1.078 antibacterial items per STAR-PU in the 12 months to June 2023, following the national trend.

4.5 Norfolk and Waveney ICB are now following an upward trajectory but still remain below the national target of no more than 10% of all antibiotics at 9.78% in the 12 months to June 2023 (increase of 0.05%)

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.

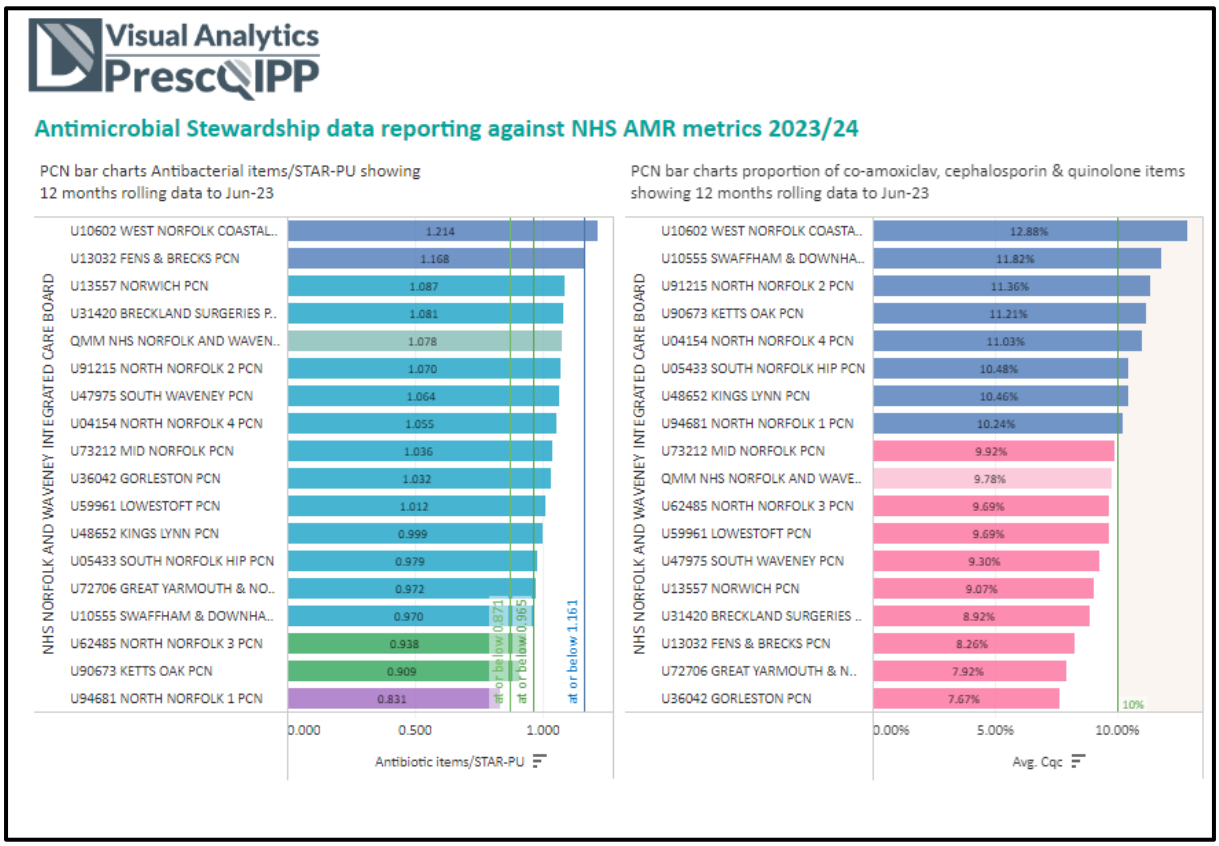
Table 6. ICB scatter chart – Antimicrobial prescribing 12 months to end June 2023



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 June 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 June 2023

Practice name	Sum of percentile
NORWICH PRACTICES HEALTH CENTRE	99.94
BRUNDALL MEDICAL PARTNERSHIP	98.37
MUNDESLEY MEDICAL CENTRE	97.60
SCHOOL LANE SURGERY	97.57
LONGSHORE SURGERIES	96.75
HEACHAM GROUP PRACTICE	96.45
BOUGHTON SURGERY	95.03
PASTON SURGERY	94.85
ANDAMAN SURGERY	94.56
CHURCH HILL SURGERY	94.34
BURNHAM SURGERY	94.12
PARISH FIELDS PRACTICE	93.10
SOUTHGATES SURGICAL & MEDICAL CENTRE	92.63
CROMER GROUP PRACTICE	92.59
ST CLEMENTS SURGERY	92.34
LUDHAM AND STALHAM GREEN SURGERIES	91.83
CUTLERS HILL SURGERY	91.61
WATLINGTON MEDICAL CENTRE	91.50
KIRKLEY MILL HEALTH CENTRE	91.07

