

Primary Care Commissioning Committee Part One

Wed 11 October 2023, 13:30 - 16:30

Agenda

13:30 - 13:30 **Agenda**

0 min

Debbie Bartlett

 2023 10 11 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (1 pages)

13:30 - 13:30 **1. Chair's introduction and report on any Chair's action**

0 min

Information

Debbie Bartlett

13:30 - 13:30 **2. Apologies for absence**

0 min

Information

Debbie Bartlett

13:30 - 13:30 **3. Declarations of Interest**

0 min

Information

Debbie Bartlett

 2023 10 11 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30 **4. Review of Minutes and Action Log from the September 2023 meeting**

0 min

Decision

Debbie Bartlett

 2023 09 12 Item 04 NWICB PCCC Minutes Part One.pdf (10 pages)

 2023 10 11 Item 04 PCCC Action Log Part One.pdf (1 pages)

13:30 - 13:30 **5. Forward Planner**

0 min

Decision

 2023 10 11 Item 05 ICB PCCC Forward Planner 2023-2024 P1.pdf (1 pages)

13:30 - 13:30 **Service Development**

0 min

13:30 - 13:30 **6. Joint Forward Plan**

0 min

Information

Sarah Harvey

 2023 10 11 Item 06 Joint Forward Plan.pdf (4 pages)

13:30 - 13:30 **7. Delivery Plan for Recovering Access to Primary Care**

Web: Sarah
05/10/2023 13:58:14

0 min

Decision Sarah Harvey


 2023 10 11 Item 07 Delivery plan for recovering access to primary care update.pdf (4 pages)

 2023 10 11 Item 07 Draft System Capacity and Access Improvement Plan.pdf (44 pages)

13:30 - 13:30 **8. Workforce and Training**

0 min

Decision Jayde Robinson

 2023 10 11 Item 08 Workforce and Training Report.pdf (6 pages)

 2023 10 11 Item 08 Appendix A - Primary Care Workforce Short Term Pillar Targets.pdf (8 pages)

 2023 10 11 Item 08 Appendix B – Primary Care Workforce Operational Delivery Plan 2324.pdf (8 pages)

13:30 - 13:30 **9. Operational Delivery Group Report• General Practice**

0 min

Information Sadie Parker

13:30 - 13:30 **10. Primary Care Committee Membership – GP practice manager attendee recruitment**

0 min

Decision Sadie Parker

13:30 - 13:30 **11. PCCC Self Assessment - Contract Assurance Framework**

0 min

Information Fiona Theadom

13:30 - 13:30 **12. Finance Report**

0 min

Information James Grainger

 2023 10 11 Item 13 Finance Report.pdf (16 pages)

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Wednesday 11 October 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. <i>For Noting</i>	Chair
4.		Review of Minutes and Action Log from the September 2023 meeting <i>For approval</i>	Chair
5.		Forward Planner <i>For Approval</i>	SP
Service Development			
6.	13:50	Joint Forward Plan <i>For Noting</i>	SH
7.	14:00	Delivery Plan for Recovering Access to Primary Care <i>For Approval</i>	SH
8.	14:10	Workforce and Training <i>For Approval</i>	JRo
Finance & Governance			
9.	14:20	Operational Delivery Group Report <ul style="list-style-type: none"> • General Practice <i>For Noting</i>	SP
10.	14:30	Primary Care Committee Membership – GP practice manager attendee recruitment <i>For Approval</i>	SP
11.	14:40	PCCC Self Assessment - Contract Assurance Framework <i>For Noting</i>	FT
12.	14:50	Finance Report <i>For Noting</i>	JG
Any Other Business			
13.	15:00	Questions from the Public	Chair
<p style="text-align: center;">Date, time and venue of next meeting Tuesday 12 December 13:30 – 16:30 – ICB PCCC To be held by videoconference and You Tube</p> <p style="text-align: center;">Any queries or items for the next agenda please contact: sarah.webb7@nhs.net</p> <p style="text-align: center;">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/</p>			

Webb, Sarah
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**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 QEHL 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	

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Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare		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
Ian Wilson	Executive Officer with Norfolk & Waveney Local Medical Committee	National Health Service England				Indirect	Father-in-Law is member of national NHSE Sounding Board		Ongoing	
		Norfolk and Waveney Enterprise Services				Indirect	Brother – Senior employee (non-Board member) – Norfolk and Waveney Enterprise Services		Ongoing	
		Drayton & St Faiths 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
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	

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		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

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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	Ongoing	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		
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

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Norfolk and Waveney Primary Care Commissioning Committee

Part One

**Minutes of the Meeting held on
Tuesday 12 September 2023
via video conferencing & YouTube**

Voting Members - Attendees

Name	Initials	Position and Organisation
Hein Van Den Wildenberg	HW	Non Executive Member, Norfolk and Waveney ICB (deputy Chair)
James Grainger	JG	Head of Finance Primary Care & Corporate, Norfolk and Waveney ICB
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB (Deputising for PD'O)

In attendance

Name	Initials	Position and Organisation
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
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
Tony Dean	TD	Chief Officer, Community Pharmacy Norfolk
Carl Gosling	CG	Senior Delegated Commissioning Manager – Primary Care, Norfolk and Waveney ICB
Anne Heath	AH	Associate Director of Digital, Norfolk & Waveney ICB
Catherine Hedges	CH	Dental, Optometry and Pharmacy Primary Care Manager, Norfolk & Waveney ICB
Paul Higham	PH	Associate Director of Estates, Norfolk & 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
Jason Stokes	JS	Secretary Norfolk Local Dental Committee (LDC)
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
Debbie Bartlett	DB	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Andrew Bell	AB	Vice Chairman, Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney

Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Deborah Daplyn	DD	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries
Tania Farrow	TF	Chief Officer, Community Pharmacy Suffolk
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
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

No	Item	Action owner
1.	Chair's introduction HW introduced himself to Committee and advised he would Chair today as DB was not available.	Chair
	Matters Arising There were no matters arising.	
2.	Apologies for absence	Chair
	Noted above.	
3.	Declarations of Interest <i>For Noting</i>	Chair
	None received.	
4.	Review of Minutes and Action Log from the August 2023 Committee <i>For Approval</i>	Chair
	The minutes were agreed to be an accurate reflection of the August 2023 Committee and minutes would be sent to the Chair for signing. ACTION: SW to send HW minutes for signing. Action Log: 0153 AH to provide update within her next report. 0163 Closed 0164 Performance report continues to be refined. Hoped to have draft available for October 0165 On October Agenda	SW
5.	Forward Planner <i>For Approval</i>	SP
	Work continued on the forward planner as the two operational delivery groups were in place. Following the changes and in line with previous proposals it was suggested that, as business was being moved into the operational delivery groups, it was proposed that the November and January PCCC Committees were stood down. No further changes had been proposed at this stage and these would be determined as the operational delivery groups became more established. HW thought that DB would need to have an opinion on the proposal to stand down the two Committees but was supportive of the proposal.	

	HW asked whether the Committee was happy to approve. Based on responses received, HW confirmed Committee approval.	
6.	Risk Register <i>For Approval</i>	SP
	<p>SP updated on the highest rated risks and where the scores were proposed to change this month.</p> <p>PC14 – resilience of general practice. This risk also featured on the Board Assurance Framework. There were no proposals to change the score rating. An update for August and September had been provided. It had been confirmed that there was no additional funding for winter for General Practice and there was a reiteration of the access and improvement work which was ongoing which included a significant push for interface matters and another meeting would be held next week. There would be an update at the next Committee on the progress of Interface issues as part of the GP Access Recovery Plan, and it would also be reported to November Board as per national requirements.</p> <p>Practices had to grapple with two national changes to start dates with the flu and Covid vaccination programmes as this had been delayed to October and then brought back to September - this had caused logistical problems for practices and pharmacies.</p> <p>PC15 – wave 4b capital estates programme - there had been positive progress with all wave 4b business cases approved by NHS England. SP noted thanks to the teams and all that had inputted into this. There was confidence in the programme and it was proposed the risk reduced to a score of 6. SP hoped the position would continue to improve to reach the tolerated score of 4 in line with the target date.</p> <p>PC18 – this risk also featured on the Board Assurance Framework and the score remained high at 20, with an update provided. The team continued to make progress and the short-term plan was on the agenda for approval at this meeting. The previously approved urgent care service would go live this month, with the children’s oral health initiative close behind. The issues were multiple and there were significant workforce, access, and resilience issues which had resulted in underperformance in our contracts this year, hence no proposal to reduce the score.</p> <p>HW had a question on PC6 on learning disability health checks as he recalled that this would be looked at in month3 or 4 before reviewing the risk score and HW asked if this was going to plan.</p> <p>SN recommended that to allow end of quarter 2 - end of September to look at what work had been done and if this had changed the direction. The risk at this point was on a downward trend and there would be recommendations on any changes at the end of September. KW was unsure whether SN had received the LEDER report and SN confirmed he had received this.</p> <p>HW asked whether the Committee was happy to approve. Based on responses received, HW confirmed Committee approval.</p>	
7.	Dental Short Term Plan <i>For Approval</i>	SP

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SP presented the dental short term plan and slides to Committee for approval. SP confirmed EMT had reviewed this on 11th September 2023 and had supported the plan.

SP reflected on the work done by the team to help shape the plan which had been informed by clinical advice and through engagement with and feedback from the local population, councillors and MPs.

SP confirmed the team would continue to work on commissioning intentions and longer term plans to be brought to Committee next March.

SP confirmed known issues had been set out, current dental provision had been mapped against areas of deprivation and it could be seen from the paper there was not necessarily a match. There were some areas of particularly poor cover (recognising the overall access issues for the system) and these would undoubtedly form part of procurement plans.

Consideration had been given to the oral health needs and other key documents such as the workforce plan and joint forward plan. SP then went through the slides and opened for questions and comments.

KW thanked SP and complimented the work involved and thought the 5 pillars set out a pathway and recognised the huge challenge. KW thought that the relationship and transformational work would be key to this moving forward.

BB thanked SP for the plan and also recognised the amount of work to be done. BB noted one piece of anecdotal feedback was that it was very slow when practices interacted with the regulator on contractual issues and BB had not seen anything about being more responsive and changing things at pace.

SP saw this in two parts. Firstly, the team was being responsive to enquiries from contractors by setting up a dedicated email address and a 5-day response time and it was hoped to reduce this now the team was at full capacity. Positive feedback had been received. In respect of contract hand backs and recommissioning activity, SP explained this was the reason for the plan. She recognised the gaps in provision and without a clear plan of services to be commissioned it had been difficult to respond. The short-term plan outlined health inequalities and general access which would inform how we prioritise and commission activity. BB noted SP's response and recognised there was no adequate supply in Norfolk (or anywhere) and BB would be interested to hear how particular issues would be managed if there was a service taken away from any area and prioritised elsewhere. SP confirmed there were no dentists taking new NHS patients anywhere in Norfolk and Waveney, which was not unique to our area and SP confirmed our commitment as an ICS to address health inequalities and deliver against the short-term plan.

HW acknowledged comments made by AB that had been shared by SW.

HW had a specific question around the UDA rate review for October and asked if this would come into effect in this current financial year or next year. JG confirmed we had not yet confirmed when this would come into effect and HW asked how Committee would be kept up to date of the short term plan and how this would take effect. The proposal was that the UDA rate review work would start straight away and further detail would be brought on this. Items would be added to the forward planner and anything discussed at operational groups would be brought to Committee via that report.

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	HW asked whether the Committee was happy to approve. Based on responses received, HW confirmed Committee approval.	
8.	Primary Care Commissioning Principles <i>For Approval</i>	SP
	<p>SP presented the Primary Care Commissioning Principles to Committee for approval and confirmed that support had been given to these by the EMT.</p> <p>NW thanked SP for the paper and noted this was an updated version of what was received last year. NW wanted to highlight the time taken to consider these options and to ensure appropriate support and guidance was in place to inform what was being signing up to and if there was any financial support available. SP confirmed that this would be a case-by-case discussion and the principles would come out. SP would want the LMC to form part of these discussions.</p> <p>HW thought this was a clear document and confirmed it was approved by Committee.</p>	
9.	Estates Quarterly Report <i>For Noting</i>	PH
	<p>PH presented the estates quarterly report to Committee for noting and provided detail on the Wave 4b project to Committee for their attention.</p> <p>PH also provided some details on the Bungay Medical Practice planning application and confirmed a business case would come to Committee for final approval.</p> <p>Attleborough had received planning approval on a modular solution and this would be in situ by the end of October. PH had gone out to the market for a longer term solution.</p> <p>HW had a comment on the CIL (community infrastructure levy) scheme and the limited ability to request those and section 106 agreements. The work with the local authority and councils to date had not yielded much in the way of funds invested consistently across the ICB.</p> <p>PH recognised that historically we had not been successful in obtaining CIL and S106 funding as the process was not as robust as it could be. Following the merger of the former CCGs, a new team was created inhouse to seek development contributions across N&W and there had been £4.7m secured plus the monies for Bungay already secured. The funding had not been fully transferred to the ICB and these would be paid in instalments and different planning authorities had different rules - PH outlined these.</p> <p>HB, as a GP partner in the practice, was aware of the Attleborough project and confirmed the additional rooms would be used straight away. She asked that further thinking would be needed to address issues and to plan ahead, given the growing pressures on primary care.</p> <p>BB was interested in the idea that not all planning authorities have the same criteria and thought it would be a case for a paper to be produced for the District Council ICS Committee to discuss this. BB thought there should be a specification developed, if there was not one, to highlight inconsistencies. BB also reflected on whether the capital raised when primary care sites were sold and traded accrued back to the department where it was raised and asked what for more detail.</p>	

	<p>PH confirmed that there was something in draft on the planning authorities and would share with SP.</p> <p>ACTION: To make parties aware of the development funding.</p> <p>In respect of the capital raised this would depend on the ownership model of the site, for example if it was a primary care site owned by a practice, it would be sold as a private asset. If it was owned by NHS Property Services and disposed of, a percentage of that would be reinvested with the local system and it was up to the ICB how this was controlled. In terms of NHS Trust estate which was disposed of, PH was unable to answer that. HW asked if an action point could be tabled offline to find the answer.</p> <p>ACTION: To determine how NHS Trusts disposal capital was dealt with</p> <p>BB thought the ICB should consider more effective use of the capital that was available in the system.</p> <p>HW thanked BB and thanked PH for the report</p>	<p>PH</p> <p>PH/JG</p>
<p>10.</p>	<p>Digital Quarterly Report <i>For Noting</i></p>	<p>AH</p>
	<p>AH presented the digital quarterly report to Committee for noting.</p> <p>AH then offered to take questions.</p> <p>HW had an interest in user stories from the shared care records and hoped to see the progress on this within AH's next update.</p> <p>KW thought it was good to see the progress made and asked if AH could share more on the piloting and monitoring in care homes because it was pivotal in terms of avoiding admissions and ensuring people could access what they needed in the right place particularly during the out of hours period.</p> <p>AH outlined a pilot from last year that used Whzan technology. The ICB, IC24 and the East of England Ambulance service worked together to identify the care homes that used NHS111 and out of hours services most at the weekends. These homes were then invited to be part of the virtual ward round project. Staff at the care homes were trained in taking observations and understanding these by qualified nurses as feedback had previously been given that staff were not confident when talking to medical staff. When using the technology it helped with understanding the observations. There were then planned calls made to the care homes at weekends. Care home staff were more organised when the clinician called to know which individuals to put forward for weekend consultations. The outcome was a calmer, more productive experience. The number of unplanned calls and conveyances declined. The project was put forward and shortlisted for an HSJ patient safety aware.</p> <p>KW thanked AH for her update and noted the need to scale this up. She assumed this would be part of the winter plan moving forward. AH said that this would have great benefit for the system but would require significant resources to implement.</p>	

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	<p>HW had a question on cloud based telephony and asked about the funding for the practices where it had not been implemented. AH confirmed some were already live as part of the first pilot; a number of practices had bought cloud telephony on their own and a further group would be going live over the next few months as part of phase 2 of the national CBT funding.</p> <p>HW thanked AH for the update.</p>	
11.	<p>Care Quality Commission Inspections</p> <ul style="list-style-type: none"> Chet Valley Medical Practice <p><i>For Noting</i></p>	SN
	<p>SN presented the Chet Valley Medical Practice Care Quality Commission Inspection for noting and provided background information to Committee for their attention.</p> <p>The report was noted.</p>	
12.	<p>Dental Operational Delivery Group Report</p> <p><i>For Noting</i></p>	SP
	<p>SP presented the Dental Operational Delivery Group Report to Committee for noting.</p> <p>SP opened for questions or comments.</p> <p>KW thought the meeting was positive and provided the necessary detail and seemed really appropriate in terms of support for dental practices and KW was keen to see the evaluation of the Dentaid bus as this was for a vulnerable group of people.</p> <p>HW fed back that he got a sense of the things being discussed from the report and noted the addition of who attended and it would build a picture overtime of how well these were attended and the different groups represented.</p> <p>The report was duly noted.</p>	
13.	<p>Pharmaceutical Services Regulations Committee Report</p> <p><i>For Noting</i></p>	CH
	<p>CH presented the first Pharmaceutical Services Regulations Committee Report to Committee for noting.</p> <p>HW thanked CH for the report and asked if there were any stand out decisions made by the Committee out of the ordinary or was it a relatively common set of outcomes.</p> <p>CH noted the four contractors in breach of their contractual terms as they did not fulfil their notice period - they were the Sainsbury's pharmacists that all closed nationally.</p> <p>The report was duly noted.</p>	
14.	<p>Finance Report</p> <p><i>For Noting</i></p>	JG
	<p>JG presented the finance report to Committee for noting. HW thanked JG and opened for questions.</p> <p>BB was interested in some of the overspend due to unmet unidentified savings and asked who was responsible, where it sat and where it would be scrutinised.</p>	

	<p>JG confirmed the finance team reported to the executive management team updating on progress by the efficiency groups which had been set up to identify savings and efficiencies. JG provided an example around the prescribing efficiency group that meet every two weeks to address inefficiencies.</p> <p>BB asked for further clarification on the £2m projected deficit in the primary care budget. Would responsibility for the unidentified funding be broken down to specific areas/ committees or was it managed at system level. JG responded by saying that the ICB had previously considered a mathematical analysis that looked at apportioning the required savings on a pure budgetary basis, however this does not necessarily deliver the savings required.</p> <p>HW referenced the ICB's closing the gap exercise which was an managed by the executive team with their own departments to identify further saving opportunities for the whole organisation. This was being monitored by the Finance Committee and work was ongoing to address the gap that JG had identified.</p> <p>BB asked for clarification of the responsibility of the primary care committee. JG explained that budget holders went through budget line level with every line scrutinised. There had been a phased approach and work continues on this process.</p> <p>BB asked if this was the responsibility of the finance team and JG confirmed that all teams identified potential areas for cost savings and were supported by the finance team.</p> <p>KW agreed that this was everyone's responsibility to identify savings and KW gave an oversight of the work done in her area.</p> <p>HB had a question on whether there was any primary care involvement in the discussions either as an identifier what the areas were or what may be the barriers and the challenges in order to deliver savings. HB also asked if the prescribing advisor, who was a GP was involved, and if the ICB were using the expertise they have to ensure that they deliver the savings needed. MD confirmed that Andy Douglass, the GP prescribing advisor, worked with the team to work up ideas for efficiencies and MD outlined these in detail for the Committee's attention.</p> <p>HW did not think the solution would be solved here but agreed that HB point on leverage with all the sides that exist within primary care.</p> <p>HW thanked JG on the time he gave on the dental point to watch closely as potential clawbacks and to have more clarity on this as the year progresses.</p> <p>The report was duly noted.</p>	
<p>15.</p>	<p>Prescribing Report <i>For Noting</i></p>	<p>MD</p>
<p>Webb, Sarah 05/10/2023 13:46</p>	<p>MD presented the prescribing report to Committee for noting.</p> <p>MD noted that several reports for PCCC were to be provided quarterly now that operational detail was going through the operational delivery group. MD suggested this for the prescribing report which would become a more strategic report with a more granular report at the GP operational delivery group where support would be gained within the system to work on particular areas or</p>	

	<p>practices which were outliers in some of the quality and safety and spend indications. There would also be a report for the Quality and Safety Committee going forward.</p> <p>MD then went on to outline his report in more detail.</p> <p>KW thanked MD for his report and was pleased to note there were plans to visit practices and reflected on the Clinical Director network meeting and thought the Infection Prevention and Control team might want to accompany MD and possibly one of the team as well.</p> <p>HW confirmed the report frequency of once a quarter going forward and acknowledged that the GP operational delivery group would receive more regular reporting.</p> <p>The report was duly noted.</p>	
<p>16.</p>	<p>Any Other Business Questions from the Public</p>	<p>Chair</p>
<p>Webb, Sarah 05/10/2023 13:58:14</p>	<p>One contact from a member of the public had been received by email and the question and response would be published on the website.</p> <p>SP confirmed there were two questions, both in two parts. The first related to the Blakeney branch surgery of Holt Medical Practice. SP read out the questions.</p> <ol style="list-style-type: none"> 1. In 2 parts <ol style="list-style-type: none"> a. I asked about steps to ensure Holt Medical Practice were ensuring active engagement with patients at the last meeting. While I had a response, it was a little disappointing in that it lacked detail. Following on from that response, could you please explain how you are going to ensure that ALL feedback submitted to Holt Medical Practice is shared with the ICB and how you are going to address issues that do not necessarily come as part of the feedback – for example, letters written to Holt Medical Practice from bodies such as Blakeney Parish Council? b. The proposal from Holt Medical Practice seems to be entirely based on a ‘business’ decision and their representations seem to be requesting a rubber stamping of this decision. How are you going to ensure that this is not the case and that both medical and social needs lead the process and that nothing is actually predetermined? How do you expect to factor in future medial needs, particularly in light of population growth as expected in the North Norfolk local Plan? 2. In 2 parts <ol style="list-style-type: none"> a. What steps are you actively taking to improve access to dental service in and around NR23? Please can you elaborate on both short and medium term plans and give any key dates for when something is likely to be in place. b. In the meantime, how are you ensuring access to dental services for those without the financial means to pay for private treatment and/or the means to travel large distances to access an NHS dentist? 	

