Primary Care Commissioning Committee Part One

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

Agenda

13:30 - 13:30 0 min

Agenda

Debbie Bartlett

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

13:30 - 13:30 0 min

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

Information *Debbie Bartlett*

13:30 - 13:30 0 min

2. Apologies for absence

Information *Debbie Bartlett*

13:30 - 13:30 0 min

3. Declarations of Interest

Information *Debbie Bartlett*

2023 12 12 Item 03 Declarations of Interest.pdf (5 pages)

13:30 - 13:30 0 min

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

Decision *Debbie Bartlett*

2023 10 11 Item 04 NWICB PCCC Minutes Part One.pdf (8 pages)
2023 12 12 Item 04 PCCC Action Log Part One.pdf (1 pages)

13:30 - 13:30 0 min

5. Forward Planner

Decision *Sadie Parker*

2023 12 12 Item 05 ICB PCCC Forward Planner 2023-2024 P1.pdf (1 pages)

13:30 - 13:30 0 min

6. Risk Register

Decision *Sadie Parker*

2023 12 12 Monthly risk ratings combined.pdf (21 pages)

13:30 - 13:30 0 min

Service Development

13:30 - 13:30

7. Optometry Update and General Optical Services (GOS) Contract Variations

0 min

Information *Catherine Hedges*

- 2023 12 12 Item 07 Optometry Services - contractual changes and other matters.pdf (7 pages)

13:30 - 13:30 0 min

8. Complaints and Contacts

Information *Jon Punt*

- 2023 12 12 Item 08 Complaints and Contacts.pdf (5 pages)
- 2023 12 12 Item 08 Appendix 1 - General Practice contacts.pdf (1 pages)
- 2023 12 12 Item 08 Appendix 2 - Dental and Pharmacy contacts.pdf (1 pages)

13:30 - 13:30 0 min

9. Pharmacy First

Information *Sharon Gardner*

- 2023 12 12 Item 09 Pharmacy First.pdf (6 pages)

13:30 - 13:30 0 min

Finance & Governance

13:30 - 13:30 0 min

10. Operational Delivery Group Report• General Practice• Dental

Information *Sadie Parker*

- 2023 12 12 Item 10 General Practice Operational Delivery Group Report.pdf (5 pages)
- 2023 12 12 Item 10 Dental Operational Delivery Group Report.pdf (3 pages)

13:30 - 13:30 0 min

11. Reports from the Pharmaceutical Services Regulations Committee

Information *Catherine Hedges*

- 2023 12 12 Item 11 PSRC Front Sheet.pdf (2 pages)
- 2023 12 12 Item 11 PSRC Report.pdf (3 pages)

13:30 - 13:30 0 min

12. Finance Report

Information *James Grainger*

- 2023 12 12 Item 12 Finance Report.pdf (15 pages)

13:30 - 13:30 0 min

13. Quarterly Prescribing Report

Information *Michael Dennis*

- 2023 12 12 Item 13 Quarterly Prescribing Report.pdf (12 pages)

13:30 - 13:30 0 min

Any Other Business

13:30 - 13:30 0 min

14. Questions from the Public

Discussion *Debbie Bartlett*

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 12 December 2023, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	**Chair's introduction and report on any Chair's action**	Chair
2.		**Apologies for absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For Noting*	Chair
4.		**Review of Minutes and Action Log from the October 2023 meeting** *For approval*	Chair
5.		**Forward Planner** *For Approval*	SP
6.		**Risk Register** *For Approval*	SP
		Service Development	
7.	13:50	**Optometry Update and General Optical Services (GOS) Contract Variations** *For Noting*	CH
8.	14:00	**Complaints and Contacts** *For Noting*	JP
9.	14:10	**Pharmacy First** *For Noting*	SG
		Finance & Governance	
10.	14:20	**Operational Delivery Group Report** • **General Practice** • **Dental** *For Noting*	SP
11.	14:30	**Reports from the Pharmaceutical Services Regulations Committee** *For Noting*	CH
12.	14:40	**Finance Report** *For Noting*	JG
13.	14:50	**Quarterly Prescribing Report** *For Noting*	MD
		Any Other Business	
14.	15:00	**Questions from the Public**	Chair