4.10 Our outlier practices (90th percentile or above) that are driving the higher percentage of Broad-spectrum antibiotics in June 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 June 2023	Sum of percentile
BURNHAM SURGERY	24.62%	99.80
BRIDGE STREET SURGERY	22.00%	99.75
LITCHAM HEALTH CENTRE	20.93%	99.70
OLD MILL AND MILLGATES MEDICAL PRACTICE	17.95%	99.28
GRIMSTON MEDICAL CENTRE	17.44%	99.14
REEPHAM & AYLSHAM MEDICAL PRACTICE	17.22%	99.06
THE WOOTTONS SURGERY	17.21%	99.02
PLOWRIGHT MEDICAL CENTRE	15.54%	97.95
EAST NORWICH MEDICAL PARTNERSHIP	15.37%	97.73
CHURCH HILL SURGERY	15.30%	97.70
CROMER GROUP PRACTICE	14.94%	97.20
HINGHAM SURGERY	14.67%	96.80

MUNDESLEY MEDICAL CENTRE	14.60%	96.72
WATLINGTON MEDICAL CENTRE	14.17%	96.06
HOWDALE SURGERY	13.72%	95.08
BRUNDALL MEDICAL PARTNERSHIP	13.38%	94.38
ACLE MEDICAL PARTNERSHIP	13.37%	94.34
ROUNDWELL MEDICAL CENTRE	13.26%	94.17
SCHOOL LANE PMS PRACTICE	13.19%	94.03
ELMHAM SURGERY	13.17%	93.98
TOFTWOOD MEDICAL CENTRE	12.92%	93.13
ATTLEBOROUGH SURGERY	12.91%	93.09
HARLESTON MEDICAL PRACTICE	12.80%	92.78
LUDHAM AND STALHAM GREEN SURGERIES	12.71%	92.47
WINDMILL SURGERY	12.70%	92.39
GROVE SURGERY	12.64%	92.19
WATTON MEDICAL PRACTICE	12.45%	91.53
WELLS HEALTH CENTRE	12.43%	91.38
ALDBOROUGH SURGERY	12.41%	91.30
PASTON SURGERY	12.38%	91.13

4.11 Our practices (below 10% broad spectrum prescribing) are shown in table 10

Table 10: Practices for prescribing below the 10% target for Broad Spectrum Antibiotics June 2023

Practice Name	Percentage of broad-spectrum antibiotics June 2023	Sum of percentile
ORCHARD SURGERY	9.95%	72.92
OAK STREET MEDICAL PRACT.	9.66%	70.06
LAWNS PRACTICE	9.58%	69.02
LONGSHORE SURGERIES	9.58%	68.98
THE MILLWOOD PARTNERSHIP	9.37%	66.73
BUNGAY MEDICAL CENTRE	9.24%	65.45
ST JOHN'S SURGERY	9.20%	65.05
WEST POTTERGATE MED PRAC	9.18%	64.88
NELSON MEDICAL CENTRE	9.15%	64.45
BEACHES MEDICAL CENTRE	9.12%	64.08
BOUGHTON SURGERY	9.09%	63.52
SHIPDHAM SURGERY	9.09%	63.52
THEATRE ROYAL SURGERY	8.90%	61.48
STALHAM STAITHE SURGERY	8.71%	59.20

UPWELL HEALTH CENTRE	8.47%	56.28
WOODCOCK RD SURGERY	8.33%	54.28
THE PARK SURGERY	8.08%	51.45
PROSPECT MEDICAL PRACTICE	7.91%	49.48
KIRKLEY MILL HEALTH CENTRE	7.85%	48.91
HELLESDON MEDICAL PRACTICE	7.73%	47.25
EAST NORFOLK MEDICAL PRACTICE	7.60%	45.58
TRINITY & BOWTHORPE MEDICAL PRACTICE	7.58%	45.19
BEECHCROFT AND OLD PALACE	7.55%	44.88
FLEGGBURGH SURGERY	7.45%	43.73
ST CLEMENTS SURGERY	7.21%	40.28
SOLE BAY H/C	7.19%	39.95
GREAT MASSINGHAM SURGERY	7.11%	38.70
BIRCHWOOD MEDICAL PRACTICE	6.90%	35.98
LAKENHAM SURGERY	6.70%	33.25
CHET VALLEY MEDICAL PRACTICE	6.63%	32.31
CUTLERS HILL SURGERY	5.95%	24.20
TAVERHAM SURGERY	4.90%	14.05
MATTISHALL SURGERY	4.74%	12.81
UEA MEDICAL CENTRE	4.30%	9.77

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