	HW thanked the members of the public for their questions and confirmed the team will prepare a response. As well as a direct response from the team, the response will also be posted on the website. The meeting then closed at 15:10	
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Name:	Signature:	Date:
Signed on behalf of NHS Norfolk and Waveney Integrated Care System		

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

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log
11 October 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.	AHe included an update on the shared care record in her report to committee in September. AHe agreed to provide a further update within her next report. Suggest close the action and move to forward planner.	5th March 2024		
0164	08-aug-23	5	SN	Forward planner - Performance Report - SN to check when this would be ready to present to Committee.	Performance report continued to be refined. Expected to have the report for October committee	11-okt-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.	Reports on both ODGs on October Agenda.	11-okt-23		
0166	12-sep-23	4	SW	Send approved minutes to Chair for signature	Signed minutes sent	11-okt-23		13th September 2023
0167	12-sep-23	9	PH	Estates Quarterly Report - PH confirmed that there was something in draft on the planning authorities and would share with SP	An Infrastructure Development Plan is being developed and should be available to share with ICB colleagues by the end of October.	12th December 2023		
0168	12-sep-23	9	PH/JG	Estates Quarterly Report - PH/JG to determine how NHS Trusts disposal capital was dealt with	Disposals, surplus land and ICS infrastructure strategy - Each ICS must make it clear within its estates strategy and in future in its ICS infrastructure strategy, which estate is surplus to requirements both in the short term and in a future disposal pipeline. This is key to efficient use of estates and maximising land values in the medium to long term. Capital proceeds will be available to the system to invest in line with the system estates strategy in the year of disposal and, in subsequent years, subject to overall prioritisation and affordability within system-level envelopes. The usual business case rules and process continue to apply. Significant disposals that are expected to result in large capital proceeds will be managed on a case-by-case basis and require discussion with NHS England and NHS Improvement and DHSC as appropriate. The net book value of disposed assets is recorded as a 'credit' to CDEL and therefore increases CDEL spending power in the year that it occurs – that is, additional in-year capital expenditure can be made to offset this credit and this will not increase CDEL expenditure or consequently increase the charge against ICS capital envelopes. However, where a net profit on disposal, over and above net book value (NBV), is reinvested in capital expenditure, this expenditure is charged to CDEL and does increase the capital expenditure charged against the ICS capital envelope; it will need to be prioritised and managed to ensure this is affordable within the system envelope.	11-okt-23		3rd October 2023

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

Proposed date:		April 21st	May 9th	June 12th	July 11th	August 8th	September 12th	October 11th	November 14th	December 12th	January 9th	February 6th	March 5th	Notes	
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	
	Digital Quarterly			Y			Y						Y	To move to 6-monthly, with operational detail discussed at GP ODG	
	Prescribing Report	Y	Y	Y	Y	Y	Y			Y			Y	To move to quarterly strategic report with operational detail discussed a GP ODG	
	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 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	TBC									TBC				
	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	Brought as and when required. Quarterly report from hosted team
	Primary Care Resilience (strategic report)							Y						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		Annually	
	Learning Disability /Autism Health checks	Y		Y			Y							to move to ODG and reported through ODG report and PCCC risk register	
	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	
	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
	Delivery Plan for Recovering Access to Primary Care							Y				Y			
	Complaints and contacts (JP)						Y		Y	Y		Y	Y		Nov update moved to Dec mtg, Feb to Mar

Items noted without a date:

Terms of Reference review deferred until Feb 2024

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, to stand down Nov and January PCCC meetings

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Agenda item: 06

Subject:	Primary Care Joint Forward Plan update
Presented by:	Sarah Harvey, Head of Primary and Community Care Strategic Planning
Prepared by:	Sarah Harvey, Head of Primary and Community Care Strategic Planning
Submitted to:	Primary Care Commissioning Committee
Date:	11 October 2023

Purpose of paper:

The purpose of this paper is to provide an update on progress against the published Primary Care Joint Forward Plan ambition and objectives.

Executive Summary:

The Joint Forward Plan (JFP) was published in July 2023 following broad engagement with patients and system partners. The primary care ambition outlines the aim of integrating primary care services to deliver improved access to a wider range of services from a multi-disciplinary team, delivering more proactive care, preventing illness and improving outcomes, for local communities closer to home.

Two key objectives were developed for 2023-2025:

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

Key progress updates are outlined within the main body of the report.

Report:

The Joint Forward Plan (JFP) was published in July 2023 following broad engagement with patients and system partners. The primary care ambition outlines the aim of integrating primary care services to deliver improved access to a

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wider range of services from a multi-disciplinary team, delivering more proactive care, preventing illness and improving outcomes, for local communities closer to home.

Two key objectives were developed for 2023-2025:

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

Progress against the milestones developed to support the delivery of the objectives is outlined below.

a) Developing our vision for providing a wider range of services closer to home, improving patient outcomes and experience

Key milestones for the period April to September 2023 were outlined as:

- Develop an outline for key milestones for strategy development
 - It has been agreed that our strategic plan for general practice will be developed and published by March 2024, alongside our longer term plan for Dentistry. This plan will encompass our wider strategic programme of work, including the agreed system access recovery plan.
- Review population health data to identify key priorities within each Place
 - Population health data packs have been produced for each Place with locality teams reviewing the opportunities and priority areas of focus at a very local level.
- Develop local definition of an Integrated Neighbourhood Team
 - As a system, we are looking to move away from the term “integrated neighbourhood team” and take on the term of “integrated neighbourhood working” as this better fits the current development work being undertaken by the locality teams.

b) Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years

Key milestones for the period April to September 2023 were outlined as:

- Review updates to the Oral Health Needs Assessment (OHNA) published in Spring/Summer 2023
 - The OHNA was published and has been reviewed and identified opportunities for improving service provision in both the short and long term.
- Develop plan for short term interventions based on updated to the Oral Health Needs Assessment targeting the areas requiring the greatest interventions
 - The Dental Short Term Plan was approved by PCCC and EMT in September 2023 with the long term strategy being developed by March 2024.

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Upcoming milestones from October 2023 to March 2024 are:

- Undertake engagement with our local population and system partners
 - This has been ongoing led by our communications and engagement team and within each locality
- Develop and publish the General Practice Strategic plan
 - The System Access Recovery Plan forms the building blocks of our plan and there is ongoing development of our commissioning intentions
- Develop and publish the Dental strategy
 - The draft commissioning intentions were approved as part of our short term dental plan and will form the basis of the developing strategy

Recommendation to the Primary Care Commissioning Committee:

PCCC is asked to note the update and progress to date.

Key Risks	
Clinical and Quality:	The JFP outlines the ambitions to improve clinical outcomes and quality of patient care through local partnerships and collaborative working and to ensure safe patient care
Finance and Performance:	Delivery of the objectives outlined within the Joint Forward Plan is subject to existing budget allocations.
Impact Assessment (environmental and equalities):	The JFP aims to support commissioning for health inequalities and to consider any environmental factors in the solution
Reputation:	Failure to plan adequate care for patients in primary care or ensure general practice resilience will impact on the ICB's reputation and patient care
Legal:	N/A
Information Governance:	N/A
Resource Required:	This is system wide piece of work requiring resource from all system teams and enabling functions.
Reference document(s):	Norfolk and Waveney 5-Year Joint Forward Plan - Norfolk & Waveney Integrated Care System (ICS) (improvinglivesnw.org.uk)
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	The resilience of general practice The resilience of NHS dental services

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Governance

Process/Committee approval with date(s) (as appropriate)	
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Agenda item: 07

Subject:	Delivery plan for recovering access to primary care update
Presented by:	Sarah Harvey – Head of Primary and Community care Strategic Planning
Prepared by:	Sarah Harvey – Head of Primary and Community care Strategic Planning
Submitted to:	Primary Care Commissioning Committee
Date:	11 October 2023

Purpose of paper:

The purpose of this paper is to report on the progress of developing the system capacity and access improvement plan in response to the Delivery plan for recovering access to primary care.

Executive Summary:

Good progress is being made in developing the system capacity and access improvement plan in response to the Delivery plan for recovering access to primary care, support.

The plan sets out the strategic vision and provides a system level response to the four key areas of focus:

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

The draft plan for discussion is provided in the attached presentation, it should be noted this remains a work in progress.

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Introduction

This paper has been prepared to provide an overview of the development of the system capacity and access improvement plan in response to the Delivery plan for recovering access to primary care. The plan remains a work in progress and will be presented to the ICB Board in November 2023.

Background

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

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

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

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

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

Report

In response to the Delivery plan for recovering access to primary care, ICBs are required to develop a System Capacity and Access Improvement Plan and present this to their ICB public board meeting in November.

Systems are asked to set out their plans to deliver the ambitions outlined within the national delivery plan including how these fits within their wider strategic vision. The plan should articulate how systems will work with practices to deliver modern general practice access within their local context, how tailored support will be provided specific to local needs, the commitments that practices and PCNs have committed to

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within their individual capacity and access improvement plans and how programme support funding will be utilised to deliver the transformation.

The current working draft version of the System Capacity and Access Improvement Plan is provided in the attached presentation. PCCC members have considered an earlier draft version of the plan in private, providing feedback on the content with particular focus on areas for further development.

A draft version of the plan was also shared with the NHS England regional team as part of our governance assurance process. Initial feedback provided is that the plan articulates a clear strategic vision for primary care delivery in Norfolk and Waveney and would benefit from some additional information on the expected outcomes and the impacts of the planned interventions.

At this stage, the plan remains a work in progress with placeholders for areas where work is still in development.

Recommendation

PCCC members are invited to discuss the current version of the plan and approve this in principle, subject to further development where placeholders are currently included. A final version will be shared offline with PCCC members, and with the GP Operational Delivery Group for comment prior to presentation to the ICB Board in November.

Risks

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

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Resource Required:	Existing workforce replating to Primary Care Workforce Transformation and Digital First Primary Care must be retained to support the delivery of this plan.
Reference document(s):	Delivery Plan for Recovering Access to Primary Care General practice and secondary care: Working better together
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	PC14

Governance

Process/Committee approval with date(s) (as appropriate)	Primary Care Commissioning Committee – September 2023 Primary Care Commissioning Committee – October 2023 ICB Board (public) – November 2023
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Improving lives **together**

Norfolk and Waveney Integrated Care System

Norfolk and Waveney System Capacity and Access Improvement Plan

In response to the Delivery plan for recovering access
to primary care

Work in progress

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Introduction

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care is an umbrella term which includes general practice, community pharmacy, dentistry, and optometry (eye health) services.

Nationally all ICBs are required to develop a system capacity and access improvement plan for general practice.

In June 2022 there were 1,081,700 people registered with a General Practice in Norfolk and Waveney. During 2022, patients attended 6,280,000 appointments with General Practice (this means that on average, each person across Norfolk and Waveney attended about six appointments), and 75.6% of people had a positive experience in their GP practice.

General practice is often seen as the bedrock of NHS care, providing 90% of all patient activity across the system so it is not surprising that if general practice struggles, the whole system will feel the impact.

Nationally, all primary care services are facing greater challenges than ever due to workforce shortages, an increasingly complex workload and demand for services exceeding capacity.

Norfolk and Waveney generally has an older population, projected to increase at a greater rate than the England average. As a result, over the next five years the demand for GP appointments is likely to have increased by more than 1,000 per day and the number of people with four or more long term conditions is likely to have increased by about 1,800 per year.

For the system to see real change in the issues faced, we need to do more than just expand the current provision of primary care services. Through delivering transformation across our primary care services, as well as wider system programmes of transformation, we can become a system that supports primary care to be successful, improving experience for both patients and our workforce.

Our Ambition

Our vision is to ensure all our primary care services are delivered in a way that is sustainable, prioritising transformation of services locally, to provide care that meets the needs of our population.

Through working in partnerships with other health and care providers, we will design integrated pathways of care, that focus not only on a patient's health needs, but also their socio-economic needs, to provide more holistic and joined up care across all partners, focussing on patients only having to tell their story once.

We aspire to make it easier for people to access our services, addressing variation in access to services across the system, to enable people to lead happy and healthier lives.

We want to use our resources smartly, harnessing digital technology to free up time to care in practices, to provide home monitoring solutions for patients and to streamline access provision.

We want to make care more personalised; providing individuals with support tailored to their needs, rather than a one-size-fits-all approach which can fail to engage with the people most in need of support, leading to inequalities in access and health outcomes.

We want to support people to understand and manage their health and wellbeing through enabling self-care where appropriate, providing coordinated care and support networks and, as far as possible, we want people to be able to manage their health and wellbeing where they live, in their homes and communities.

Our Approach

Our vision will be supported by a population health management approach to proactively use our data in a joined-up way to put in place targeted support to deliver improvements in health and wellbeing. We will use and analyse our data to support localised decision making and planning.

This proactive approach will be focussed on prevention, reducing inequalities, delivering equitable access, excellent experience and optimal outcomes, improving the quality of care for all people and communities living in Norfolk and Waveney. It will also be driven by our knowledge of local communities, and by partners working together to identify new solutions that can really help to improve health.

Our decision making will be driven by the needs of local communities, and interventions designed to support them, working with our partners from across the ICS to plan new services or models of care in an integrated way.

This approach will be underpinned by enabling digital technologies and a highly engaged workforce.

Alignment to strategic plans

The Norfolk and Waveney Clinical Strategy 2022-2027 objectives of Seeing me as a whole person, Working together to be once high quality NHS, Tackling waiting times, Acting early to improve health, Ensuring services are reliable and Addressing Health Inequalities.

The Norfolk and Waveney Integrated Care Partnership Strategy objectives of Driving integration, Prioritising prevention, Addressing inequalities and Enabling resilient communities.

The Norfolk and Waveney Joint Forward Plan 2023-2028 ambitions of Population Health Management, Reducing Inequalities and Supporting Prevention, Primary Care Resilience and Transformation, Improving Urgent and Emergency Care and Improving Productivity and Efficiency.

The Norfolk and Waveney Digital Transformation Strategic Plan and Roadmap ambitions of Improve people's safety and quality of care, Give staff more time to care for people, Empower people to manage their health and wellbeing better.

The Norfolk and Waveney Quality Strategy Four Pillars (add)

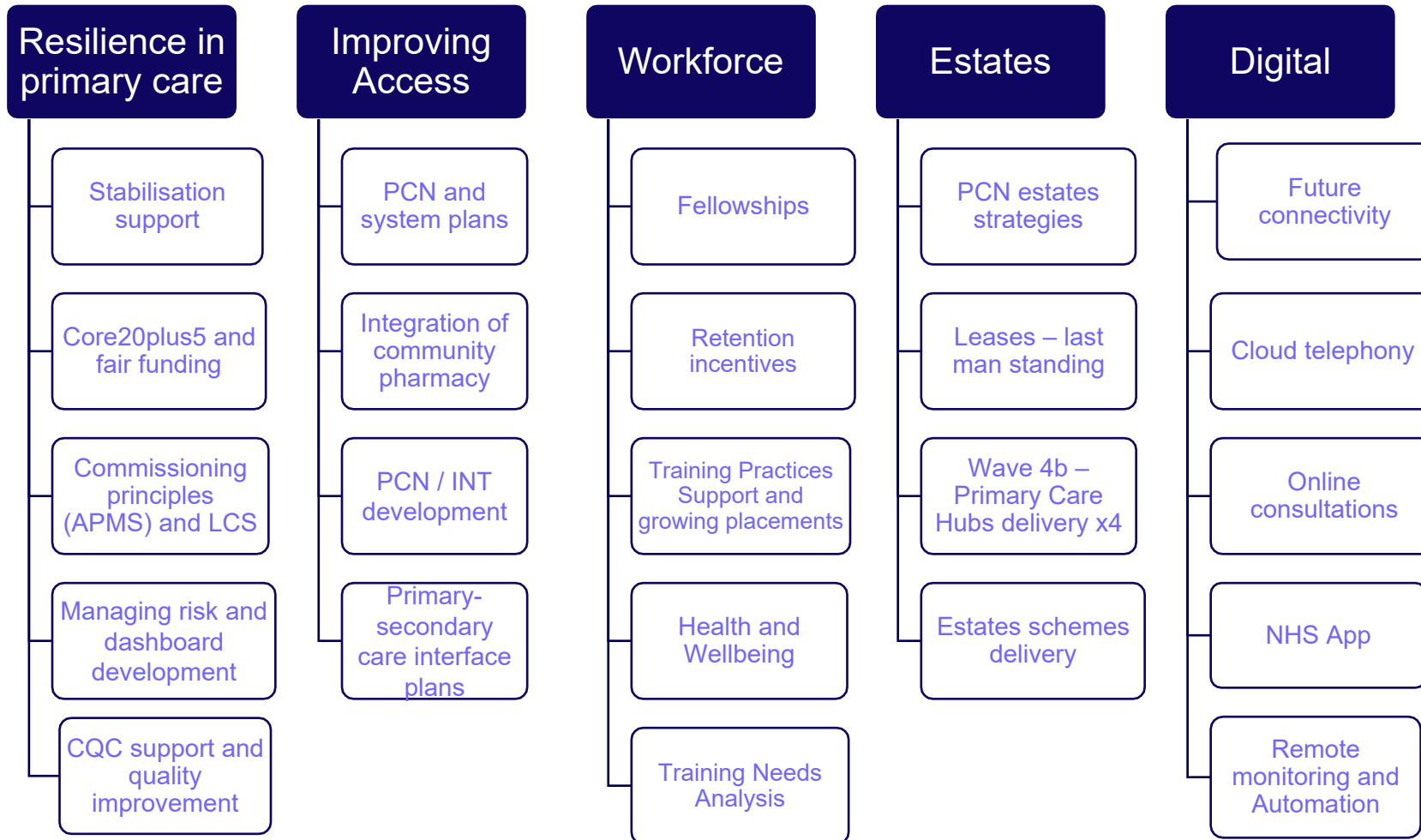
The delivery plan for recovering access to Urgent & Emergency Care objectives of reducing demand for UEC, reducing ED attendances and reducing emergency admissions by taking a Population Health Management approach to development of integrated neighbourhood working and improving same day access in primary care.