Date, time and venue of next meeting
Tuesday 13 February 2024 13:30 – 16:30 – ICB PCCC
To be held by videoconference and You Tube

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

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

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

Declared interests of the Primary Care Commissioning Committee

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

	Waveney ICB	Lakenham Surgery				Indirect	Partner is Locum Practice Nurse at Lakenham Surgery	Ongoing		might have an interest
		Castle Partnership				Indirect	Partner was a practice nurse at Castle Partnership (to be removed Jan 2024)	2020	2023	
Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare	N/A			N/A	N/A	N/A		N/A
Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk		X		Direct	Represent N&WCCG as a member of the Active Norfolk Board	2019	Ongoing	Low risk. If there is an issue it will be raised at the time
		Director of One Norwich Practices Ltd				Indirect	Close personal friendship with Dr Jeanine Smirl, Director of One Norwich Practices Ltd	Ongoing		Risks to be managed as they arise. Professional integrity will be maintained at all times and decisions ran by Executive Director of Patients and Communities where necessary. In situations where risks cannot be tolerated, prepared to not take part in discussions/decisions
NHS England and NHS Improvement Attendee										
Fiona Theadom	Contracts Manager, NHS England and NHS Improvement	Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Local Medical Committee Attendees										
Mel Benfell	Norfolk & Waveney Local Medical Committee Joint Chief Executive	N&W ICB				Indirect	Personal friend of an employee of the ICB	2015	Present	Will not take part in any discussion or decisions relating to the declared interests.
		N&W ICB				Indirect	Close relative is an employee of N&W ICB	Ongoing		Will not take part in any discussion or decisions relating to the declared interests
		Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Lisa Drewry	Executive Officer, Norfolk & Waveney LMC	Burnham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
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		
		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing		Low risk. If there is an issue it will be raised at the time.
James Reeder	Suffolk Health and Wellbeing Board	Suffolk County Council	X			Direct	Cabinet Member for Children and Young People's Services	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Suffolk County Council	X			Direct	Children's Services and Education Lead Members Network	Ongoing		
		East of England Government Association	X			Direct	East of England Government Association	Ongoing		
		James Paget University Hospital Trust	X			Direct	James Paget Healthcare NHS Foundation Trust Governors Council	Ongoing		
		Suffolk County Council	X			Direct	Suffolk Safeguarding Children Board	Ongoing		
		Norfolk and Suffolk NHS Foundation Trust	X			Direct	Norfolk and Suffolk Foundation Mental Health Trust – Governors Council	Ongoing		
		Suffolk and North East Essex Integrated Care Partnership	X			Direct	Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership	Ongoing		
		Suffolk Chamber of Commerce	X			Direct	Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce	Ongoing		
		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Surgery	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing		Low risk. If there is an issue it will be raised at the time.
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk	X			Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	
Sally Watson	Healthwatch Suffolk (Community & Engagement Manager)	Nothing to Declare	N/A				N/A	N/A		N/A
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC, General Dental Practice Committee (BDA) Representative for Norfolk	Ongoing		
		Bridge Road Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

Deborah Daplyn	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries	Integrated Care Board	X			Direct	Receipt of fees and honorarium for attendance at meetings with ICB and other interested parties	Apr-23	Onoing	Non-voting member - risks will be taken in accordance with COI Policy
		General Optical Services	X			Direct	Own a practice which works within primary care and receives money under a General Optical Services Contract	Apr-23	Ongoing	
		Sheringham Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as “Community Pharmacy Norfolk”	CO of the LPC		x		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tania Farrow	Chief Officer of Community Pharmacy Suffolk representing Waveney contractors	Community Pharmacies		X		Direct	Local Representative body for Community Pharmacies involved in negotiation and support for local Community Pharmacy services	Nov-15	Present	Non-voting member - risks will be taken in accordance with COI Policy
Lauren Seamons	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)	Norfolk LPC	X			Direct	Employed by Norfolk LPC	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		The Hollies, Downham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Jason Stokes	Secretary Norfolk Local Dental Committee (LDC)	National Health Service	X				I have an NHS GDS Contract	2007	Present	I would exclude myself from any discussions particular to my own GDS contract. I would exclude myself from any section of a meeting that ICB members
		British Dental Association		X			I am a member of the British Dental Association (BDA) Principal Executive Committee (PEC) – board of directors	2015	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		Associate Dental Postgraduate		X			I am Associate Dental Postgraduate Dean for Early Years (Health Education England)	2022	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		St Stephens Gate, Norwich			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Karen Watts	Director of Nursing and Quality, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT	N/A			Indirect	Son in Law Senior Registrar Cardiology rotational role NNUHFT	Ongoing		I always make the chair aware and leave the meeting if cardiology at the NNUH is discussed in terms of benefiting the service.