The NHS Long Term Workforce Plan 2023 outlines the ambition to increase GP training posts by 50% by 2031, with a renewed focus on retention with better opportunities for career development and promoting working differently using technology and delivering training new ways.

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Short term opportunities 2023/2024 and beyond

Work in progress



General Practice 3 Year Plan by March 2024

Active engagement with the profession and with local people

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Delivery plan for recovering access to primary care

The Delivery plan for recovering access to primary care seeks to support recovery by focusing on four areas:



Empower patients and where appropriate their carers, to manage their own health. In Norfolk and Waveney this will include supporting patients in using the NHS App and a variety of digital tools, self-referral pathways and through more services offered from community pharmacy through the launch of the pharmacy first programme.



Implement 'Modern General Practice Access' model to tackle the 8am rush, provide rapid assessment and response so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online consultation.



Build capacity through recruitment to additional roles with increased flexibility for the types of staff recruited and how they are deployed, optimising the use of the full practice team.



Cut bureaucracy by reducing time spent by practice teams on lower-value administrative work and work generated by issues at the primary-secondary care interface.

Drivers for Change

The Delivery plan sets out the national context and drivers for change:

Strained capacity



- **20-40% increase in contacts** since pre-pandemic, exacerbated by care backlogs



- **>30% increase in people >70** since 2010, with more **long-term conditions**



- **12% more appointments** since pre-pandemic



- **Only ~7% increase in doctors** working in general practice since pre-pandemic

Decreasing patient satisfaction



- **Average satisfaction** with general practice fell from **83% to 72%** last year.



- Over **85% of practices** saw their **satisfaction fall**



- **1 in 5 people unable to get through** or get a reply from their practice when last tried



- **Poor contact creates patient dissatisfaction** with practice overall

Norfolk and Waveney GP Patient Survey results

The Norfolk and Waveney GP Patient Survey (GPPS) results benchmark well nationally and regionally:

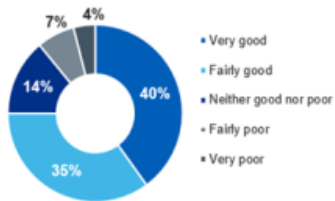
Overall experience of GP practice

NORFOLK AND WAVENEY ICS

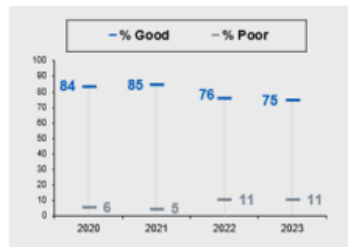
GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?

ICS result



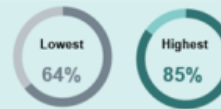
ICS result over time



Comparison of results

ICS		National	
Good	Poor	Good	Poor
75%	11%	71%	14%

PCN range within ICS – % Good



i %Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor



Overall experience: how the ICS results vary within the region

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?



Overall experience of GP practice
% Good

- 75.6 to 80.1
- 73.1 to 75.6
- 71.2 to 73.1
- 68.0 to 71.2
- 62.6 to 68.0

Results range from
63%
to
75%

ICSs across England are divided into five groups (quintiles) based on their results, as shown in the key. The map shows the ICS results within this region based on these groups (the ICS represented by this pack is highlighted in red).

Comparisons are indicative only: differences may not be statistically significant

i %Good = %Very good + %Fairly good

Base: Asked of all patients. ICS bases range from 6,116 to 46,211



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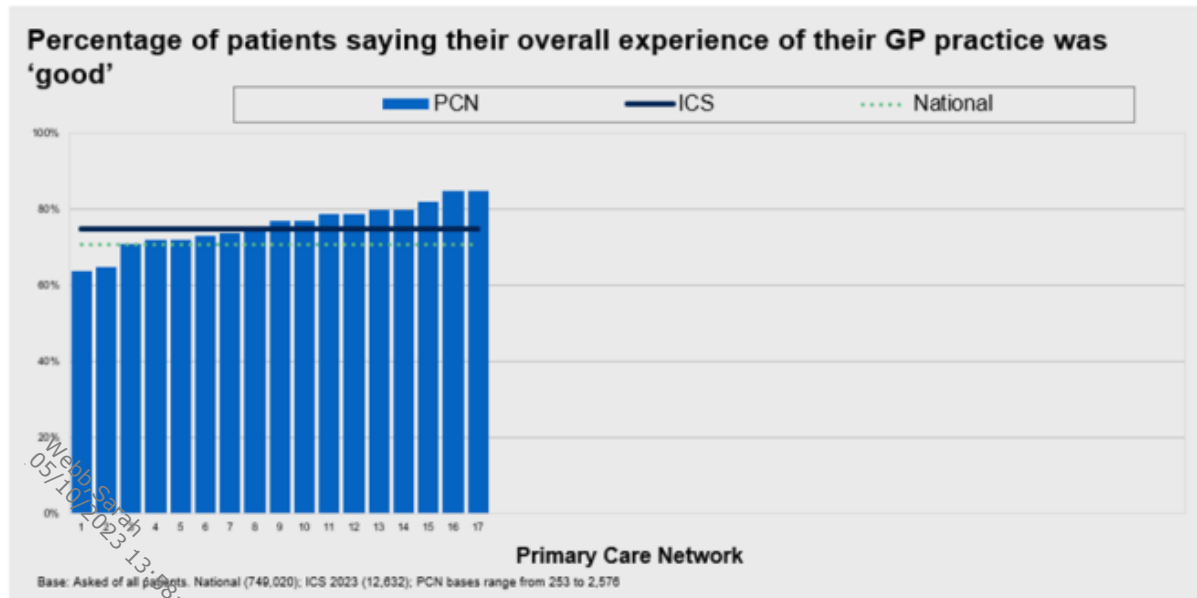
Norfolk and Waveney GP Patient Survey results

Whilst overall as a system, Norfolk and Waveney benchmark well, there is variation across PCNs and practices that we aim to address through the delivery of the actions developed by PCNs included within their Capacity and Access Improvement Plans.

Overall experience: how the results vary by PCN within the ICS

GP PATIENT SURVEY

Q32. Overall, how would you describe your experience of your GP practice?



PCN	Name
1	KINGS LYNN PCN
2	GORLESTON PCN
3	BRECKLAND SURGERIES PCN
4	NORWICH PCN
5	MID NORFOLK PCN
6	KETTS OAK PCN
7	LOWESTOFT PCN
8	SWAFFHAM & DOWNHAM MARKET PCN
9	SOUTH NORFOLK HEP PCN
10	SOUTH WAVENEY PCN
11	NORTH NORFOLK 3 PCN
12	GREAT YARMOUTH & NORTHERN VILLAGES PCN
13	FENS & BRECKS PCN
14	NORTH NORFOLK 1 PCN
15	WEST NORFOLK COASTAL PCN
16	NORTH NORFOLK 4 PCN
17	NORTH NORFOLK 2 PCN

Using the GPPS data at practice and PCN level, as well as our local intelligence, we are developing our local support offers from a wide range of ICB teams (Digital, Workforce, Estates, Locality and Commissioning) to support our most challenged practices to deliver the improvements required to reduce variation in patient experience across the system.

Comparisons are indicative only; differences may not be statistically significant

%Good = %Very good + %Fairly good

© Ipsos | GP Patient Survey 2023 ICS Slidepacks | Version 1 | Public

Commitments from PCNs

All PCNs have submitted their capacity and access improvement plans and have shown good commitment to the ambitions outlined within the delivery plan and have included actions to support improvements against the required baseline data.

Key themes of the actions from the PCN plans are:

- Improving PCN communications with patients and communities and supporting patient education
- Improving practice websites with an up to date directory of services and to support sign-posting of care to the most appropriate service
- Promotion of the NHS app functionality and making the required changes to support prospective access to records
- Implementation of CBT with call-back functionality enabled in line with the national contract requirements
- Increased use of online consultations and a focus on accuracy of recording this activity
- Review of demand and capacity and provision of available ARRS staff
- Undertake local patient surveys to monitor improvement

It is important to recognise that the PCN plans will continue to evolve throughout the year and into 2024/25 as the improvement work is undertaken by PCNs and our strategic plans are developed for 2024 and beyond.

Data

Placeholder – to include operational planning submissions, CPCS data, LD health checks (and others)

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Expected outcomes for 2023/2024

Placeholder – following discussion with NHSE

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Assuring Delivery



The ICB will be holding quarterly meetings with PCN leaders to review progress against the agreed actions outlined within the PCN Capacity and Access Improvement Plans.



Locally collected PCN/ practice data, such as feedback from PPGs and staff experience surveys will be used alongside nationally available data to monitor delivery of improvements.



We will triangulate PCN improvement plans with other local performance data through the development of a primary care dashboard to identify where more specific and targeted support offers may be required.

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In addition, the ICB will be assured by NHS England on its progress against the national requirements, as well as being monitored through the Delegation Agreement and Assurance Framework.

National and Local Support Offers

General Practice Improvement Programme: *placeholder*

Transition Support Funding: *placeholder*

Care Navigation Training: *placeholder*

System Development Funding: *placeholder*

Work in progress

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Implementing Modern General Practice Access

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Modern General Practice Access Model

What is the Modern General Practice Access Model?

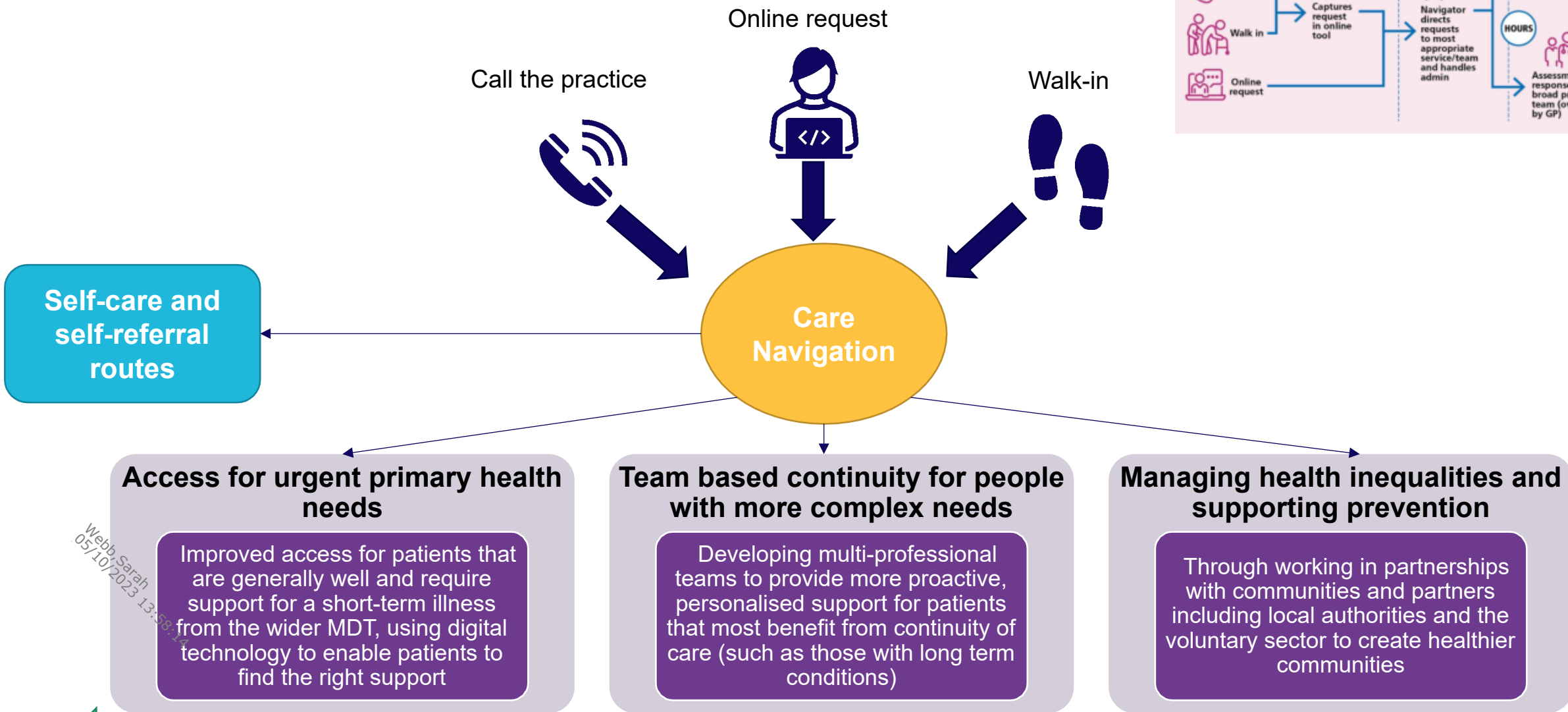
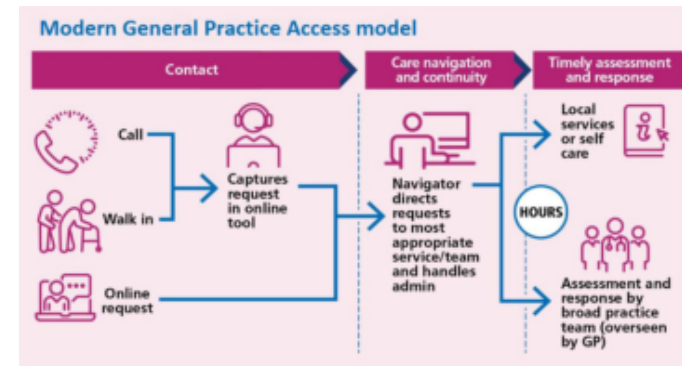
The [Delivery Plan for Recovering Access to Primary Care](#) references Modern General Practice as “a modern approach to general practice that makes it easier for patients to contact their practices by phone or online and supports practices to rapidly assess the nature and urgency of requests by involving the whole practice team.”

This model is a way of organising work in general practice to help enable practices to provide fair and safe care, while also supporting the sustainability of services and an improved experience for both patients and staff.

The model involves practices:

- having a full **understanding of demand and available capacity**
- providing **easy to use access routes** to patients
- **collecting consistent information** from the patient at the point of contact
- using this information to give the **most appropriate help to patients based on need**
- improving **management of non-patient facing workload** to help **release capacity**

Vision for Modern General Practice in Norfolk and Waveney



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Continuity of care – less important

Continuity of care – more important

How will we achieve this?

Access for urgent primary health needs

Improved access for patients that are generally well and require support for a short-term illness from the wider MDT, using digital technology to enable patients to find the right support

- Increase workforce capacity & skills mix including support from non-clinical roles where appropriate for patients' needs
- Utilise digital tools to support people getting the right care for their needs early in their journey and delivery of clinical capacity where most needed
- Increase promotion of self-care and alternatives to General Practice including using Community Pharmacy services

Team based continuity for people with more complex needs

Developing multi-professional teams to provide more proactive, personalised support for patients that most benefit from continuity of care (such as those with long term conditions)

- Develop a person-centred approach to care delivery recognising that there is not a one size fits all approach
- Mature PCN development to increase "at scale" models of care based on local population needs, in line with the ambitions from the Fuller Stocktake, encouraging integrated neighbourhood working in partnership with local health and care providers

Managing health inequalities and supporting prevention

Through working in partnerships with communities and partners including local authorities and the voluntary sector to create healthier communities

- Continue to engage and communicate with our patients and communities at system, Place and Neighbourhood to support co-designing of services locally
- Utilise a population health management approach to deliver proactive care, working in partnership with others to improve health and wellbeing and reduce health inequalities

Cloud Based Telephony

The ICB has received funding for 34 practices to purchase a cloud based telephony system. This is in addition to 40 practices already funded in a previous pilot phase.

All procurements will be undertaken via the nationally approved framework, to ensure that the chosen system meets the required functionality.

One of the major benefits of Cloud Based Telephony is to support at scale working. Our intention will be to ensure that practices within a PCN have the same system to support this way of working across the system, in line with our future strategic plans.



Online Consultations

Online consultation systems provide patients with an alternative and convenient way to contact the practice via the internet and can free up your phone lines for patients that are unable or choose not to engage with digital services. Some tools already integrate with the NHS App or will in the future, offering a consistent patient facing experience to seek help from the practice online.

The ICB Digital Team intranet page provides practices information about all the systems currently supported and is host to relevant guidance and resources for each product.

[Online Consultations \(sharepoint.com\)](#)

The Digital Team offer support to practices with reviewing their processes and provide advices for optimising the functionality available through their Online Consultation System, including how to route referrals and enquiries directly to the right person, or to support a total triage model.

The new Digital Services for Integrated Care framework will feature some additional suppliers and our local offers will be reviewed then. This will include looking at systems with AI functionality.

The Digital Team will be holding engagement sessions with PCNs about the new tools available and developing a proposal of options for utilising the funding available.



Additional Digital Offers

SD-WAN and Wi-Fi: 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.

Future Connectivity Investment: The ICB has been awarded funding 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. Roll out of the Fibre connections is expected to take a year and be complete by September 2024.

PCN Hub Units: The ICB Digital Team have also developed promotional materials for the use of PCN Hub units to support practices to manage PCN activity. The Digital Team can provide support for the implementation of PCN Hub Units for both SystemOne and EMIS practices.

Remote Monitoring in Care Homes: A pilot group of Care Homes is using remote monitoring technology which is providing benefits to care home residents and to clinical staff in practices and the 111 service, providing more timely care and avoiding hospital admissions.

Robotic Process Automation (RPA): The innovation arm of the Digital Team has been working on a pilot 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.

Building Capacity

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Building and retaining our workforce

As well as supporting our PCNs to develop their plans to utilise their full ARRS budget, we also have a number of initiatives in place to support recruitment of suitably qualified staff into general practice and PCNs.

General Practice Assistant Programme: The programme offers General Practice Assistants to enhance their skills in care, communication, administration and managing health records supporting the wider practice team to undertake non-medical tasks and become more involved with patient care, reducing pressure on the clinical workforce. There has been a significant increase in interest in the GPA Programme since the inclusion of the (Trainee) General Practice Assistant role to the Additional Roles Reimbursement Scheme.

Newly Qualified and First 5 GPs: This scheme provides dedicated coaching and mentoring support in their first 5 years. Following feedback from a number of First 5 GPs and a First 5 GP lead, we are reviewing the local support available for this cohort with the intention to propose a package of support in the future, funded from the GP Retention Budget. This work aligns directly with the ICS KPI of making Norfolk and Waveney the best place to work, encouraging more general practitioners to stay in, or move to Norfolk earlier in their careers therefore positively impacting the age demographic within Norfolk and Waveney.

ST3 Incentive Scheme: A dedicated package to support our newly qualified GPs to stay and work within the area. This programme is to encourage salaried GP roles within the system, provide up to four clinical sessions per week and a 12 month commitment to the GP practice.

Promotional Events: Events specifically for ST3, newly qualified and First 5 GPs are taking place with the aim of showcasing the Norfolk and Waveney area as a great place to work and live and gather information on the work portfolio new GPs will be looking to achieve. The information gained through this event will support planning and resilience and the event will provide a springboard to talk about the programmes of support available to new GPs. Funding for these events has been provided from the GP retention and recruitment budget.

Building and retaining our workforce

General Practice Partnership Model: A local incentive to support first time partners or returning partners across the system. This is a 2 year commitment to the practice and a minimum of 4 clinical sessions to be provided.