		Royal College of Nursing		X		Direct	Member of Royal College of Nursing	1980	Present	Inform Chair and will not take part in any discussions or decisions relating to RCN
		Coltishall			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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney Primary Care Commissioning Committee

Part One

Minutes of the Meeting held on
Wednesday 11 October 2023
via video conferencing & YouTube

Voting Members - Attendees

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

In attendance

Name	Initials	Position and Organisation
Andrew Bell	AB	Vice Chairman, Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Tony Dean	TD	Chief Officer, Community Pharmacy Norfolk
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
James Grainger	JG	Head of Finance Primary Care & Corporate, Norfolk and Waveney ICB
Sarah Harvey	SH	Head of Primary and Community Care Strategic Planning, Norfolk and Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council
Jayde Robinson	JRo	Head of Primary Care Workforce Transformation, Norfolk and Waveney ICB
Fiona Theadom	FT	Head of Primary Care Commissioning, Norfolk and Waveney ICB
Sarah Webb	SW	Primary Care Administrator, Minute Taker
Ian Wilson	IW	Executive Officer, Norfolk & Waveney Local Medical Committee

Apologies

Name	Initials	Position and Organisation
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Tania Farrow	TF	Chief Officer, Community Pharmacy Suffolk
Jason Stokes	JS	Secretary Norfolk Local Dental Committee (LDC)
Peter Taylor	PT	Assistant Director, Public Health Commissioning Norfolk County Council, Public Health
Hein Van Den Wildenberg	HW	Non Executive Member, Norfolk and Waveney ICB (deputy Chair)
Sally Watson	SWa	Community & Engagement Manager, Healthwatch Suffolk
Naomi Woodhouse	NW	Joint Chief Executive, Norfolk and Waveney Local Medical Committee

No	Item	Action owner
1.	**Chair's introduction** DB welcomed members to the September 2023 Primary Care Commissioning Committee	**Chair**
	Matters Arising There were no matters arising.	
2.	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	None received.	
4.	**Review of Minutes and Action Log from the September 2023 Committee** *For Approval*	**Chair**
	The minutes were agreed to be an accurate reflection of the September 2023 Committee and minutes would be sent to the Chair for signing. **ACTION SW to send Chair signed minutes.** **Action Log** 0153 Closed 0164 Closed 0165 Closed 0166 Closed 0167 Closed – will add to PH quarterly report December 2023 - closed. 0168 Closed	**SW**
5.	**Forward Planner** *For Approval*	**SP**
	SP confirmed November 2023 and January 2024 Committees cancelled and content moved across. Work would continue on this planner and the activity would be managed over the Delivery Groups and Committee. To note the Terms of Reference Review would likely be heard in February 2024.	
6.	**Joint Forward Plan** *For Noting*	**SH**
	SH presented the Joint Forward Plan to Committee for noting.	