Flexible Staff Pool: The ICB continues to develop its digital flexible staff pool which is providing valuable resources to practices most challenged with high rates of staff absence, with the work improving outcomes in rural areas.

GP Careers Plus: The GP careers plus programme has been successful and has seen an increase in membership over the last year. The programme has recently been reviewed to ensure it meets the current needs of its members and our system. Local GP members were invited to engage with sharing opinions on the programme and key themes were identified supporting a better understanding of need to enhance the programme over the coming year. Feedback from this process of GP engagement was excellent with GPs reporting that they felt listened too, felt valued and that the ICB was responsive to their needs.

Educator and Learning Organisation: Placement expansion continues to increase with 81% of GP practices across Norfolk and Waveney being approved Learning Organisations. Since 1st April 2023, 2 new Learning Organisations have been approved and a further 2 applications received, creating new placement sites for GP trainees, nurses, paramedics, and pharmacists. In addition to this, five of our PCNs have applied to become Learning Organisations. These achievements have been enhanced through increasing collaboration with the local Higher Education Institutions by mapping placements and quality assuring through a shared approval process.

Building and retaining our workforce

Schwartz rounds: The aim of our Schwartz Round programme is to support staff to build resilience in managing the increasing challenges faced within our healthcare system. The ICB relaunched the programme of Schwartz Rounds for Clinical and Non-Clinical Primary Care staff in May 2022, after the pandemic gave us the opportunity to pause, reflect and continuously improve our support offer.

Supporting Primary Care Clinicians: Online clinical updates, CPD and confidential support for GPs and clinical staff who have been absent from role, or feel they need additional support.

Apprenticeships (Clinical and Non-clinical): The ICB offer apprenticeships supporting primary care colleagues with their career pathway in both clinical and non-clinical skills. This programme is used to upskill existing staff members and to look to recruit new talent to their organisation.

Looking After You Too: This scheme offers support to staff who lead, manage, or organise teams, groups or services in primary care. Staff can access coaching with a highly skilled and experienced coach through the NHS Leadership Academy. This programme is to help staff to think about and plan how they work with the people you lead and manage, using approaches centred in compassionate and collaborative team leadership. The aim is to encourage resilience in teams while supporting them to continue to deliver projects, services and high quality care to patients. The coaching offer can provide help staff to develop practical tools and methods to work with their team in a way that is tailored to their needs.

Fellowships

The Norfolk and Waveney Fellowship Programme is a two year programme of support, available to all newly-qualified GPs working substantively in general practice, with an explicit focus on working within and across a PCN.

This is a programme of support, PCN portfolio working, learning and development post-registration, supporting GPs to take up substantive roles, understand the context they are working in, become embedded in the PCN, and increase and maintain high levels of participation in primary care workforce development.

The ICB also offer all newly qualified Nurses & AHPs the opportunity to undertake a two year Fellowship. The Fellowship programme supports Nurses and AHPs to transition and become an embedded part of the Primary Care team in the PCN.

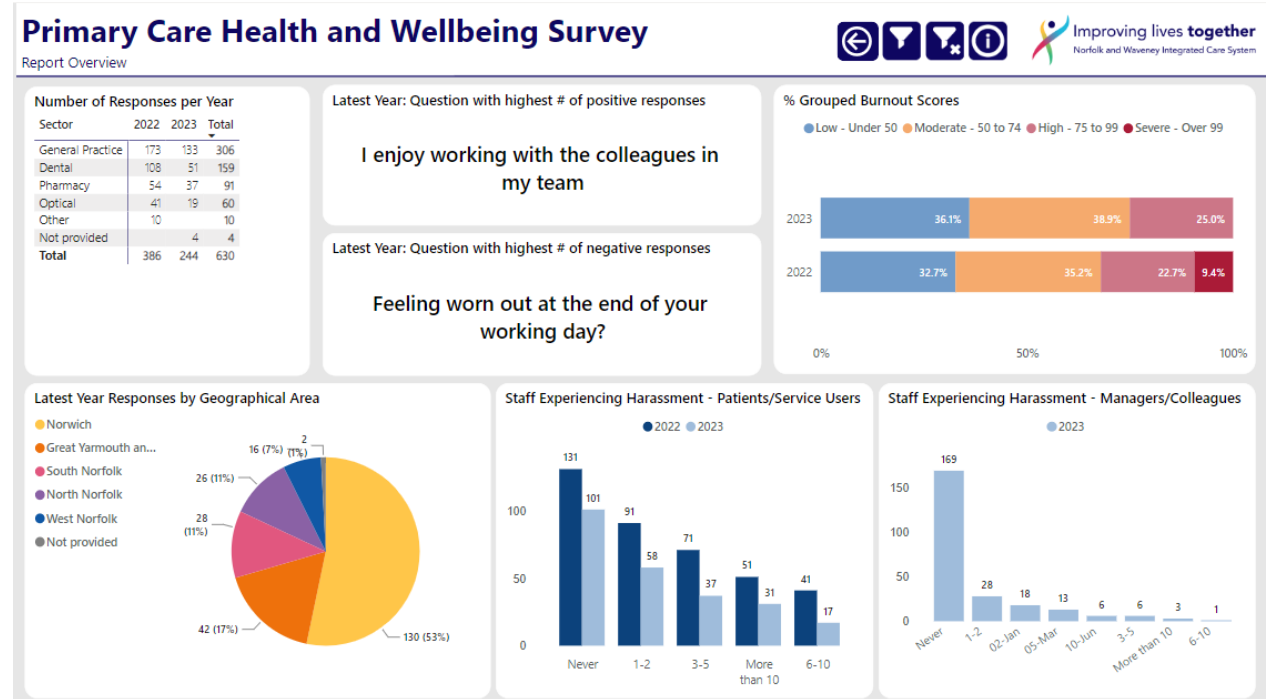
We have developed fellowships for Health Inequalities with a focussing on Learning Disabilities, Severe Mental Illness, Autism and Maternity care.

Further Fellowship opportunities are being created for GPs, Nurses, and Allied Health Professionals with the following focuses on Health & Wellbeing, CaReMe (Cardiac, Renal, Metabolic specialisms), Stroke care, NHSE Integrated Care, Learning Organisation and Student Placement Expansion and Digital.

Health and Well-being

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.

25% of primary care colleagues are experiencing “High” levels of burnout, 244 incidents of patient harassment have been recorded in 2023 and 70.8% of primary care staff feel exhausted at the end of the working day.



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Developing our workforce

The ICB have developed a Business Intelligence (BI) dashboard using the 2021 and 2023 Training Needs Analysis general practice survey results to allow us analyse the data with ease and clearly see what the Primary Care training needs are in Norfolk & Waveney at System, Place and individual practice level as required.

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

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

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

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

The dashboard also supports analysis of the data in line with our Joint Forward Plan priorities and the Core20PLUS5 framework to see the training needs grouped by these categories helping us to take a more targeted approach to our training offers.

This Primary Care Workforce Team maintain a Training and Workforce Catalogue in line with CPD guidance and local training needs analysis. CPD funding is pooled with system partners to support partnership working across health, local authority, social care and VCSE, provides joined-up solutions to shared challenges and maximises opportunities to have an impact on health inequalities.

Cutting Bureaucracy

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Primary-secondary care interface

The ICB has an established Clinical Interface Group, chaired by the ICB Medical Director, developed with the purpose of bringing system partners together to discuss interface issues requiring escalation and resolution, build relationships, to consider emerging issues and a shared strategy to address such issues, and to identify opportunities for improved system collaboration. The principle that all system partners are equal underpins discussions along with ensuring the best outcome for patients.

A review of the group effectiveness is being undertaken in line with the recommendations published in the Academy of Medical Royal Collages report, General practice and secondary care: Working better together. This is due to take place after the conclusion of the ICB Change Programme.

Our interface work to date has focused on seeking to address areas raised by our practices, which could improve the way they work as a multi-disciplinary team, or where work has been inappropriately transferred. The key themes to date include:

- Ensuring all appropriate health professionals are able to order tests and investigations via the ICE systems operated by Trusts
- Enabling private consultants to refer patients directly into Trusts, rather than having GPs forward them on to hospitals
- Trusts offering complete care (e.g. phlebotomy, requests to follow up care, make referrals or prescribe, issuing fit notes for the full duration of absence)
- Improving communication, such as timely discharge letters which appropriately and clearly signal any actions or important information for general practice
- Developing and implementing a process for reviewing and agreeing new pathways of care, to ensure there are no unintended consequences on general practice
- Providing a forum for escalation of individual service issues which have not been agreed through business as usual routes

Primary-secondary care interface

Under NHS standard contract provisions for Trusts, action plans are due to be completed by each of the Trusts every year following a self-assessment process in September. The ICB is required to report on the progress of the plan at its public Board meeting in November and March.

The ICB have jointly worked with the Norfolk and Waveney Local Medical Committee (LMC) to develop a route for general practices and providers to raise interface issues directly with providers and also with the ICB and LMC. The aim is to raise the profile of these issues across the system, monitor issues and trends and to work across organisations to find resolutions.

The ICB has been using the data collected from this process to support Trusts in their gap analysis and development of the action plans for improving the effectiveness of their interface working arrangements.

These plans are currently in development but do cover the four key priority areas highlighted in the delivery plan;

- Onward referrals
- Complete care (fit notes and discharge letters)
- Call and recall for patients under the care of providers
- Clear points of contact for communication between general practice and secondary care

Primary-secondary care interface

*** PLACEHOLDER - actions from the Trust plans will be included in this plan in the coming weeks, once fully developed.***

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Empowering Patients

What this means in Norfolk
and Waveney

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NHS App

Patients can interface with practices via various routes such as apps, telephones, websites and face to face. The NHS App is now viewed as the future gateway to all NHS services.

The NHS App can be used by patients to request repeat prescriptions, book, and manage appointments, view their GP health record to see information like allergies and medicines as standard and if notifications are switched on, to receive messages from your GP practice.

The NHS App will provide access to prospective records when this is enabled by each GP practice and all practices have committed to make the required changes by 31 October 2023, in line with the national contract.

The ICB Digital Team have created a promotional information on how digital tools can help with Primary Care Access Recovery, including information the revamped [toolkit](#) that helps practices to encourage their patients to use the NHS App.

The Digital Team are working with our GP practices to promote the use of the NHS App and have attended practices to support with practice events. This has not just centred around the functionality of the NHS App but also to increase digital inclusion.



Website Optimisation

The ICB Digital Team support practices with website optimisation, whether that is for their current website or in the transition to a new website provider, ensuring that the website is enhanced and accessible to the practices patients and their carers.

The Digital Team will provide support to practices for the transition from one provider to another through a digital solution where possible.

The ICB Digital Team have developed a standardised website template for Norfolk and Waveney giving practices framework to add in practice specific content.

The template is designed to make it as easy as possible for patients to get the right help, from the right place, first time, as well as promoting self help and the NHS App.



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Social Media Managed Service

Social Media plays a vital role in communicating effectively to our patient population and when used properly, is a key part of the digital front door. It is not only great for sharing important messages to patients and increasing good demand through practice doors, but also in combatting misinformation and helping to educate patients to access the correct service for their needs.

Norfolk and Waveney ICB have partnered with Redmoor Health to offer all Practices in Norfolk and Waveney a social media managed service. This service will support practices by; creating, managing, and developing their social media pages, providing patient communication training to practice teams, and posting regular relevant content to local communities using a mixture of national campaigns and bespoke posts. These are co-created with the practice and Redmoor Creative. Redmoor also manages all patient comments on posts and raises anything important with the practice.

The Digital Team are on hand to support practices in the implementation of the social media managed service as well as supporting the creation of local campaigns and monitoring the success of engagement.

Our intranet page provides more information about the [Social Media Managed Service](#) Redmoor Health Provide.

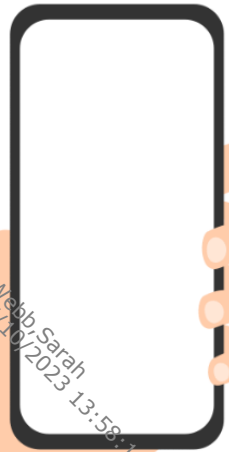


Citizen Access to Records

The updated GP Contract requires all practices to provide their patients with online access to new (prospective) health information in their GP records (unless exceptions apply) by 31 October 2023.

The only exceptions are people who have asked to opt out or individuals identified as at risk. This means the application of SNOMED CT exclusion (104) code should only be applied to those individuals.

Nationally, more than 1 in 4 practices have now switched on for prospective access safely and effectively, enabling more than 8 million patients to benefit from having access to their health information.



As part of the local Digital support offer, the ICB Digital Team have developed robust information to support practices with implementing this change both within EMIS and SystemOne.

The information includes sign-posting to national support materials and provides contact details for practices that require additional support.



Proxy Access to Medication Ordering

Having aligned Care Homes enabled to order medications online for their residents can save time for both GP practice staff and Care Homes and will ensure better accuracy, making the overall process more efficient.

The ICB Digital Team has robust processes, guides and resources in place for GP practices and Care Homes and also can provide training to GP staff if they do not know how to set up staff members as proxy users.

Some of the feedback we've received after implementing proxy access:

"Dispensary are well chuffed, had the first lot of online requests on Friday, really simple and easier than a load of phone calls!"

Wayne Catchpole
Practice Manager

"This is so much easier to use, especially for PRNs outside of the monthly cycle. It's easy to see what's been ordered and there'll be no need to chase any more. It's going to save so much time as we won't need to take the orders to two different GP surgeries. We can even order in the evenings when we are less busy in the homes."

Nanette Causton – Registered Manager



Self-referral pathways

Across Norfolk and Waveney, there are a number of self-referral pathways already in place to support patients to directly manage their care without the need to see a GP to make the necessary onward referral.

Self-referral routes are in place for:

- Community Musculo-skeletal (MSK) services
- Community Weight Management services
- Community Falls Response services
- Community Audiology services – however there are currently only community services commissioned in Central Norfolk
- Community Podiatry services – however currently only for patients known to the service
- Community Wheelchair services – however currently only for patients known to the service

There are plans in development to increase self-referral pathways for:

- Community Podiatry services – to include self-referral for all patients, by April 2024
- Community Wheelchair services – to include self-referral for all patients, by April 2024
- Community Falls Prevention services, by April 2024

Community Pharmacy Integration

Across Norfolk and Waveney, we have 175 community pharmacy sites, more than any other provider within our system, and has the ability to reach more of our population than anyone else. 80% of the UK population live within a 20-minute walk of their local pharmacy. The majority of the population visit a pharmacy at least once every 28 days.

By seeking to fully integrate pharmacy into PCNs and our overall approach to tackling health inequalities, community pharmacies have the potential to unlock capacity released from other primary care contractors and provide essential services to support the health of the communities of which they are within.

Alongside the national funding received for ICBs to appoint and develop Community Pharmacy PCN Leads, the ICB Training Hub has provided retention funding allowing us to recruit five posts, one allocated to each Place. We have successfully recruited to three posts, with recruitment to the other posts under way.

Independent prescribing will be at the heart of many of the future services community pharmacist will provide and independent prescribing will be integral to the development of community pharmacy services, it's integration into PCNs and also ensuring the clinical skills are maximised to benefit the health of the Norfolk and Waveney population.

In readiness for this, we are working to support Independent Prescribing training for our existing workforce of Community Pharmacists (including locum pharmacists and Pharmacists employed in General Practice or PCN ARRS roles). We are also mapping where our Primary Care Designated Prescribing Practitioner (DPP) are located across Norfolk and Waveney.

We have started to work with our other primary care stakeholders about the Pharmacy First service and how this can support them going forward. As well as general practice, this service has the potential to release capacity from our GP Out of Hours and NHS 111 services, therefore we are currently working on strengthening our signposting through existing pathways such as the NHS 111 Community pharmacy Consultation service (CPCS).

Communications and Engagement

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Support Primary Care Campaign



NHS Norfolk and Waveney has launched the Support Primary Care campaign to help raise the profile of Primary Care services and support patients to understand how they can get the best from these services.

Like other areas across the country, many people in Norfolk and Waveney may find themselves turning to their General Practice because they don't always know where to go for help.

Sometimes this is because of a lack of awareness of what services exist, which health and care professionals form part of the multi-disciplinary practice team and what services can help them with their needs. The campaign aims to improve that.

The aim of this campaign is to make it easier and quicker for patients to understand what services are available to help them based on their health needs, and to help patients to understand how they can get the best from these services.

The campaign is for all primary care contractors, starting with General Practice, and is being expanded to provide more information about Pharmacy, Optometry and Dentistry over the coming months.

[Support Primary Care - Norfolk & Waveney Integrated Care System \(ICS\)
\(improvinglivesnw.org.uk\)](https://www.improvinglivesnw.org.uk)

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Support Primary Care Campaign



The campaign for Supporting General Practice currently focuses on five key areas, with more work planned for later in the year:

Choosing the right service - Providing patients information on the different services available to them and signposting to the types of illness that each service can provide treatment or advice

Meet the General Practice team - Supporting patient education around the different roles working within general practice, how they work together as one practice team and the types of conditions each member of staff can help to manage

Self-care - Supporting patient education around the types of illnesses that do not normally need medical care or prescribed treatment or how to access further advice from the community pharmacy team and further information on preventing ill health in the longer term

Accessing Primary Care services - Providing patients information on how they can access each of the primary care services and for general practice, promoting the use of the NHS app and use of online consultations to manage routine requests to the practice

Let's work together - Asking patients for their support in working together so that both patients and staff can have positive experiences within general practice

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Agenda item: 08

Subject:	Workforce and Training Update
Presented by:	Jayde Robinson, Head of Primary Care Workforce Transformation
Prepared by:	Keri Robinson, PC Workforce Manager - Planning and Governance
Submitted to:	ICB Board
Date:	11/10/2023

Purpose of paper:

To provide the Primary Care Commissioning Committee members with an update on our operational primary care workforce and educational delivery plans (Appendix B) up to the 31st March 2024.

This paper seeks approval from the committee for the following:

- **Appendix A** – Primary Care Workforce Short Term Pillar Targets

Executive Summary:

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

This paper provides an update on all workforce and education workstreams (Appendix B), and outlines plans up to March 2024, we are asking the Committee to note the updates and to approve the outlined direction of work featured (Appendix A).

This paper also provides an update on the activity undertaken towards external bidding applications and the outcome of the Primary Care Health and Wellbeing survey.