	SH provided a brief update and reminded the Committee of the vision of the plan and the two objectives outlined within the paper. Key progress updates were also included within the body of the report for Committee's attention. SH offered to take questions. DB was interested in the engagement of the population and whether this was specifically targeted or general engagement. SH confirmed that it was a combination of both using both Healthwatch and engagement routes set up along with work within the population health team using the Community Voices programme. DB would be interested in hearing feedback on this. DB confirmed the ask was to note what had happened so far and the future milestones. The report was duly noted.	
7.	**Delivery Plan for Recovering Access to Primary Care** *For Approval*	**SH**
	SH presented the Delivery Plan for Recovering Access to Primary Care to Committee for approval. SH provided a brief overview of the delivery plan and its content for Committee's attention. Committee members had seen an earlier draft version in private session – SH confirmed the plan would remain live and subject to further development. 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. SH paused to take questions. IW thanked SH for the report and noted the good progress within the plan however was unsure given the timeframe how further reiterations would be developed in time before the Board meeting held in public in November. IW understood this was a face to face meeting and asked for further detail on this as there was no information on the website. SH confirmed she would share live working documents as they were developed with the LMC before the final version shared with Board and would also confirm further detail on the Board meeting later, as she did not have the detail on this. KW congratulated SH on the plan and the standard of work within this. KW reiterated the link with quality and quality improvement and asked that this could be shown in the next version of the document and SH confirmed she had reached out to Evelyn Kelly in KW's team. SP reiterated that nationally NHS England had 3 priorities which were urgent and emergency care, elective recovery and this priority for primary care and there was a focus on this work from NHS England. The first assurance meeting took place recently and this was a positive meeting. There had been indications from them on areas where they would like to see further information, for example, being clear on priorities and what impact they would make. SH led and coordinated a piece of work around demand and capacity modelling, and it was suggested to include numbers in the plan and as part of the operational planning requirements commitments had to be set out around appointment numbers. There was a need to consult the LMC in an official	

	capacity and this would be an ongoing consultation. Even after November Board this would remain live and SP agreed with comments made that it was an excellent piece of work and noted the number of contributions within this. SH thanked the amount of people that had helped on the plan. DB referenced the placeholder, the first being the data and the operational planning submissions and what this would tell us. SH responded by saying that this would be around what we had committed to do, the work being done already, and the LD health checks and how this would all be developed going forward. DB asked about the Committee's role in monitoring delivery and SH confirmed there would be updates. DB asked if this would be translated into a public facing document and the vision for this and may be Healthwatch could help. SH confirmed that this would be the start of strategic plan for the future. DB thanked SH and the team for this document and noted that reiterations would be forthcoming.	
8.	**Workforce and Training** *For Approval*	**JRo**
	JRo presented the workforce and training report to Committee for approval. JRo highlighted the workforce plan and was asking for approval on Appendix A – the Primary Care Workforce Short Term Pillar Targets. JRo also highlighted the detail around the Primary Care Workforce External Funding Bidding Applications for Committees attention. 46% of the funding bid for had been successful, and JRo would update Committee on any further successful bids within a future update. A Health and Wellbeing dashboard had also been outlined within the report and JRo outlined some of the detail for Committee. JRo paused to take questions. DB referred to Appendix A and asked if this reflected the scale of what we were trying to achieve. JRo confirmed all the targets had increased from last year and there were new incentives added such as the ST3 target, and there were 25 newly qualified GPs as a result. Health and wellbeing initiatives were being further developed. DB noted the obvious aim was trying to keep ahead of the movement of workforce and achieving an overall gain. JRo confirmed the GP partnership model would be continued locally and work would continue with the PCNs. KW thanked JRo for the report and noted how pleasing it was to see the work mature. She also noted how JRo strived to continue to develop our approach and maximise the funding opportunities made available. KW asked what feedback was available on the schemes in place and what else could be offered. What else could be done for pharmacy training and dispensers, as this needed to be thought about along with dentists. JRo confirmed that the programmes put in place were designed with practices. JRo confirmed she	

	would like to be able to do more and would continually bid for funding as and when she could. The funding the ICB received directly from NHSE was limited to General Practice and the programmes would be reviewed for pharmacy and work would continue to ensure all sectors were represented. AH shared some feedback from the Healthwatch point of view and thought that there was work to be done on educating the public on the changes. He noted the public were not able to identify with the new roles and that they just wanted to see their GP, and communication on this was needed. JRo confirmed work was being done with the communications team for a marketing campaign for the public and this was built in with current plans for this forecast. They feature on social media channels and it was a continuous cycle to educate the public on what was involved. AH thought that it continually needed to be managed. SP thanked AH and that the Support Primary Care Campaign was a feature of the access plan and had concerns that it did not have the desired reach. SP would welcome the input and insight from Healthwatch on how to get messages to support the public better and to trust the other health professionals available. HB agreed with comments made and gave examples of where paramedics had turned up at people's houses and been refused entry. She also noted with the increase of people unhappy with waits at the hospital, when people will only speak with a GP, which led to an increase in demand on GPs from unhappy patients. IW agreed this was a big problem faced within the NHS. There was need to be on the front foot as a system to provide messaging from NHS England and counteract other mixed messages. IW explained the need for best practice for Norfolk and Waveney. JR had a question for HB and asked if a GP was not always the right person to see and asked if this was right. HB confirmed this was right. DB asked JR about the reach that local councillors had and the grass root engagement opportunities available to equip representatives with key messages and word of mouth. JR was happy to support this. LD thought that individual practices needed to communicate this through effective signposting and have PPG support. AH was sure parish councillors would welcome information and help and AH gave an example of a meeting which took place at a practice and how successfully this had worked. DB suggested to JRo to pick up outside to discuss resources available and direct marketing in those areas. SP suggested that the action would be sat with the campaign work and would take this forward and link in as appropriate. **ACTION: SP to link in on resources available and direct marketing.** DB thanked JRo for the report and Committee confirmed the approval of Appendix A.	**SP**
9.	**Operational Delivery Group Report**	**SP**

	• **General Practice** *For Noting*	
	SP presented the General Practice Operational Delivery Group report to Committee for noting. This was only the second report as one meeting had been cancelled. SP confirmed that there was a lengthy discussion held around the LD and SMI health check activity as this was lower than where we wanted it to be. SP confirmed a meeting had been set up offline to discuss separately how to start to test alternative provision of health checks where practices were struggling with capacity, and this would come back for approval in the future. She then went on to outline more information for Committee to note. SP asked if there was anything else further in the reports that members wanted included. IW thought it was a good meeting and raised one point of clarification on the alternative provision for health checks, and would pick this up offline bearing in mind this is a nationally mandated DES. DB thought the summary given was entirely appropriate noting the 6-month update on resilience to Committee.	
10.	**Primary Care Committee Membership – GP practice manager attendee recruitment** *For Approval*	**SP**
	SP presented the GP practice manager attendee recruitment paper to Committee for approval. Following on from a meeting of RemCo, a slight change from the previous recruitment had been made. In line with the recruitment of the dental attendee this role would now be classed as a speciality advisor which would bring it into line with the medical director's review of clinical and care professional leads. The pack contained the proposed communications and job role description, and subject to vacancy management, it was proposed to move forward with this as quickly as possible. Committee approved the recruitment and the pack.	
11.	**PCCC Self Assessment - Contract Assurance Framework** *For Noting*	**FT**
	FT presented the PCCC Self Assessment - Contract Assurance Framework to Committee for noting. This was in place last year for General Practice only, and had now been expanded to include the new dental, optometry and pharmacy services responsibilities. The ICB would be required to submit a report to NHS England during 2023/2024, however a date for this has yet to be confirmed. DB referenced the assurance meeting and asked if there were any areas where there was work to be done. FT confirmed NHS England had been very supportive as there had been a huge amount of work, the transition could have	