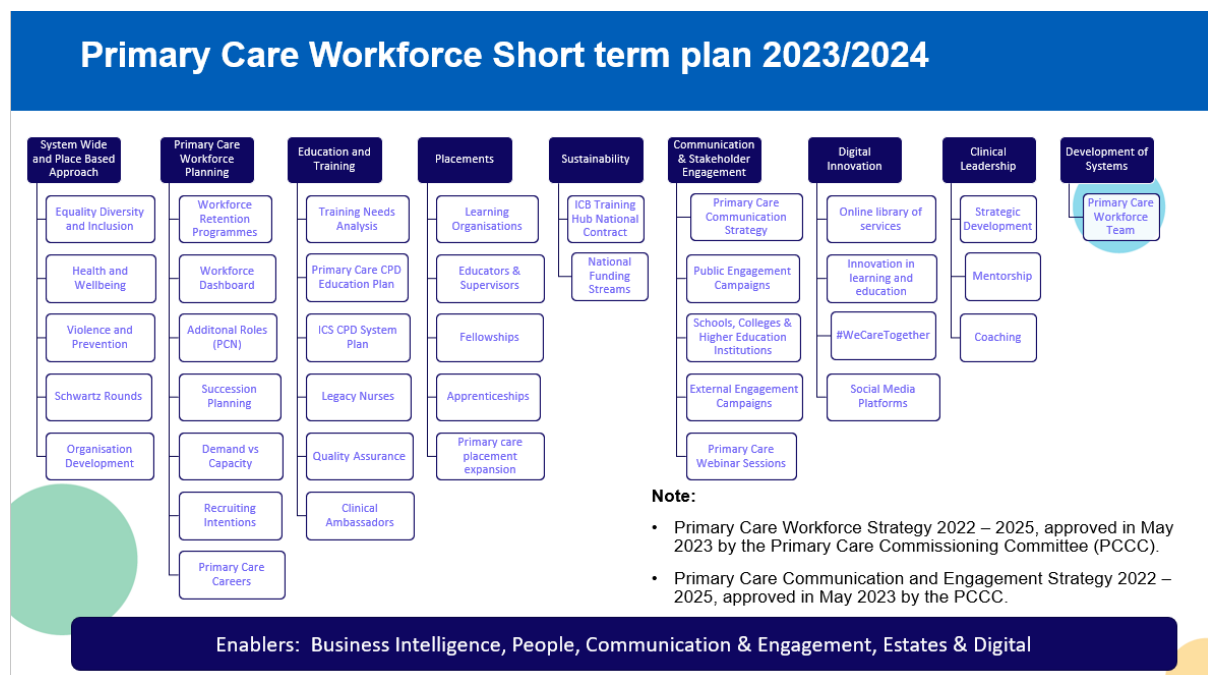
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Report

Primary Care Workforce Short Term Plan 23/24

In May 2023, the Primary Care Commissioning Committee approved the Primary Care Workforce Strategy and Communication and Engagement Strategy for 2022 - 2025.

The graphic below outlines the short-term programmes of work to stabilise primary care services in line with our ICS Joint Forward Plan, whilst delivering the objectives and aims of the contract specification and operational guidance set for 2023/24. This programme of work now includes the four sectors of primary care (General Practice, Dental, Community Pharmacy and Optometry).



As outlined in **Appendix A**, each of the primary care short term plans pillars have been linked to nationally set targets in relation to the delivery plan for recovering access to primary care, NHS long term workforce plan and the ICS Level Primary Care Training Hubs contract. These programmes have been scoped within the financial envelope set nationally and proposed bidding applications, in which we are awaiting some further outcomes. **Appendix B** provides a status update on the operational delivery plan for 23/24 in further detail.

Primary Care Workforce External Funding Bidding Applications

This section outlines the funding bids that the Primary Care Workforce team have submitted and a status on their outcomes. The total amount submitted for external investment was £504,624.

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Unsuccessful (£160,000)

- 1. Advanced Practice Supervision Ambassador** – The Advanced Practice faculty at NHS England identified HEE underspends which could be utilised to support the extension of the Advanced Practice Supervision Ambassador role. We submitted a bid for **£105,000** to extend the contract for our Advanced Practice Ambassador to March 2026 (current contract ends March 2024). New guidelines meant NHSE were unable to repurpose faculty budgets to support ICS level roles, study days or conferences, so we were unsuccessful in this bid.
- 2. Innovation funding for respiratory early and accurate diagnosis with a focus on health inequalities** – The national respiratory programme at NHS England identified additional funding in the region of £400,000 (to be divided into 8 x £50,000 funding pots) to support examples of innovation in relation to early and accurate diagnosis or scaling up spirometry, particularly in addressing health inequalities. We submitted a bid for one of the **£50,000** funds; however, we were unsuccessful and are awaiting feedback from the national team.

Successful (£137,125)

- 1. Spirometry Funding** – NHS England's East of England Cardiovascular Disease & Respiratory (CVDR) Network were provided with £100,000 additional revenue funding, to disseminate to ICSs to support spirometry services. The purpose of this additional funding for spirometry is so that the following activities may be enhanced:
 - a. To ensure those performing and interpreting spirometry are appropriately trained and accredited to the standards of the Association of Respiratory Technology and Physiology (ARTP)
 - b. To support the development of local diagnostic services (such as 'hublets') that support a timely and accurate diagnosis for respiratory conditions.

We submitted a bid for **£12,125** (allocation proposed by the EoE team, based upon COPD prevalence, population, and deprivation – see table below) have been successful. The funding will be utilised to fund Spirometry training and ARTP assessment for up to 22 staff.

- 2. Volunteer to Career NHSE Programme Grant** – As part of NHSE nationwide Volunteer to Career Programme, we were successful in bidding for **£25,000** to implement the programme in a primary care setting and have joined cohort 4. We are the only participants who are looking to implement this programme in a primary care setting nationwide.
- 3. Rural and Coastal Programme** – The programme has been given a further **£100,000** to deliver projects delivered in the pilot sites. Current plans include employing Digital GP/Nurse Fellows, co-creating a Rural & Coastal Careers strategy as well as smaller pots of funding designed to enable small scale proof of concept pilot sites across primary & secondary care.

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Awaiting Outcome (£207,499)

1. UK Shared Prosperity Fund (UKSPF) Skills Projects – Broadland and South Norfolk County Council have identified that they will have access to funding in 2024/25 to support Skills and Training across the two districts. This is a single year offer and no further funding will be available. We submitted the following bids as follows:

a. Non-Clinical Training

- i. **£65,360** bid to upskill and retain non-clinical and unregistered clinical staff working in 35 x general practices that fall under these areas. We have proposed to utilise this funding, if successful, on 17 training courses which would provide education for up to 2052 staff.

b. Non-Clinical Apprenticeships

- i. Two bids were submitted to fund the apprenticeship Co-Investment fee and provide a recruitment incentive to Practices for funding towards non-clinical apprentices' wages for the initial 6 months of apprenticeship. The bid submitted for both areas would support 20 apprenticeships totalling **£23,500**.

c. Pharmacy Training

- i. **Accuracy Checking for Dispensers – £2700** bid for this course to support the implementation of 10x Pharmacy accuracy checkers in Norfolk and Waveney area to obtain a certificate which will demonstrate achievement of competence to GPhC accredited standards for accuracy checking.
- ii. **Level 2 RSPH Award in understanding health improvement – £820** bid to provide the above course for 10 Pharmacists to support them by enabling them to have a better understanding of health improvement strategies, enabling them to provide more informative guidance and support to patients to sustain a healthier lifestyle which in turn will decrease pharmacy attendances..
- iii. **Support Staff Course for Dispensing Assistants (NVQ Level 2) - £1,944** bid for 10x Applications. The Support Staff Course for Dispensing Assistants offers in-depth knowledge in person-centred care, teamwork, health & safety, assembly, and supply of medicines and working with pharmaceutical stock across the community and hospital pharmacies and dispensing practice.

d. Ophthalmology Training

- i. **Insight Level 2 training - £11,000** bid for 5 applicants - The Level 2 course leads to a NCFE-endorsed qualification in optics. Upon completion, individuals will possess essential skills that

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are applicable to their current roles, enabling them to excel in their professional endeavours.

- ii. **Optical Assistant Course - £4,875** bid for 5 Applications. This course is designed for support staff in optics, providing foundational knowledge and skills to assist professionals and customers.

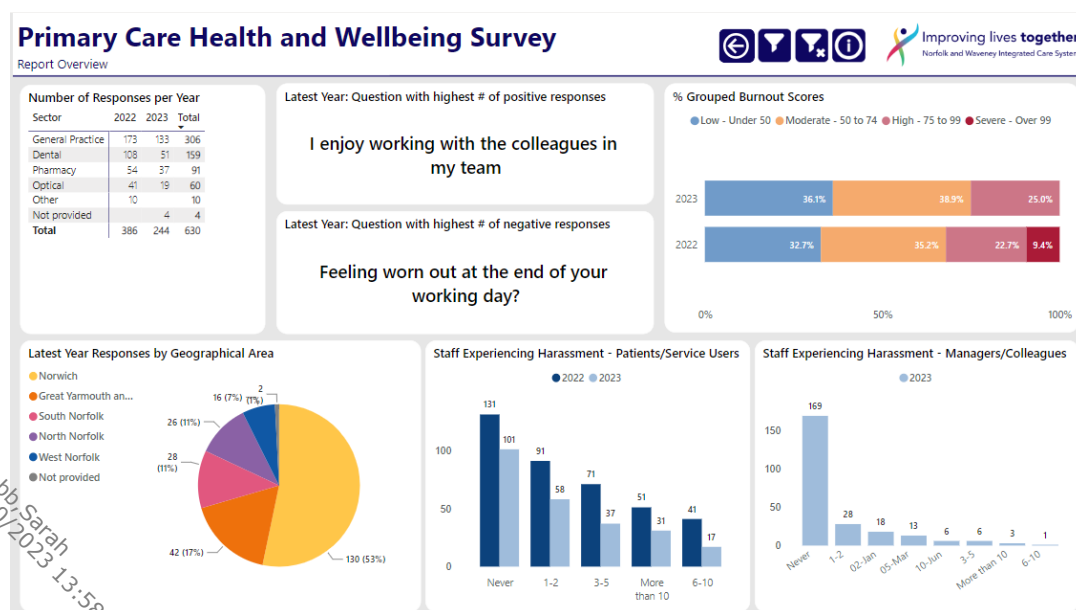
The councils' internal Skills Board met in July 2023 to discuss the project ideas submitted, all ideas were well received and are being used to shape the programme for 2024/25. Funding will be shared across key themes to support individuals gain new or improved skills allowing them to access and progress in employment. We anticipate a decision in December 2023.

- 2. **ENHANCE Generalist Pilot** - The goal of enhance is to address the educational requirements that can support sustainable workforce planning and delivery of integrated person-centred care whilst safeguarding staff wellbeing and self-directed professional development. It is a flexible place-based offer to support systems in tackling local health priorities. Working alongside the NICHE Anchor Institute at UEA and SNEE ICB, we have submitted a bid for **£100,000** to deliver a Generalist School with three cohorts each based in an area of high health inequality and deprivation. The outcome of the bid is due early October.

Health and Wellbeing Survey

NHS Norfolk and Waveney Integrated Care Board's Health and Wellbeing (HWB) programme has been in operation for two years and as a result we undertook a survey to evaluate our successes but also to identify areas of improvement.

This survey closed on 30th June 2023 and our Business Intelligence Team has created an interactive dashboard illustrated below.



The results show 25% of primary care colleagues are experience “High” levels of burnout, 244 incidents of patient harassment experienced have been recorded in 2023 and 70.8% of primary care staff feel exhausted at the end of the working day.

As a result further health and wellbeing offers are being introduced across primary care, to address the key themes emerging from the Primary Care Health and Wellbeing Survey including burnout, harassment and stress.

Recommendation to the Board:

To note the Primary Care Workforce update on the workforce and educational delivery plans up to the 31st March 2024 (Appendix B).

To approve the following:

- **Appendix A – Primary Care Workforce Short Term Pillar Targets**

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

Governance

Process/Committee approval with date(s) (as appropriate)	
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Appendix A - Primary Care Workforce Short Term Pillar Targets

Primary Care Workforce Short Term Plan Pillars	Programme Name	KPI's - These are the contractual KPI's as set out by NHSE - See KPI tab for a list	Aims - What are the aims of your project, these can be specific or wider, you might have one overall aim and then individual aims for parts of the project	NHSE/ Pre-set Targets Please list all targets set out in relation to NHSE requirements, the delivery plan for recovering access to primary care, long term forward plan etc.	PCW Targets These are the locally set targets, they should SMART targets closely linked to the aims of the project.
Primary Care Workforce Planning	ST3 Incentive	Number of newly qualified health professionals who are supported to take up a primary care role.	The aim of the ST3 Incentive is to retain GP trainees within Norfolk and Waveney General Practice, to help aid practices with recruitment of newly qualified salaried GPs and alleviate existing pressures as well as providing incentives for newly qualifies to seek employment within Norfolk and Waveney.	<p>Reform</p> <p>1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care increase these roles by 73% by '36/'37</p>	<p>1. 25 ST3 newly qualified GP's signed within Norfolk & Waveney by 31st March 2024.</p> <p>2. Increase of GP salaried WTE actual figures reported within NWRS, for Norfolk & Waveney ICB, by 31st March 2024.</p>
Primary Care Workforce Planning	GP Partnership Model Pilot	Number of newly qualified health professionals who are supported to take up a primary care role.	The aim of the GP partnership model is to help practices to recruit new or returning GP partners within Norfolk and Waveney General Practice and to alleviate existing recruitment pressures as well as providing incentives for GPs to consider partnerships within Norfolk and Waveney.	<p>Retain</p> <p>By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership, we will:"</p> <p>Reform</p> <p>1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care increase these roles by 73% by '36/'37</p>	<p>1. 10 New /Returning GP Partners signed in Norfolk & Waveney by 31st March 2024.</p> <p>2. Increase of GP Partner WTE actual figures reported within NWRS, for Norfolk & Waveney ICB, by 31st April 2024.</p>
System Wide and Place Based Approach	EoE Rural & Costal	% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.	The regional ambition for the project is to raise the voice of R&C Communities as a whole, highlighting not only the challenges faced, but also capitalising on the unique benefits of a R&C lifestyle.	<p>Reform</p> <p>1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care increase these roles by 73% by '36/'37</p>	<p>1. Recruitment of 2 Digital GP Fellow & 1 VtC by Oct 23</p> <p>2. Recruitment of 5 Volunteers in Primary Care (VtC) by Mar 24</p> <p>3. Creation of Rural Careers Strategy by Mar 24</p> <p>4. Delivery ENHANCE Generalist school by Mar 24 (Pending Bid)</p>
Primary Care Workforce Planning	GP Fellowship	<p>1. Number of newly qualified health professionals who are supported to take up a primary care role.</p> <p>2. % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.</p>	The aim of the GP Fellowship programme is to support newly qualified GPs to transition into substantive careers within Norfolk and Waveney's Primary Care sector from structure education.	<p>Building Capacity - Retention and Return of experience GP's.</p> <p>1. Fellowships offered to 100% of trainees, including NTP nurses</p> <p>2. Increased conversion of newly qualified GPs into substantive roles (converting from locum)</p> <p>3. Increased participation by newly qualified GPs and Nurses, contributing to increasing the overall numbers of GP FTEs</p> <p>4. Monthly updates on actual figures reported through PCMS, ongoing evaluation and sharing of lessons learned to National Team</p> <p>Retain</p> <p>1. improve leaver rates by 15%</p> <p>2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership</p>	<p>1. Attend three VTS event within each locality of Norfolk and Waveney (Norwich, East and West), to promote and increase awareness of Fellowship opportunities to ST2 and ST3 doctors, before March 2024.</p> <p>2. Support 20 new GP Fellows to commence a Fellowship by 31/03/24.</p> <p>3. Accurately report Fellowship activity in a timely manner via PCMS by 10th of each month until 31/03/2024.</p> <p>4. Improve parity in Fellowship uptake across the localities by ensuring at least three new GP Fellowships applications are received each locality by 31/03/24.</p>

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Clinical Leadership	Supporting Mentors	<ol style="list-style-type: none"> 1. Number of newly qualified health professionals who are supported to take up a primary care role. 2. % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. 	<p>The aim of this programme is to upskill existing workforce with Coaching & Mentoring training to utilise their existing skills and experience by providing Mentorship to colleagues within Primary Care.</p>	<p>Building Capacity - Retention and Return of experience GP's.</p> <ol style="list-style-type: none"> 1. Increase the number of matches between mentors and mentees from the previous year (2022/2023) 2. Achieve a mentor-to-mentee ratio of at least 1:4 3. Maintain current mentor numbers, ensuring training, ongoing peer networking and CPD activities are made available 4. Ensure that the scheme meets the mentoring needs of GPs on the General Practice Fellowship programme 5. Increase retention of experienced GPs through access to mentor training and opportunities, and increased retention of local GPs through high quality mentoring support, contributing to increasing the overall numbers GP FTEs 6. Submit a system delivery plan outlining forecast number of mentors, number of mentees and anticipated number of mentoring sessions <p>Retain</p> <ol style="list-style-type: none"> 1. improve leaver rates by 15% 2. By better supporting staff throughout their 	<ol style="list-style-type: none"> 1. Increase the average mentor to mentee ratio to 1:4 by 31/03/24 2. Continue to support 12 mentors to remain active on the scheme by 31/03/24 3. Procure external management scheme for Supporting Mentors Scheme by 31/03/24 to commence 01/04/24, to support infrastructure within PCWT and existing pool of Mentors. 4. Routinely promote opportunities of mentorship to Primary Care workforce (offer includes up to 6 sessions of mentorship by a Mentor on the pool) via newsletter and social media once per quarter by 31/03/24. 5. Ensure all new GP Fellows are offered up to 12 sessions of mentoring per year upon commencement of Fellowship Programme by 31/03/24.
Primary Care Workforce Planning	Advanced Practice	<p>1 % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.</p>	<p>The aim of this project is the increase the number of staff in Primary Care to become qualified Advanced Practitioners within Norfolk and Waveney, utilising commissioned funding provided from NHSE for training, with a focus on targeting staff in "Deep-End" practices, to support population health needs. This will help to improve retention rates within general practice by upskilling workforce and helping staff reach career goals.</p>	<p>Building capacity</p> <ol style="list-style-type: none"> 1. Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal. <p>Train</p> <ol style="list-style-type: none"> 1. expansion of advanced practice training by 46% <p>Retain</p> <ol style="list-style-type: none"> 1. improve leaver rates by 15% 2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership <p>Reform</p> <ol style="list-style-type: none"> 1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care increase these roles by 73% by '36/'37 	<ol style="list-style-type: none"> 1. For 2024/25 scoping, increase by 20% (6 learners) 2. For 2024/25 - engage with Deep End / Rural & Coastal Project and areas of inequality, to increase learner applications from these areas. 3. Increase number of Advanced Practice supervisors. 4. Pastoral survey to monitor learner satisfaction and support learner retention and governance.
Education and Training	CPD	<ol style="list-style-type: none"> 1. % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. 2. % increase of nurses and AHP staff take-up of CPD funding. 3. % of primary care workforce offered training provided by the ICS Training Hub. 4. Breakdown of professions undertaking training 5. Training Hubs to deliver education and training activity based on ICS plans to reduce health inequalities 	<p>This project oversees the utilisation of the CPD budget we receive from NHS England both from a strategic and training facilitation perspective. This project aims to ensure all Registered Nursing Associates, Registered Nurses, Registered Midwives and Registered Allied Health Professionals are offered and undertaking Quality CPD opportunities.</p>	<p>Modern general practice access</p> <ol style="list-style-type: none"> 1. Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training. 2. Cohort 1 (PCN Digital & Transformation leads) nominated by 7 June 2023. 3. National Care Navigation Training Programme, nationally nominated by 31 July. 4. 50% of 23/24 nominations to be coordinated by the 31st of July 23. 5. Agree with practice/PCN support needs 	<ol style="list-style-type: none"> 1. Carry out Training Needs Analysis with practices across N&W and analyse results to influence CPD planning by June 2023. 2. To fully utilise our CPD budget £211,333.33 (2023/24) by 31/03/2024. 3. Monitor utilisation of CPD Top Slice £42k approx. by 31/03/2024, linked to JFP priorities. 4. Co-ordinate nominations to Care Navigator training, Digital Transformation PCN Leads training and Leadership Improvement training by 31/08/2023 as part of the Primary Care Recovery Access Plan (ICB responsibilities). 50% of 23/24 nominations to be coordinated by 31/07/23. 5. Increase in % of staff offered / accessing CPD training by 25%.