	been smoother, from a delegation perspective there would be work done to make a difference at local level and the workload presented would be challenging to deliver. SP thought this was true matrix working from the ICB which involved many colleagues from different teams. This was reassuring for NHS England, they listened to and agreed with the challenges. As had been outlined earlier, issues such as the fact there was no allocated funding for workforce, for the new primary care contractor groups, and they would escalate nationally. The full submission would be brought to Committee before the end of the year before being presented to NHS England.	
12.	**Finance Report** *For Noting*	**JG**
	JG presented the finance report to Committee in some detail for noting. DB had a question around the efficiencies, if these had improved and whether the gap had narrowed. JG confirmed that additional efficiencies had been identified to improve the situation however there was still a gap, and this continued to be monitored. DB asked how these efficiencies had been identified. JG confirmed this had been from meetings with ICB colleagues and gave an example around medicines management efficiencies. JR asked about the dentistry budget and why this was based on 2019/20 figures and asked if this was lack of capacity or lack of demand. JG responded by saying that it was about the different levels of access then and now with the budget being set on 2019/20 levels of access. JR thought this might be an advantage as it was a higher amount and to ensure work was done to commission services to improve access. JR referenced the children's pathway scheme for 2023/24 and asked if this was not all used if this would be carried forward. JG responded by saying the funding for this year was based on the ICB's anticipation around access levels and the underspend this year. JG advised the general reserve reconciliation showed this and it would disappear at the end of this year. JG thought it likely there would be a further underspend showing next year on dental for 2023/2024 year end. KW asked about the section on risk and clawback and asked if clawback impacted the viability of the practices with a risk they might fold and to ensure this was considered. JG confirmed a policy was being written at the moment on claw back which would try to consider resilience. FT responded to support JG. Patient charge revenue was collected by dental providers from dental patients and if practices were not seeing patients due to workforce issues, then the patient charge revenue was not received. The ICB needed to improve access and this needed to be addressed from every angle. In terms of children and young people, this had been identified as a priority in the long term plan. The BSA (NHS Business Services Authority) approach to clawback was to complete it within three months, which was extended to six months on request, to end of March 2024. The ICB was looking at exceptional circumstances and the policy would be brought back to Committee.	

	DB asked who claws back what and JG responded by saying that when a practice agreed to an NHS contract, they agree to a set level of activity and they are paid in twelfths over the year. Claw back is based on under achievement. JG confirmed this formed the basis of the national contract. DB asked about the significance of the dental reserve and JG confirmed there was a significant amount of dental claw back and the values reflect this. DB asked if anything else was needed to be done as a Committee and JG confirmed that this would continue to be monitored. SP confirmed that there was a risk on the BAF (Board Assurance Framework) around the risk to the resilience of dental services, which included the patient charge revenue issue. Committee continued to update the Board around the risk of resilience of dental services. Committee were made aware with risks discussed at Committee and the Operational Delivery Group. The short-term plan identified some of the issues and the long term plan would be made published at the end of March 2024. AB added that the 2023/24 budget should be ringfenced and returned to the ICB and this should be used instead of being returned to NHS England. DB thanked JG for the report and this was noted.	
13.	**Any Other Business**	**Chair**
	Questions from the Public There being no further business or questions from the public, the meeting then closed at 13:55	

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

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log
12 December 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0169	11-Oct-23	4	SW	Send approved minutes to Chair for signature	Signed minutes sent	12-Dec-23		12-Oct-23
0170	11-Oct-23	8	SP	Workforce and Training	SP to link in or resources available and direct marketing	12-Dec-23		

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

		April	May	June	July	August	September	October	December	February	March	Notes
	Proposed date:	21st	9th	12th	11th	8th	12th	11th	12th	6th	5th	
Standing items:	Risk Register		Y		Y		Y		Y	Y	Y	Nov & Jan updates moved to Dec and Feb respectively. Proposal to change how risks are managed from the next meeting
	Monthly Finance Report	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	
	Dental Delivery Group Report						Y	Y	Y	Y	Y	
	Primary Care Strategic Plan										Y	This item may be delayed due to vacancy management and organisational change
	Joint Forward Plan							Y		Y		
	Strategic Workforce Plan	TBC							TBC	Y		
	Locally Commissioned Services	TBC										Managed by GP ODG unless a new service.
	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									TBC	Merge with CAF item below
	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		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					completed
	Dental Strategy and Workforce Plan										Y	
	Oral Health Needs Assessment			Y					Y			
	Place development and interface with PCCC						Y		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	Nov update moved to Dec mtg, Feb to Mar
Items noted without a date:												

Please note this is subject to change once the delivery groups are established and once pharmacy, optometry and dental commissioning has been transferred
As part of the transition, to stand down Nov and January PCCC meetings

Webb Sarah
07/12/2023 14:44:00

2023 - 2024

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

At the present time, the risk register is reviewed every other month by Committee. Given the establishment of the two Operational Delivery Groups, which meet monthly and report to Committee in public, it is recommended that some changes are made to risk reporting.

PC14 and PC18 are both included on the Board Assurance Framework and are also reviewed at each ICB Board meeting. These are also currently the only two red-rated risks on the primary care risk register. It is therefore proposed that, in future, the Committee receives updates on these two risks when it meets, and the remainder of the risks are reviewed in the relevant Operational Delivery Group and escalated if needed via the reporting process. Currently this would be the GP Operational Delivery Group until such time as further risks are identified for Dental.

Recommendation: Members are invited to approve a recommendation to split the way risks are reported, so that red-rated risks are reviewed by Committee, and the remaining risks are reviewed by the relevant Operational Delivery Group.

2022 2023

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

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

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

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

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

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

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

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

November 2023	Latest HEE workforce data illustrates the following: • 0.4% growth in Nursing workforce roles across N&W during the period of September 22 vs September 23. 447 WTE are in place across the system. • 0.4% growth in GP workforce roles (excluding training GPs) during the same period. 523 WTE are in place across the system. • 10.3% growth in GP Trainees across N&W during the same period. 139 FTE are in place across the system. General Practice Partnership Model – 10 new GP partnerships will be supported during 23/24. To date we have 7 new GP partnership has been appointed and a further 3 EOI's have been received across practices. Newly qualified incentive - 25 newly qualified GPs will be supported to take up substantive roles in Norfolk & Waveney. To date 23 newly qualified GP's have received substantive employment and a further 2 EOI's have been received across practices. In October 2023 a 12 month "Work Well Webinar Programme" launched which is based on the themes identified in the June 2023 Health and Wellbeing Survey. These include Burnout, Stress and Harassment) in the survey to support Health and Wellbeing for primary care. Recruitment is pending for a Primary Care Health and Wellbeing Fellowship, which will help drive this agenda forward. NHSE are currently reviewing the ICS N&W Education contract's that are due to expire 31st March 2024 with no clause extension included. This has been escalated to a national level, given that the expiration date is soon pending. The ICS N&W Training Hub contract is due to expire on the 31st March 2025 with a 2 year clause extension built in.		January 2024

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

Webb Sarah
07/12/2023 14:44:00

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

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

Risk Scores

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

Controls	**Assurances on controls**
• LD Health Checks is one of the 5 key national priorities for general practices and one of the IIF Indicators for 23/24. • All practices signed up to the LD DES (bar 1 - UEA as they feel their student population does not meet the criteria) • CQC inspections usually include review of LD health checks performance • The Health Improvement Team for Learning Disabilities supports practices with training around delivering high quality LD Health Checks, as well as increasing take up and promoting the service to LD patients. • Regular assurance reports to NHSE/I & PCCC • Implementation of the Point of Care Testing (POCT) Pilot Programme during 23/24 should see improved quality and uptake of annual LD Health Checks within practices across the ICB who are participating.	**Internal:** Primary Care Commissioning Committee **External**: NHSE Checkpoint and Assurance Framework, Health Overview and Scrutiny Committee Reports to NHSE/I

Gaps in controls or assurances

LDAHCs are now being undertaken face to face.

Updates on actions and progress

Date	**Action**	**RAG**	**Target completion**
August 2023	Q1 23/24 figures show a small increase in register sizes as expected. There has been a 3% decrease in the percentage of eligible patients receiving an LD HC in Q1 23/24 compared to last year and we are working closely with practices and NHS England to monitor and improve this position. Norwich locality was the only area to show an increase in the number of LD Health Checks delivered in Q1 23/24 compared to Q1 22/23.		

	While it is too early to forecast a trajectory of delivery for the year, it's clear that unless practices make a considered effort to increase delivery, Norfolk & Waveney ICB will struggle to deliver the same number of checks as 2022/23 or achieve the national 75% target of LD Health Checks delivered. An update on delivery in April & May 2023 was taken to July's General Practice Operational Delivery Group and the Delegated Commissioning team was asked to report back on: - General practice's capacity to deliver LD HCs this year and what they are able to do going forward. - Actions taken to actively explore short and long term alternative models of provision to build resilience and additional capacity in the system. Work is currently being undertaken to action those requests. This risk score will be reviewed at the end of Q2 (end of September) and recommendations will be made to either increase or maintained based on performance and plans in place to improve the position.		
December 2023	In Q2 23/24 we have seen steady progress with over 1,020 LD HCs completed since Q1, though there has been a dip in activity compared to Q2 last year. This is partly due to the increase in register size (increased by almost 300 patients) and lack of additional resources to supplement general practice capacity early in the year. Targeted interventions are being provided for practices accordingly, and a case for additional resources has been made to the ICB executive team to accelerate delivery in year.		