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Digital Innovation	#WeCareTogether Website & Virtual Careers Website	% of PCNs utilising Knowledge and Library Services (KLS)	To access a 'one stop shop' digital platform for Primary Care colleagues. This platform will provide information and guidance for: workforce staff in the following 1. Continuous professional development 2. Training and education 3. Recruitment and employment opportunities 4. Career pathways 5. Retention programmes and initiatives 6. Health and Wellbeing support 7. Resources 8. Contact details	Enablers 1. Maintain an up-to-date Directory of Services and deliver training to all practices/PCNs.	1. Maintain and publish a monthly an up-to-date Directory of Services and training to all practices/PCNs through #WeCareTogether Primary Care Workforce and other digital platforms. Updated on a monthly basis.
Clinical Leadership	Nurse/AHP Fellowships	1. Number of newly qualified health professionals who are supported to take up a primary care role. 2. % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.	The Fellowship Programme supports the delivery of General Practice Fellowship programme supporting newly-qualified and new to practice Nurses/AHPs in Primary Care. Funding is received from NHS England to provide this opportunity.	Building Capacity 1. Fellowships offered to 100% of trainees, including NTP nurses 2. Increased conversion of newly qualified GPs into substantive roles (converting from locum) 3. Increased participation by newly qualified GPs and Nurses, contributing to increasing the overall numbers of GP FTEs 4. Monthly updates on actual figures reported through PCMS, ongoing evaluation and sharing of lessons learned to National Team Retain 1. improve leaver rates by 15% 2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership	1. To enrol 5 GPN Fellowships by 31/03/2024.
Placements	PCN Learning Organisation	1. Compliance with regulatory standards and HEE Quality Framework. 2. All professions to be offered practice placements. 3. % of placements increase. 4. Engage with HEEs Differential Attainment (DA) Leads to access the support toolkit and guidance on reducing differential attainment.	The PCN LO to expand placement capacity to support multi-professional learners across their constituent practices and partners creating a rich training environment to grow and retain a skilled primary care workforce now and for the future.	Building capacity 1. Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal. Train: 1. increasing GP training places by '31/'32 by 50% 2. 40% increase in Nursing Associate training places by '28/'29 3. 16% of clinical training places as apprenticeships by '28/'29 4. Increase AHP training places to by 25% by '31/'32. 5. 27% increase in training places in the next 5 years	1. Appoint 30 Education Leads by 5th September 2023 within the 6 Primary Care Networks. 2. To hold a PCN PCN LO induction day by 5th September 2023 to 6 Primary Care Networks 3. All GP practices within the PCN LO to be a learning organisation by September 2024. 4. Obtain the 6 approved PCN LO General Practice placement baseline position by 31st December 2023. 5. Increase PCN LO General Practice placements by 20%, from the 23 baseline, by September 2024 across the PCN LO. 6. Expand GP Trainee PCN LO placements by 50% (18 new placements) across PCN LO by September 2024. 7. Expand PCN LO Trainee Nurse Associates and Direct Nursing student placements by 20% (3 new placements) across PCN LO by September 2024. 8.To increase Practice Assessors and Supervisors by 20% (8 new applications) across PCN LO by September 2024. 9. To increase pharmacist training pathway by 20% (2 new applications) across PCN LO by September 2024.

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Placements	Tier 3 and LO Incentive Programme	<p>1. % increase in the number of approved educators and supervisors.</p> <p>2. Number of educators and supervisors who have attended educational update training provided by Training Hubs</p>	To increase the number of approved GP Tier 3 educators across Norfolk and Waveney to build resilience and capacity within general practice.	<p>Building capacity</p> <p>1. Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal.</p> <p>Train:</p> <p>1. increasing GP training places by '31/'32 by 50%</p> <p>2. 40% increase in Nursing Associate training places by '28/'29</p> <p>3. 16% of clinical training places as apprenticeships by '28/'29</p> <p>4. Increase AHP training places to by 25% by '31/'32.</p> <p>5. 27% increase in training places in the next 5 years</p>	<p>1. Increase Tier 3 Educators by 20% (26 new applications) across Norfolk and Waveney by December 2023.</p>
System Wide and Place Based Approach	Health and Wellbeing of Primary Care	<p>1. Number of newly qualified health professionals who are supported to take up a primary care role.</p> <p>4. % of primary care workforce offered training provided by the ICS Training Hub.</p> <p>11. Number of EDI events to support the ICS EDI strategy.</p> <p>13. Training Hubs are expected to demonstrate their process for dealing with complaints and quality concerns to include a) Number of quality concerns raised.</p> <p>b) Number of complaints received.</p>	Develop a comprehensive health and wellbeing website tailored to the primary care workforce, offering resources, tools, and information to support their physical, mental and emotional wellbeing ultimately enhancing job satisfaction, work-life balance and over quality of care. There will also be clear signposting to other source materials through either 3rd party websites, locally hosted events and workshops, health ambassadors which will be places within the PCN's and other suitable placements.	<p>Retain</p> <p>1. improve leaver rates by 15%</p> <p>2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership</p> <p>3. Support the health and wellbeing of the NHS workforce and, working with local leaders, ensure integrated occupational health and wellbeing services are in place for all staff.</p> <p>Reform</p> <p>1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care</p> <p>increase these roles by 73% by '36/'37"</p>	<p>1. To have a fully functional website with updated health and wellbeing materials by January 2024</p> <p>2. Ensure remaining 40 licences for Shapes toolkit to be utilised by end of December 2023</p> <p>3. Recruit and support the implementation of 1x wellbeing fellow by November 2023</p>
Primary Care Workforce Planning	Recruitment, Succession & Rotational Roles	<p><u>Training Hub KPI 1</u> - % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations - Region to establish a baseline date with an ambition to meet 100% coverage by April 2025</p> <p><u>Training Hub KPI 19</u> - % of PCNs actively engaged in promoting new roles and ways of working in Primary Care supporting population health needs</p> <p><u>Training Hub KPI 20</u> - Number of newly qualified health professionals who are supported to take up a role in Primary Care</p>	Evaluate the succession planning and recruitment mapping processes which are currently being used across all sectors of Primary Care and create or procure a mapping tool and/or process to support with forward workforce planning.	<p>Retain :</p> <p>Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.</p>	<p>1: Evaluate the current processes being used for planning staff succession and complete a gap analysis, completing a report of findings by the end of September 2023, use this information to identify how the ICB can offer support, and make decisions around inclusion of dentistry, community pharmacy and optometry.</p> <p>2: By the end of April 2024 100% of practices and PCNs identified as benefiting from support will be offered support with workforce planning.</p> <p>3: By the end of September 2023 evaluate and report on the appetites within Primary Care for system support with rotational roles.</p> <p>4: By the end of April 2024 an evaluation of early project impact has taken place with lessons learned and recommendations for sustainable continuation where appropriate.</p>
Placements	Pharmacy Projects – Summer Placements	<p>4. % of primary care workforce offered training provided by the ICS Training Hub.</p> <p>7. Number of clinical apprenticeships supported across primary care.</p>	To successfully complete the 2023 Pharmacy Summer Student Placements with the support of BLMK and to have a clear plan for how to proceed with 2024 cohort.	<p>Train - Provide 22% of all training for clinical staff through apprenticeship routes by 2031/3</p> <p>Train: significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.</p>	<p>1. To have 4x Summer Students in placement and complete their 5 week placement and achieve their certification by 25th August 2023</p> <p>2. To have evaluated 2023 summer placement cohort by November 2023, with a recommendation on whether this should continue into next year.</p>

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Placements	Pharmacy Projects – Undergraduate Pharmacy Tender	4. % of primary care workforce offered training provided by the ICS Training Hub. 7. Number of clinical apprenticeships supported across primary care.	To identify and support additional Student Placements Providers to create placements, which are suitable to host apprentices and students for the current available training being offered by local universities and the Norfolk and Waveney ICB.	Train - Increase the number of GP training places by 50% to 6,000 by 2031/32. We will work towards this ambition by increasing the number of GP specialty training places to 5,000 a year by 2027/28. The first 500 new places will be available from September 2025 Retain - Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.	1. Send out expression of interest form to Gp practice and community pharmacy. Collate information by end Oct 2023 2. Confirm dates of placement providers agreed with UEA end Sept 2023
System Wide and Place Based Approach	Pharmacy Project – PCN Integration Pilot	11. Number of EDI events to support the ICS EDI strategy.	Establish a network of 5 dedicated PCN integration leads within Norfolk and Waveney region by end of 23/24 financial year, tasked with facilitating seamless collaboration and communication among Primary Care providers, specialists, and community resources, thereby enhancing patient centred care, improving health outcomes, and optimising the healthcare delivery system.	Train - Increase the number of GP training places by 50% to 6,000 by 2031/32. We will work towards this ambition by increasing the number of GP specialty training places to 5,000 a year by 2027/28. The first 500 new places will be available from September 2025 Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment and agency staff. In 15 years' time, we expect around 9– 10.5% of our workforce to be recruited from overseas, compared to nearly a quarter now.	1. Recruit to remaining 2 PCN integration lead positions in Norfolk and Waveney by January 2024 2. Create a sharing platform to support, advise and provide suitable materials on NHS Futures by September 2023 published by October 2023 3. Obtain a positive feedback increase via survey performed by PCN integration leads within by the end of March 2024.
Education and Training	Pharmacy Project - Independent Prescribers Pathfinder	KPI 2 - % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding.	Introduce a prescribing model to support existing independent prescribers in community pharmacy to increase the opportunities to utilise these additional skills.	Retain : 1. improve leaver rates by 15% 2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.	1. Establish 3 sites as per funding to trial the programme by December 2023, In Preparation to prescribe in Jan 24, Feb 24 and March 24 2. Utilise the data collected from the 3 pathfinders to adapt future processes. All data to be collected by end of May 24. 3. To identify clinical models which will be shared with other pharmacies, by end of financial year 24/25.
Education and Training	Pharmacy Apprenticeships - PTPT	KPI 5 - Breakdown of professions undertaking training provided KPI 6 - Number of non-clinical apprenticeships supported across primary care KPI 14 - % of placements increase. KPI 15 - All professions being offered placements, by breakdown of profession.	To increase the number of Registered Pharmacy Technicians in Norfolk and Waveney through the facilitation of an appropriate education offers and number of placements. Create a robust, transferable platform to cover advertisement, application, recruitment and enrolment of the PTPT programme across all areas of pharmacy.	Retain 1. improve leaver rates by 15% 2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership Reform 1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care increase these roles by 73% by '36/'37"	1. Have a robust induction platform, easily accessible and link with UEA/Buttercups in time for February 2024 cohort. This platform will aim to be published by January 2024. 2. To ensure 100% of National and Regional funding is allocated and utilised per cohort throughout the project lifespan. 3. To ensure a minimum of 5 candidates are identified and enrolled for each bi-annual cohort.
Primary Care Workforce Planning	Dentistry Projects - Overseas Recruitment	1. % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations. All professions to be offered practice placements.	Implement Overseas process to support EU/NON EU dentists and clinical staff to achieve their GDC certification number to be able to treat NHS patients within the Norfolk and Waveney area	Train - Expand dentistry training places by 40% so that there are over 1,100 places by 2031/32. To support this ambition, we will expand places by 24% by 2028/29, taking the overall number that year to 1,000 places.	1. Fill dentistry vacancies by appointing overseas applicants by at least 10%. *Date to be confirmed depending on confirmation of funding*

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Education and Training	Dentistry Projects - Continuous Professional Development (CPD)	<p>% of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding.</p> <p>% of primary care workforce offered training provided by the ICS Training Hub.</p> <p>Number of non-clinical apprenticeships supported across primary care</p>	The project is to expand the current CPD provision into Dentistry to support their CPD requirement. This project aims to enhance clinical skills, Improve patient care, ensure ethical and legal compliance is met and to improve specialist training and skills.	<p>Train - Expand dentistry training places by 40% so that there are over 1,100 places by 2031/32. To support this ambition, we will expand places by 24% by 2028/29, taking the overall number that year to 1,000 places.</p> <p>Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment and agency staff. In 15 years' time, we expect around 9– 10.5% of our workforce to be recruited from overseas, compared to nearly a quarter now.</p> <p>Retain - Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential.</p> <p>Explore measures with the government such as a tie-in period to encourage dentists to spend a minimum proportion of their time delivering NHS care in the years following graduation.</p>	<ol style="list-style-type: none"> 1. Complete the Dental Training Needs Analysis by November 2023 2. The target is to have at least 3 courses funded and delivered out to the primary workforce team by December 2023.
System Wide and Place Based Approach	Schwartz Rounds	<p>N/A - SDF Funding not a HEE KPI</p> <p>From Local GP Retention Fund Guidance: Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.</p>	The aims of this project is to offer a safe and confidential group reflective practice forum for staff, that will help to combat isolation within Primary Care thus improving morale and increasing workforce retention.	N/A	<ol style="list-style-type: none"> 1. To have a consistent attendance of 20 attendees per virtual Round 2. Increase Schwartz Steering Group from 8 to 10 by March 2024, to support the identification of speakers 3. Deliver five face to face Rounds, one in each locality by March 2024 4. Fourteen virtual Rounds to be delivered by March 2024
Digital Innovation	Social Media	<ol style="list-style-type: none"> 2. % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. 3. % increase of nurses and AHP staff take-up of CPD funding. 4. % of primary care workforce offered training provided by the ICS Training Hub. 6. Number of non-clinical apprenticeships supported across primary care 7. Number of clinical apprenticeships supported across primary care. 8. % of PCNs utilising Knowledge and Library Services (KLS) 11. Number of EDI events to support the ICS EDI strategy. 	To have a presence on social media across Norfolk and Waveney and to reach Primary Care staff that we would not usually reach in other means to advertise what we do.	N/A	<ol style="list-style-type: none"> 1. Be live on 4 social media platforms by September 2023 2. By end of 2023 have review of all national days and events planned in Social Media planner, with drafts of posts. 3. Continuously Have two months worth of social media posts completed/ drafted into the calendar plan completed.
Education and Training	Non-Clinical Apprenticeships	<ol style="list-style-type: none"> 4. % of primary care workforce offered training provided by the ICS Training Hub. 6. Number of non-clinical apprenticeships supported across primary care 	To increase the number of non-clinical workforce by providing training and education and entry into non-clinical careers via apprenticeships.	N/A	<ol style="list-style-type: none"> 1. Secure Levy Transfers for Practices apprenticeships to access Levy Transfers for at least 70% of new apprenticeships that need it before 31st March 2024. 2. Recruit a minimum of 5 candidates for each management apprenticeship course per year (Level 3 and 5) by 31st March 2024. 3. Support recruitment of 10 Level 2 and 3 admin apprentices within each locality before 31st March 2024.
Education and Training	Nursing Apprenticeships	<ol style="list-style-type: none"> 3. % of placements increase. 7. Number of clinical apprenticeships supported across primary care. 20. Number of newly qualified health professionals who are supported to take up a primary care role. 	To increase the number of nursing in the primary care workforce through increasing apprenticeships.	37 new Apprentice Nursing Associates each year (Jan-Dec)	<ol style="list-style-type: none"> 1. Deliver at least 25 new Apprentice Nursing Associates by 31st March 2024.

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Education and Training	General Practice Assistant (GPA) Programme		To recruit and train more GPAs in General Practice	TBC	<ol style="list-style-type: none"> 1. Ensure 25 GPAs from 22-23 cohort have completed their portfolios and have been signed off by the GP Lead by September 2023 2. Undertake an evaluation of the 23-24 with a recommendation for 24/24 cohort by December 2023
Primary Care Workforce Planning	Primary Care Careers	<p>N/A - SDF Funding not a HEE KPI</p> <p>This project does support the following KPI's:</p> <ol style="list-style-type: none"> 1. % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations. 2. All professions to be offered practice placements. 3. % of placements increase. 6. Number of non-clinical apprenticeships supported across primary care 7. Number of clinical apprenticeships supported across primary care. 20. Number of newly qualified health professionals who are supported to take up a primary care role. 	The Aim of this project is to support Primary Care in the attraction and recruitment of new staff through procurement of a bespoke recruitment service.	N/A	<ol style="list-style-type: none"> 1. Increase Practice engagement to 60% of practices (63 practices) using PCC within 6 months by March 2024 2. Increase PCN engagement to 60% of PCNs (10 PCNs) using PCC within 6 months by March 2024 3. To fully utilise 10 DOP Pilot placements by January 2024 4. 90% of those using the service find it beneficial compared to alternative options. 5. Complete a review of the core GP/PCN service by January 2024, with a view to re procurement
Clinical Leadership	Akeso Coaching	<p>N/A - SDF Funding not a HEE KPI</p> <p>From Local GP Retention Fund Guidance: Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.</p>	To enhance the retention of healthcare professionals in the workforce by providing coaching that can help refine skills, foster leadership, and promote well-being.	N/A	<ol style="list-style-type: none"> 1. To procure continued coaching provision up to March 2025 by September 2023. 2. To utilise 150 coaching sessions between October 2023 and March 2025.
Primary Care Workforce Planning	Flexible Staff Pool	<p>N/A - NOT HEE KPI.</p> <p>From Flexible Staff Pool fund. Implementation of a digital platform to enable practices to find and allocate Locum staff to available shifts. Supporting the implementation of GP/GPN recruitment and retention as an integral part of ICS workforce programmes and ensuring that they are meeting the ongoing training and development needs of the primary care sector. Increase in the number and use of flexible staff pools, increase in the number of GPs registered to work through flexible working.</p>	The aim of this programme is to support the LTP commitment to ensure there are enough people working in the NHS to support patients, through the procurement of innovative staff matching technology using digital solutions for deployment of sessional clinical capacity.		<ol style="list-style-type: none"> 1. Expand the platform to include practice nurses by the end of October 2023. 2. Expand the platform to the wider workforce including roles such as Clinical pharmacists, Dispensers, HCA's and admin staff by May 2024.
Education and Training	Supporting Primary Care Clinicians	<p>N/A - NOT HEE KPI.</p> <ol style="list-style-type: none"> 1. % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations. 2. % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. 3. % increase of nurses and AHP staff take-up of CPD funding. 4. Training Hubs have an equality, diversity, and inclusion (EDI) strategy with an operational plan to support the ICS EDI strategy. 5. Training Hubs are expected to demonstrate their process for dealing with complaints and quality concerns to include: 	The aim of the programme is to offer support to clinical professionals out of work for under 2 years to return to work or those in need of additional support to stay in the work place by provision of bi-monthly CPD and support sessions.	N/A	<ol style="list-style-type: none"> 1. Number of clinical professionals attending all sessions is at or above 15. 2. Ensure 100% of participants are offered the EDI questionnaire at sessions. 3. 90% positive feedback from those that complete the feedback survey.

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Primary Care Workforce Planning	GP Careers Plus	N/A - SDF Funding not a HEE KPI From Local GP Retention Fund Guidance: Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.	The programme seeks to support and retain GP's who may otherwise consider leaving the area of Norfolk & Waveney, Primary Care, or clinical practice. This includes supporting newly qualified GPs who have not yet chosen a path/practice, those stepping back or reducing hours mid-career, and those considering early retirement.	N/A	<ol style="list-style-type: none"> 1. To onboard and maintain a group size of 75 Locum GP's on to the membership by March 2024. 2. Produce a map of where locums are located and distance they are willing to travel to be done once all new members have been signed up and to be updated as and when new members join end December 2023. 3. 100% of existing members moved to the new offer have signed and returned the MOU by the end of October 2023. 4. Preplanned peer group events to be sent out to the members by end of August and updated to new members by end of September 2023.
Clinical Leadership	FCP Supervisor Project	3. % of primary care workforce offered training provided by the ICS Training Hub.	To support FCP's moving towards supervisor status as we have identified a lack of accessible FCP supervisors across the locality.	N/A	<ol style="list-style-type: none"> 1. To Hold x2 FCP training days in 2023/24. 2. To provide a minimum of 15 (20% of FCPs) training grants by March 2024 supporting them towards supervisor status. 3. Develop and support a peer network of FCP's to reduce siloed and isolated working and improve adherence, recognition and progression through Health Education England's road maps to practice that has 80% (56 of 71) of FCPs attending throughout the year.
Education and Training	Physician Associate MH Upskilling Project	3. % of primary care workforce offered training provided by the ICS Training Hub.	To upskill PAs to increase their confidence and knowledge in mental health treatment and conditions and increase multidisciplinary working	N/A	<ol style="list-style-type: none"> 1.Scope the mental health training needs of PAs by May 2023 2.Offer mental health upskilling (crisis prevention, suicide prevention, eating disorders, substance misuse, dementia awareness) courses to PAs by September 2023 3.Scope PA specific mental health upskilling to add to the offer By May 2023 4.Enable access to upskilling programme via a single access and market offer directly to PAs by September 2023 5.Provide ambassador support to PAs to access and plan their upskilling continuous up to January 2024 in how many - how will it be measured. 6.Evaluate and write a report outlining future recommendations for post registration mental health upskilling for PAs by January 2024
Education and Training	Higher Development Award	3. % of primary care workforce offered training provided by the ICS Training Hub.	To support staff to develop their career within Primary Care where they may not have achieved the functional skills in Math's and English and would like to develop into a clinical or non-clinical role.	N/A	<ol style="list-style-type: none"> 1.To ensure 1 person from Norfolk and Waveney is signed up to the national HDA by 31st March 2023.

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Appendix B : Primary Care Workforce Operational Delivery Plan 23/24 Update

Primary Care Networks (PCN) Additional Roles Planning Timelines

All 17 PCNs submitted 2023-24 recruitment intentions on time for the 31 August 2023 deadline. By 31 October 2023 PCNs are required to complete an additional workforce planning document which must set out any indicative changes to the original workforce plan, the plan will include indicative intentions for 2024/25 and any future years. Post 2023/24 staff employed through the ARRS scheme will be considered part of the core general practice cost base.

Continuing Professional Development (CPD)

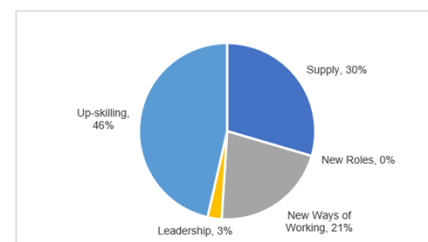
CPD Investment Plan Update

Continuing Professional Development (CPD) funds have been received again this year to fund clinical training for Nurses, Midwives, Allied Health Professionals, and Registered Nursing Associates. An investment Plan was submitted to NHS England on 28 July 2023, and proposed to deliver the following training and development. Activity will be reviewed by December 2023 and revised plans will be submitted to NHSE to confirm intended utilisation for this financial year:

- Cervical Sample Taker Training
- Immunisation Training
- General Practice Nurse Study Days
- Diabetes Lunch & Learns
- Eating Disorder Bitesize training
- Independent Prescribing Professional Development Day
- Spirometry training and ARTP accreditation
- Phlebotomy
- Individual requests to support CPD
- 13 x Level 6 / 7 credited clinical modules covering clinical and leadership skills

The chart below shows the number of training places for Nurses & AHPs that will be accessible for Primary Care across the courses listed above:

Course category	Number of places for Nurses and Midwives	Number of places for AHPs	Total number of places	Total cost £
Supply	261	1	262	£62,435.00
New Roles	0	0	0	£0.00
New Ways of Working	612	32	644	£45,338.27
Leadership	7	7	14	£5,450.00
Up-skilling	707	389	1096	£98,110.00
Total	1587	429	2016	£211,333.27



Trust allocation (to be added manually)	£211,333
Trust head count (to be added manually)	634
Variance in headcount to places accessed	1382
Investment plan variance to allocation	-£0.06

Underspend

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CPD Task and Finish Group Update

During June and July, we ran a series of Task and Finish Group meetings with key stakeholders from Primary Care to deliver an update on the outcomes from the Training Needs Analysis and discuss the proposed CPD Investment Plan for 2023-24 and any feedback, before the plan was submitted to NHS England. The group approved the plan and the task and finish group completed in July.

Non-Clinical Training

The ICB Workforce Team have allocated a small, non-recurrent budget to the Primary Care Workforce Team from underspends. This funding will be used to provide non-clinical training which will be accessible for staff within all four sectors of Primary Care. The project plans for general practice courses and training providers are currently in development and are expected to be finalised by mid-October. This timeline will enable the integration of training requirements for the other sectors, based on the findings from the Optometry & Dental Training Needs Analysis surveys. Once the plan is approved, we will begin procurement processes with the identified training providers and aim to have training dates available from November 2023 for staff to enrol onto and this will be communicated to practice staff through Practice Manager meetings, education forums, weekly newsletters, training catalogue updates and social media posts.

Health and Wellbeing Enhancement Programme

The Health and Wellbeing Enhancement Programme for Primary Care Networks (PCNs) is designed to support staff wellbeing in the short, medium, and long term. By the end of November 2023, it involves creating an accessible website, hosting online seminars, and boosting training uptake. In the medium term (March 2024), it focuses on appointing wellbeing ambassadors, increasing participation in wellbeing initiatives, and gathering feedback for program improvement. The long-term vision looking at year 24/25 includes sustainable training modules, regular reviews, and ongoing monitoring of staff health and wellbeing through surveys. This initiative aims to enhance staff resilience, job satisfaction, and overall productivity, leading to improved patient outcomes.

Pharmacy Student Summer Placements (PSSP)

In collaboration with Bedfordshire Luton Milton Keynes ICB we offered 4 Pharmacy students summer placements within Practices in the Norfolk and Waveney area. During these placements students engaged in structured learning activities, including a CPD workbook, case-based discussions, and auditing. Placements concluded on 25 August 2023 and a review has begun to obtain feedback and assess if the programme should be repeated in Summer 2024, a recommendation will be taken to a future PCCC meeting.

Primary Care Integration Leads Programme

This program aims to support Community Pharmacist PCN Leads in the East of England through a structured four-month series of 8 interactive sessions, empowering them to apply leadership skills within their PCNs for enhanced partnership working. Mentorship will be provided to drive positive change and innovation. The end of the pilot aims to complete in June 2024.

Dentistry, Optometry and Pharmacy (DOP) Training Needs Analysis (TNA)

A training needs analysis will be utilised to understand the current need for training within the 3 sectors of DOP which will aim to be received and transferred into a Business Intelligence report by December 2023 to review and utilize current training which is being delivered within general practice and which transferable between the other 3 sectors. Between the months of January and March 2024 we will identify more specialized training for each sector and create a training package alongside service providers to meet the current need which will have been identified by the training needs analysis. The financial year of 24/25 will be utilized to reinstate the training needs analysis to identify what impact the previous work has had on the primary care workforce and will also allow for an updated view of what training is required which we will aim to deliver.

Coaching and Mentoring

A procurement process took place in August to investigate the coaching provision for General Practice Staff in Norfolk and Waveney. Quotes were sought and the existing provider Akeso Coaching and Mentoring were identified as the most cost-effective option. Akeso offers coaches from a range of backgrounds including GPs, nurses, an optometrist. We are proposing to extend the provision to March 2025 this ensures a continuity of service for staff to continue to maintain existing coaching relationships and ensures coaching will be available for another year. The top reason given for accessing coaching being work pressures/ work stress.

Recruitment Support – Primary Care Careers

This project supports Primary Care in the attraction and recruitment of new staff through procurement of a bespoke recruitment service. Primary Care Careers provide an attraction and recruitment service tailored to the needs of primary care; this service is funded by the ICB and free to Practices and PCNs. The current provision is until March 2024. We intend to undertake a review of the service in the new year with a view to continued provision from April 2024 onwards.

Transitional Support

A Monthly Task and Finish group has been set up to look into the challenges of retaining ARRS staff moving into Primary Care from other sectors. An engagement session was held with PCN Managers and ARRS representatives in September to understand the issues faced by the target group. Key issues raised were loneliness, the importance of a good induction process, and confusion and uncertainty caused by changes to NHS England Guidance. The T&F will review the feedback and co-design the programme of support required.

Succession Planning & Recruitment Mapping

This 12-month project started May 2023 and aims to understand how the ICB can support Primary Care with succession planning and mapping future recruitment intentions based on projected population demands, with a view to providing future support to practices, and PCNs. Currently this project is ending a phase of engagement having collated views of over 72 practices stakeholders and partners across all 4 sectors of primary care and will imminently move to decisions and development of support for publication. We are now in Phase 2 and will review the findings and use them to inform decision on the development of support to be

published. The project long term aim for the 12 months is to provide support with workforce planning and evaluate the impact, recommending appropriate future activity by April 2024.

Pharmacy Pre-Registered Pharmacy Technician (PTPT) Placements

This ongoing work supports primary care to meet pharmacy workforce demand by training more PTPTs. The grow your own approach aims to create a future pipeline of registered pharmacy technicians and increase workforce skill mix to Primary Care Networks. To date this project has supported 23 candidates with their enrolment, provided funding for 15 practices/community pharmacies since February 2021 and established local working relationships with educational providers and learning organisations. Regional and national NHSE funding has been maximised and continues to be utilised with bi-annual cohorts. The continuation of this project allows us to support the expansion of the primary care workforce through a funded, appropriate training programme with salary backfill incentive.

Advanced Practice

Four learners have commenced training for their Advanced Practice MSc qualification (September 2023). This course is commissioned and funded by NHS England. There are currently eight expressions of interest for January 2024, and we should have confirmation from NHSE of re-scoping for funding, in October 2023.

The Centre for Advancing Practice has also approved an increase in the annual training grant which is paid to employers in the East of England. The training grant funds the trainee's course fees and clinical supervision. This will be backdated to 1 April 2023:

- **Full MSc** - £6,000 increasing to £6,120 per annum, per learner (£18,360 over 3 years)
- **Top Up (total of 100 credits)** - £2,125 increasing to £2,366 per annum, per learner (£4,732 over 2 years)

The additional funding will be utilised to develop a local Advanced Practice Fellowship role to continue the work the Advanced Practice Ambassador has been leading on from a Primary Care and ICS perspective, once their current contract ends in March 2024.

EoE Rural and Coastal (R&C) Programme

Norfolk and Waveney ICB are working in partnership with Suffolk and North East Essex (SNEE) ICB. The R&C programme covering Great Yarmouth, Kings Lynn and Tendring Place (SNEE) has integrated with Digital Literacy, Workforce Expansion, Medical Redistribution & Cultural Change workstreams, enabling the delivery of small-scale pilots as well as ensuring R&C specific challenges are considered in detail across system wide programmes. The programme will implement the Volunteer to Career in Primary Care, ENHANCE Generalist School, R&C Careers Strategy alongside small scale pilots aligned to each priority throughout the pilot sites.

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Supporting Mentors Scheme

A pool of qualified mentors continues to be utilised during the 23/24 financial year, and funded by the NHSE Supporting Mentors Scheme budget, to provide mentorship sessions to Practice employees, especially GP, Nurse and Allied Health Professional Fellows and those supported by the ST3 and GP Partnership incentive schemes. Budget is in place to continue funding mentorship sessions, with allocation for a small cohort of new mentors to be trained to join the pool by March 2024.

Fellowship Scheme

As part of the NHS Long Term Plan, NHS England provides national funding for newly qualified GPs and Nurses to complete a Fellowship. The Fellowship programme supports Primary Care Network (PCN) portfolio working, learning and development and supports the retention of staff by supporting GPs and Nurses to take up substantive employment. Several new Fellowship opportunities tailored by the Integrated Care Board are being advertised and anticipate uptake being completed by the end of this financial year, including:

- Five GP and/or Nurse CaReMe (Cardiac, Renal, Metabolic) Fellows
- One Health and Wellbeing GP Fellow
- One Sustainability GP / Nurse Fellow
- One Dementia GP Fellow
- One Dementia Nurse Fellow
- Two Rural and Coastal Digital Fellows
- One Volunteer to Career Fellows

We wish to enrol five new-to-practice or newly qualified nurses by 31 March 2024.

Norfolk and Waveney Primary Care Schwartz Rounds

We have been running virtual Schwartz Rounds for Norfolk and Waveney Primary Care staff since May 2022, offering a group reflective practice forum for staff of all disciplines to come together and discuss the emotional and social impact of their work in a safe and confidential environment. We hope to combat isolation within Primary Care thus improving morale and increasing workforce retention. Rounds have been well attended sometimes reaching numbers as high as 30 colleagues on the call, with a good representation of multidisciplinary roles within Primary Care. We are also offering face to face Rounds to the localities and ran a successful Round at Fakenham Medical Practice in April 2023 which had over 30 colleagues in attendance. We are looking to align in the new year under the ICS contract to strengthen our resources and currently are conducting a collaborative working piece to achieve this.

GP Partnership Incentive

In April 2023 we launched an incentive to help practices recruit new or returning GP partners within Norfolk and Waveney General Practice and to help alleviate existing recruitment pressures as well as providing an incentive for GPs to consider partnerships in the area, this is in line with NHS England's Retain and Reform targets. We hope to be able to support 10 new/returning GP partners by 31st March 2023, so far we have confirmed 2 and have a further 8 that have expressed interest so we are on track to meet this goal. We also hope to increase the GP Partner WTE figures reported with NWRS by 31st April 2024.

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Trainee GP to a Salaried GP Incentive

In April 2023 we launched an incentive to help retain GP trainees within Norfolk and Waveney General Practice, to aid practices with recruitment of newly qualified salaried GPs and alleviate existing pressures as well as providing incentives for newly qualified GPs to seek employment with the area. This is in line with NHS England's Retain and Reform targets. We hope to be able to support 25 newly qualified GPs within Norfolk and Waveney by 31st March 2023, so far we have 14 confirmed and a further 11 have that expressed interest across all five places so we are on track to meet this goal. We also hope to increase GP salaried WTE figures reported within NWRS by 31st March 2024.

GP Careers Plus

The programme seeks to support and retain GP's who may otherwise consider leaving the area of Norfolk & Waveney (N&W), Primary Care, or clinical practice. This includes supporting newly qualified GPs who have not yet chosen a path/practice, those stepping back or reducing hours mid-career, and those considering early retirement. Work is ongoing to promote the updated offer approved by PCCC in May to Locum GP's already on the programme and promoting to new members. The medium-term aim is to support those who are currently registered on the programme which is currently on 72 active members and climbing with the overarching target of reaching 75 active members by March 2024

Supporting Primary Care Clinicians

The programme offers support to clinical professionals out of work for under 2 years to return to work or those in need of additional support to stay in the workplace by provision of bi-monthly CPD and support sessions. The programme has supported 98 Norfolk and Waveney clinicians since March 2022, and feedback has remained consistently good or excellent. The numbers show that the programme reflects and encourages staff retention and returning to work within the N&W system. The present provider contract ends March 2024, and a review will take place in the new year with a view to seeking continued provision beyond this.

Flexible Staff Pool

This programme is to support the Long Term Plan (LTP) commitment to ensure there are enough people working in the NHS to support patients, through the procurement of innovative staff matching technology using digital solutions for deployment of sessional clinical capacity. We are working with Lantum to expand the platform to include practice nurses by early October 2023 with a view to further expansion going forward to include a number of roles within the workforce by May 2024. As of August 2023, we have 81 practices signed on to the platform and 64 Locum GP's who are registered and have completed their onboarding process.

Social Media

To extend our reach and encourage workforce into Norfolk and Waveney we have established a platform on social media. We are using this tool to highlight the work the Primary Care Workforce team does across Norfolk and Waveney, to share promotional campaigns and to shout out the remarkable work of Primary Care staff. we are now live on 4 social media platforms including; X (formally known as Twitter), Facebook, LinkedIn and Instagram. We hope to reach staff that we wouldn't reach

through our current channels to grow our visibility as a team and the support we offer for all staff working within Primary Care in Norfolk and Waveney.

Higher Development Award

The Higher Development Award (HDA) is a development programme funded by NHS England that enables Individuals to build knowledge and skills to support career progression. The programme provides the opportunity to grow knowledge and skills to enable professional development within their current role to meet the ever-growing needs within Primary Care. Open to staff hoping to develop their career where they may not have achieved the functional skills in Math's and English or want to progress their career whether this is a clinical or non-clinical route. We have developed more helpful and informative documentation for staff interested to give them a better understanding of the course levels offered and how this can be beneficial. Our focus for the rest of the year is to review the Comms to increase interest in the October cohort.

Mental Health Upskilling for Physicians Associates

The mental health upskilling project is one that has been commissioned and developed, in part due to the increased demand on primary care and secondary care services for such presentations, but also due to the reduced secondary tier service capacity and support. The tender stipulated upskilling physician associates working across NWICB in first contact or acute presentation mental health presentations such as depression and anxiety, eating disorders, suicidality or even acute psychosis. This is to enable adequate, competent and effective management and follow up of these presentations, bettering outcomes for patients across the region. After training needs analysis of current PAs working in the region, HEIs were identified. 2 courses were identified and subsequently commissioned and are due to start delivery September 2023 and January 2024 respectively.

First Contact Physio/ Allied Health Professional (FCP/AHP) Ambassador:

My predominant focus is supporting first contact practitioner physiotherapists across the ICB. This encompasses any questions they have regarding clinical governance and adherence to the road maps to practice as published by NHS England. Organizing educational events and opportunities and linking with HEIs on improving competencies and opportunities for learning. We have run a full FCP CPD day integrating different professions with fantastic feedback and received clear messaging on the value of running future events for FCPs in the region. I have also been involved in supporting other first contact roles besides physiotherapy, including a dietitian who has recently completed stage to the road map and is now seeking to attend the supervisor course to allow her to support other roles within primary care.

What are we looking to focus on for the rest of the year:

1. FCP supervisor accreditation courses have been run by me historically at a regional level. More recently at a ICB level I have done the same to support FCPs development and ability to support each other. I'm planning on providing further supervisor courses as the need arises due to the lack of regional provision and clear need to improve clinical supervision in practice.

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2. We are organising a further regional first contact practitioner networking and educational day. We organized one in the early summer which was very well received and learning from feedback we are rolling out a second one in the near future, this will be for multi-professional first contact roles in the ICB.
3. There has been recent changes in the way that the governance structure is to be assessed and accredited nationally. I have been, and will continue to be very much involved in disseminating information to the first contact practitioners across our area.

Physicians Associate (PA) Ambassador

As the Physician Associate primary care ambassador, I am involved in most aspects of PA development and employment, with a keen focus on primary care. Having built and established a relationship with the UEA, I support training and development at the UEA where possible and appropriate. This can take the form of lectures, placement site visiting and assistance with future employment. Support for employers is also an integral part of my role. This can include education and advocacy for the PA role, liaising with practices regarding workforce planning for any current or future PAs and ensuring training and development opportunities are available. Supporting PAs working across NWICB in primary care is also equally as important. Ensuring training opportunities are disseminated, career progression opportunities as well as ensuring adequate wellbeing and pastoral support is available to ensure retention within the region.

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Improving lives **together**

Norfolk and Waveney Integrated Care System

2023/24 Primary Care Commissioning Committee Finance Report Norfolk & Waveney ICB

August 2024

Primary Care Commissioning Committee 11th October 2023

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1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M5 (August-23) of the ICB accounts.
- As at Month 5 (August), the Year to Date (YTD) spend is £ 226.7m as against a plan of £223.2m leading to an overspend of £3.6m for Primary Care and Prescribing in combination.
- The forecast spend is £538.9m as against a plan of £535.9m leading to a forecast overspend of £3.0m. 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 in section 3.0 Detailed Variance Analysis.

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2.0 Total Financial Summary

23/24 Primary Care & Prescribing	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and MD4 to MD5 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 & Other Prescribing									
GP Prescribing	189.7	79.8	81.6	1.8	192.1	2.5	193.1	(0.9)	The improvement in FOT between July and August is because of £1.8m Unidentified efficiencies in GP Prescribing (part of the 5%) now identified but reduced forecast in identified efficiencies Central Drugs and Oxygen unidentified efficiencies and increase in Oxygen due to electricity costs.
Other Prescribing costs	18.8	7.9	7.8	(0.1)	19.1	0.3	19.0	0.2	
Total GP & Other Prescribing	208.5	87.7	89.4	1.7	211.3	2.8	212.1	(0.8)	
Primary Care									
Delegated Primary Care	208.1	86.7	87.3	0.6	204.9	(3.3)	204.3	0.5	Dispensing Fees Cost Pressures
Local Enhanced Services	11.3	4.6	6.5	1.9	15.6	4.3	15.6	(0.0)	new allocation received and hence increased forecast
Other Primary Care	13.2	4.7	4.1	(0.7)	12.2	(1.0)	12.0	0.2	
Total Primary Care	232.6	96.1	97.9	1.8	232.6	0.0	231.9	0.8	
DOP									
Dental	63.6	26.4	26.4	0.1	63.8	0.2	63.8	(0.0)	On Plan
Optom	10.2	4.2	4.2	(0.0)	10.2	(0.0)	10.2	0.0	On Plan
Pharmacy	21.0	8.7	8.7	0.0	21.1	0.1	21.0	0.1	marginal increase
Total DOP	94.8	39.3	39.4	0.1	95.0	0.2	95.0	0.1	
Total Prescribing and Primary Care	535.9	223.2	226.7	3.6	538.9	3.0	538.9	0.1	
Variance as a % of Budget				1.6%		0.6%		0.0%	

Variance Signage: (Favourable)/Adverse

3.0 GP And Other Prescribing

23/24 Primary Care: Prescribing	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and MD4 to MD5 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	199.7	84.0	83.7	(0.3)	200.6	0.9	201.6	(1.1)	The improvement in FOT between July and August is because of £1.8m Unidentified efficiencies in GP Prescribing (part of the 5%) now identified but reduced forecast in identified efficiencies
Recharges to Local Authorities & NHS England	(5.6)	(2.3)	(0.9)	1.5	(5.4)	0.2	(5.5)	0.1	Slight reduction in recharges for sexual health and smoking cessation
Rebates from pharmaceutical companies	(4.4)	(1.9)	(1.2)	0.6	(3.0)	1.4	(3.0)	0.0	
Central Drugs	5.1	2.2	2.2	0.1	5.4	0.3	5.4	0.0	
Dressings & wound care	5.3	2.2	2.0	(0.2)	4.9	(0.4)	4.9	(0.0)	
Others (Medicine Management, Oxygen, incentives etc.)	8.4	3.5	3.6	0.1	8.8	0.4	8.7	0.1	Revised Oxygen forecast due to electricity cost pressures.
Total Prescribing	208.5	87.7	89.4	1.7	211.3	2.8	212.1	(0.8)	
Variance as a % of Budget				1.9%		1.3%		-0.4%	

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(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and MD4 to MD5 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	
Contractual	130.58	54.41	54.27	(0.1)	130.12	(0.5)	130.1	(0.0)	benefit in contract and contract KPI's, where contract paid out in full and clawed back where necessary
QOF	16.17	6.74	6.74	0.0	16.17	0.0	16.2	(0.0)	On Plan
Premises cost reimbursements	15.56	6.48	6.52	0.0	15.60	0.0	15.5	0.1	On Plan
Other - GP Services	14.89	6.21	6.41	0.2	15.41	0.5	15.0	0.5	Dispensing fee's continued trend & emergency locum spend at South practice
Enhanced services	11.19	4.66	4.68	0.0	11.21	0.0	11.2	0.0	On Plan
CCG Spend	0.57	0.23	0.23	(0.0)	0.56	(0.0)	0.6	(0.0)	On Plan
PCN ARRS Staff	17.40	7.25	8.64	1.4	17.40	0.0	17.4	0.0	On Plan
PMS to GMS	4.18	1.74	0.00	(1.7)	0.00	(4.2)	0.0	0.0	Variance offset in LCS cost centre
Prior Year	(2.39)	(1.00)	(0.20)	0.8	(1.60)	0.8	(1.6)	0.0	Allocation shortfall in 23/24
Total Delegated	208.1	86.7	87.3	0.6	204.9	(3.3)	204.3	0.5	
Variance as a % of Budget				0.6%		-1.6%		0.3%	

- 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 MD4 to MD5 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	0.11	0.11	(0.0)	0.2	(0.0)	0.2	0.0	On Plan
Training Hub Default	0.33	0.03	0.12	0.1	1.0	0.6	1.0	(0.0)	On Plan
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	0.15	(0.0)	0.2	(0.0)	0.16	0.0	On Plan
Nurse Fellowships	0.00	0.00	0.02	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	0.33	0.14	0.05	(0.1)	(0.0)	(0.3)	(0.0)	0.0	On Plan
Flexible Staff Pools	0.12	0.05	0.05	0.0	0.0	(0.1)	0.0	0.0	On Plan
Infrastructure & Resilience	0.13	0.05	0.05	0.0	0.0	(0.1)	0.0	0.0	On Plan
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 SDF	1.4	0.6	0.6	(0.0)	1.4	0.1	1.4	(0.0)	£0.1m adverse variance is due to Unidentified Efficiencies
Variance as a % of Budget				-1.2%		4.4%		-1.0%	

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.

6.0 Dental

23/24 Primary Care: Dental	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and M04 to M05 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)	(8.3)	(5.5)	2.8	(14.0)	6.0	(14.0)	0.0	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	24.2	23.5	(0.7)	57.2	(0.8)	57.2	(0.0)	Baseline adjusted to bring the forecast back to balance for now, this is in lieu of the in-year performance adjustments
Pay & Pensions	1.9	0.8	0.9	0.1	2.2	0.3	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	0.3	0.2	(0.1)	0.5	(0.1)	0.6	(0.1)	Small benefits in property costs, and reduction in pay costs due to recategorisation
General Reserve	5.1	2.1	(0.0)	(2.1)	(0.0)	(5.1)	(0.0)	0.0	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	46.2	19.2	19.3	0.1	46.4	0.2	46.5	(0.1)	
Secondary Dental									
Baseline payments	14.0	5.8	5.8	0.0	14.0	0.0	13.9	0.1	On Plan but slight change in forecast between July and August as new allocation received in August
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	(0.0)	0.0	On Plan
Total Secondary Dental	14.1	5.7	5.7	0.0	14.1	0.0	14.0	0.1	
Community Dental									
Baseline Payment	2.6	1.1	1.0	(0.1)	2.5	(0.1)	2.6	(0.1)	Actual baseline payments lower than budget
Specific Items	0.7	0.3	0.3	0.0	0.8	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	1.4	1.4	(0.0)	3.3	(0.0)	3.4	(0.0)	
Total Dental	63.6	26.4	26.4	0.1	63.8	0.2	63.8	(0.0)	Full Year variance offset by pay budgets held in Other primary care
Variance as a % of Budget				0.4%		0.3%		0.0%	

Variance Signage: (Favourable)/Adverse

6.0 Dental Reserve's

	Actual FOT 000's	Budget 000's	Variance 000's
Contractual			
Revenue	(13,273)	(19,996)	6,724
Missing Revenue			-
Contract	54,006	57,998	(3,992)
Reserve		5,139	(5,139)
Performance Adjustment 23/24	(16,500)	-	(16,500)
Performance Adjustment 22/23	(10,400)	-	(10,400)
Claw back ICB to NHSE	10,400	-	10,400
Sub-Total Contractual	24,233	43,140	(18,907)
Investments			
Emergency Pathway	1,000	-	1,000
Children's Pathway	600	-	600
Other UDA & Activity Changes	87		87
Other Primary Care Budget		1,741	(1,741)
Sub-Total Investments	1,687	1,741	(54)
Other (Inc Pay)	3,219	3,048	171
Other Primary Care Budget	-	415	(415)
Sub-Total Other	3,219	3,463	(244)
Net variance			(19,205)
Bottom Line Requirements			
Closing the Gap Requirement			1,000
Original Planning Assumption			1,250
Problem / (Additional Reserve)			(16,955)

Comment

Revenue based on 19/20 outturn so hugely overvalued
Some additional revenue may be forthcoming
Contract hand backs. Does not include underperformance of current year contracts
NHSE Reserve budgeted for 23/24
Underperformance in contracted activity not yet known
Per NHS England, this will be retained by them NHS England
Clawback as per NHSE

New scheme in 23/24
New scheme in 23/24
As per DODG 10/08/23

Unmet need and pay, offset by other above budgeted for in 23/24

Staff cost not in budget
Pay Budget

Originally 2.5m risked down to 1m, to be taken to bottom line
Efficiency already taken to bottom line

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 and those in the pipeline for dental.

7.0 Optom

23/24 Primary Care: Optom	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		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	2.6	2.6	0.0	6.2	0.0	6.2	0.0	On Plan
Vouchers for SuppSpec	3.3	1.4	1.4	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	4.2	4.2	(0.0)	10.2	(0.0)	10.2	(0.0)	
<i>Variance as a % of Budget</i>				0.0%		0.0%		0.0%	

Variance Signage: (Favourable)/Adverse

8.0 Pharmacy

23/24 Primary Care: Pharmacy	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		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)	(5.0)	(5.0)	0.0	(11.9)	0.0	(11.9)	0.0	On Plan
Professional Charges	26.6	11.1	11.1	0.0	26.6	0.0	26.6	0.0	On Plan
Essential Services	2.4	1.0	1.0	0.0	2.4	0.0	2.4	0.0	On Plan
Advanced Services	2.1	0.9	0.9	0.0	2.1	0.0	2.1	0.0	On Plan
Quality Payment Scheme	1.4	0.6	0.6	0.0	1.4	0.0	1.4	0.0	On Plan
Other	0.4	0.1	0.2	0.0	0.5	0.1	0.4	0.1	Pay costs increased for Lead Integrated Pharmacist 8C post from April
Total Pharmacy	21.0	8.7	8.7	0.0	21.1	0.1	21.0	0.1	
Variance as a % of Budget				0.4%		0.4%		0.4%	

Variance Signage: (Favourable)/Adverse

9.0 Efficiencies (Planned)

23/24 Primary Care Efficiencies	Scheme Reference	Planned/ CTG	Area	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		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	182.0	118.0	182.0	118.0	182.5	0.5	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	600.0	186.0	414.0	186.0	414.0	552.1	366.1	
Greener/lower cost inhalers (supported by PQS/rebates) - 5%	22/23 FYE	Planned	Prescribing	450.0	375.0	459.0	(84.0)	566.0	(116.0)	509.9	(56.1)	
Oral Nutritional Supplements (supported by PQS/FK rebate) - 5%	22/23 FYE	Planned	Prescribing	150.0	125.0	6.0	119.0	17.0	133.0	115.6	98.6	
Over the counter	22/23 FYE	Planned	Prescribing	150.0	125.0	41.0	84.0	51.0	99.0	133.5	82.5	
Specials (supported by PQS) - 5%	22/23 FYE	Planned	Prescribing	90.0	75.0	71.0	4.0	86.0	4.0	90.0	4.0	
Subtotal Continuation of 22/23 Schemes				1,740.0	1,600.0	945.0	655.0	1,088.0	652.0	1,583.5	495.5	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	234.0	134.0	100.0	321.0	1,185.0	321.0	0.0	Restructure resulting in reduced savings
Blood glucose testing strips (PQS and switch)	MED040	Planned	Prescribing	450.0	100.0	100.0	0.0	450.0	0.0	450.0	0.0	
Lancets (PQS and switch)	MED041	Planned	Prescribing	15.0	6.0	6.0	0.0	15.0	0.0	15.0	0.0	
Novarapid vs Trurapi	MED042	Planned	Prescribing	200.0	60.0	60.0	0.0	200.0	0.0	200.0	0.0	
Sitagliptin windfall and switch	MED043	Planned	Prescribing	250.0	75.0	75.0	0.0	250.0	0.0	250.0	0.0	
Home Oxygen targeted reviews	MED044	Planned	Prescribing	75.0	21.0	21.0	0.0	75.0	0.0	75.0	0.0	
OptimiseRx	MED045	Planned	Prescribing	1,800.0	750.0	749.0	1.0	1,816.0	(16.0)	1,797.8	(18.2)	
Low Risk Cost Effective Switches (facilitates all other switches)	MED046	Planned	Prescribing	100.0	30.0	150.0	(120.0)	220.0	(120.0)	220.0	0.0	
Opioid Costs (supported by PQS/rebates)	MED047	Planned	Prescribing	500.0	150.0	150.0	0.0	500.0	0.0	500.0	0.0	
DOAC edoxaban rebate and overall costs	MED048	Planned	Prescribing	1,000.0	416.0	416.0	0.0	1,000.0	0.0	1,000.0	0.0	
Lower cost greener inhalers (Luforbec switch)	MED049	Planned	Prescribing	750.0	225.0	225.0	0.0	750.0	0.0	750.0	0.0	
Oral Nutritional supplements (supported by PQS and FK rebates)	MED050	Planned	Prescribing	90.0	20.0	20.0	0.0	90.0	0.0	90.0	0.0	
Self Care	MED051	Planned	Prescribing	50.0	15.0	15.0	0.0	50.0	0.0	50.0	0.0	
Outlier Practices	MED052	Planned	Prescribing	150.0	50.0	50.0	0.0	150.0	0.0	150.0	0.0	
Specials and high cost items	MED053	Planned	Prescribing	75.0	31.0	70.0	(39.0)	114.0	(39.0)	75.0	(39.0)	
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	21.0	21.0	0.0	75.0	0.0	75.0	0.0	
Stoma managed service pilot	MED057	Planned	Prescribing	100.0	30.0	30.0	0.0	100.0	0.0	100.0	0.0	
Subtotal Switches & Review				7,486.0	2,234.0	2,292.0	(58.0)	6,476.0	1,010.0	6,418.8	(57.2)	Restructure resulting in reduced savings
Unidentified Efficiencies as in July now identified in August				1,885.0	77.0	77.0	0.0	1,885.0	0.0		(1,885.0)	
Total Efficiency				11,111.0	3,911.0	3,314.0	597.0	9,449.0	1,662.0	8,002.3	(1,446.7)	
Variance as a % of Budget							15.3%		15.0%		-18.1%	

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(August)			Forecast (ICB)		Forecast as at July		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	
General Reserve	TBC	CTG	Dental	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	Cannot yet put in position due to sensitivity with NHSE (potential claw back)
Bath and Shower	Agreed	Planned	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed at Prescribing Savings meeting
Branded Prescribing	Agreed	Planned	Prescribing	0.15	0.00	0.00	0.00	0.15	0.00	0.00	(0.15)	Agreed at Prescribing Savings meeting
Dandruff	Agreed	Planned	Prescribing	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Agreed at Prescribing Savings meeting
Dental	Agreed	Planned	Prescribing	0.00	0.00	0.00	0.00	0.00	(0.00)	0.00	(0.00)	Agreed at Prescribing Savings meeting
Ibuprofen caps and liquids	Agreed	Planned	Prescribing	0.01	0.00	0.00	0.00	0.01	(0.00)	0.00	(0.01)	Agreed at Prescribing Savings meeting
Topical Nail Treatments	Agreed	Planned	Prescribing	0.00	0.00	0.00	0.00	0.00	(0.00)	0.00	(0.00)	Agreed at Prescribing Savings meeting
Vitamin B	Agreed	Planned	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed at Prescribing Savings meeting
Dry eyes/sore tired eyes	Agreed	Planned	Prescribing	0.12	0.00	0.00	0.00	0.12	0.00	0.00	(0.12)	Agreed at Prescribing Savings meeting
Conjunctivitis	Agreed	Planned	Prescribing	0.03	0.00	0.00	0.00	0.03	0.00	0.00	(0.03)	Agreed at Prescribing Savings meeting
Indigestion and Heartburn	Agreed	Planned	Prescribing	0.04	0.00	0.00	0.00	0.04	0.00	0.00	(0.04)	Agreed at Prescribing Savings meeting
Infrequent constipation	Agreed	Planned	Prescribing	0.08	0.00	0.00	0.00	0.08	0.00	0.00	(0.08)	Agreed at Prescribing Savings meeting
Mild dry skin/sunburn	Agreed	Planned	Prescribing	0.16	0.00	0.00	0.00	0.16	0.00	0.00	(0.16)	Agreed at Prescribing Savings meeting
Mild to mod HF/Allerg Rhin	Agreed	Planned	Prescribing	0.20	0.00	0.00	0.00	0.20	0.00	0.00	(0.20)	Agreed at Prescribing Savings meeting
Minor conditions associated with pain	Agreed	Planned	Prescribing	0.13	0.00	0.00	0.00	0.13	(0.00)	0.00	(0.13)	Agreed at Prescribing Savings meeting
New Rebate opportunities	Agreed	Planned	Prescribing	0.06	0.00	0.00	0.00	0.06	0.00	0.00	(0.06)	Agreed at Prescribing Savings meeting
DT Windfall	Agreed	Planned	Prescribing	0.61	0.08	0.00	0.08	0.61	0.00	0.00	(0.61)	Agreed at Prescribing Savings meeting
Switch from GLP1 (eg to Sitagliptin)	Agreed	Planned	Prescribing	0.12	0.00	0.00	0.00	0.12	0.00	0.00	(0.12)	Agreed at Prescribing Savings meeting
Insulin needles	Agreed	Planned	Prescribing	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Agreed at Prescribing Savings meeting
Fostair (part of low cost effective) but t	Agreed	Planned	Prescribing	0.06	0.00	0.00	0.00	0.06	0.00	0.00	(0.06)	Agreed at Prescribing Savings meeting
General LES Slippage	TBC	CTG	LCS	0.40	0.05	0.00	0.05	0.40	0.00	0.00	(0.40)	Can be shown now in FOT and YTD from M05 once Q1 payments made
Participation Fees	TBC	CTG	Other PC	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Needs to be agreed with locality teams but likely
PIPS Screens	TBC	CTG	GPIT	0.03	0.03	0.00	0.03	0.03	0.00	0.00	(0.03)	Spare budget zero risk budget increased at M04
Total Efficiency				3.4	0.2	0.0	0.2	2.4	1.0	0.0	(2.4)	
<i>Variance as a % of Budget</i>							<i>0.0%</i>		<i>29.8%</i>		<i>0.0%</i>	

Variance Signage: (Favourable)/Adverse

10.0 LCS Activity Tracker

Locally Commissioned Service	Q1 Activity Budget (£)	Quarter 1 (Incl Mid Sept Payment) Claimed (£)	Utilisation %
Care Homes	88,744	63,169	71%
Diabetes	139,106	116,399	84%
Eating Disorders	115,149	60,972	53%
Inclusion Health	126,985	89,660	71%
Mental Health SMI Health Checks	139,347	56,067	40%
Phlebotomy	1,259,417	1,245,618	99%
Proactive Healthcare	1,045,058	1,045,058	100%
PSA	74,626	74,064	99%
Shared Care	319,409	341,246	107%
Spirometry	127,065	120,434	95%
Treatment Room	401,288	479,003	119%
Warfarin	219,241	211,644	97%
	4,055,435	3,903,335	96%

Comment

Over performances by some practices
Injections and Minor injuries based on activity hence overperformance
Contractually practices have until 31 December 2023 to claim for quarter 1

The above shows the take up of claims for Locally Commissioned Services, this is subject to an additional payment window up until the middle of September 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 £14.2m Transformation Savings assumed in the financial position for Prescribing and Primary Care.	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. Similar processes in the Dental and Primary Care areas.
Chance of clawback of dental underspends from NHSE	Regular monitoring and engagement with regional teams

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Appendix Financial Risk(s)

Risk	Mitigation
<p>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.</p>	<p>Robust management and oversight, through collaborative working between finance and medicines management to understand trends, variances and cost</p>
<p>Financially unstable practices</p>	<p>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”.</p>
<p>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)</p>	<p>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</p>
<p>Delegated financial position and the inability to control the spend within the ICB due to nationally mandated expenditure.</p>	<p>Negotiation with NHS England and Improvement and involvement in national allocation working groups. Look to cease or defer non mandated expenditure where possible.</p>