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

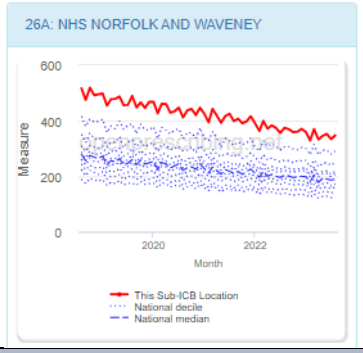
PC9	
Risk Title	Hypnotics and anxiolytics prescribing
Risk Description	High prescribing rate of hypnotics and anxiolytics in primary care – improved to 5th nationally on volume per 1,000 patients. These medications have negative side effects on patients and should not routinely be used long term.
ICB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

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

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

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

Gaps in controls or assurances
This workstream is supported by the prescribing quality scheme but practices need to have capacity to deliver. NICE have also issued patient decision aids on stopping them that we will publicise

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
Sept 2023	June 23 data 96th percentile 5th nationally		31 3 24
Nov 2023	Aug 23 data 97th percentile 5th nationally 		31 3 24

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

PC14 (BAF16)

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

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

Risk Scores

Unmitigated			Mitigated			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	**4**	**20**	**4**	**4**	**16**	**3**	**4**	**12**

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

Gaps in controls or assurances

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

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
13/06/23	• Support from internal ICB teams for practices rated inadequate or RI continues. Bite size training sessions to share learning are ongoing		30/09/23

	• 67 practices benefitted from the quality, stability and support payment with a total investment from the ICB of £788,020 • Interface reporting was encouraged intensively for 2 weeks in May to maximise understanding of issues facing practices. Significant increase in reporting with themes reported to the working group. Pace of developing Trust action plans is slow • Ongoing support being provided by locality teams to support development of PCN access recovery plans in line with national contract requirements. System plan under development with regional assurance meetings underway • Attended Norfolk Health Overview and Scrutiny Committee to discuss the issues and ICB plans to support patient access • Comms campaign launched with focus on the additional roles forming part of modern general practice • Agreement of final primary care budgets still awaited, causing delay to some areas of work • Publication of national guidance to support investment of primary care system development funding to enable delivery of system and PCN access recovery plans, however budget availability may impact on this		
10.08.23	• Quality, stability and support payments calculated for primary care networks – provisionally 11 PCNs will benefit with £680k due to be paid in August, which is a significant investment from the ICB. When added to the QOF QSSP, this totals nearly £1.3m. • Winter resilience letter published which confirms no additional funding for primary care over and above access recovery funding. • Interface group continues to make slow progress, the medical director has written to the Trusts to encourage them to address and progress the outstanding issues in private consultant referrals and ICE requesting for health care professionals. There will be a report to the November ICB Board meeting • All 17 PCNs have submitted access recovery plans, however, there has been limited interest from practices in the national GP improvement programmes. Feedback suggests this is due to the intensity of the programmes and lack of backfill support available. The national funding for transition support has now been made available for this year, the ICB is developing its communications to practices.		30.11.23
Sept 2023	Covid and Flu vaccination programme start date has been brought forward to early Sept, accelerating rollout of vaccinations, starting with care home residents and eligible vulnerable patients. Aim is to vaccinate as many people as possible by end Oct.		31.10.23
Nov 2023 Webb Sarah 07/12/2023 14:44:00	• 2 further practices have been identified as being at risk and are being closely monitored and supported by the ICB to ensure that patient services continue to be provided. These form part of confidential discussions in private. • £340k of winter funding has been identified to support winter capacity in general practice, communication went out at the end of November, further funding may potentially be identified and released in the New Year. • System primary care access and improvement plan has been received by ICB Board. Work continues on our interface processes. We have		31.03.24

	been linking with another ICB in England to learn from them and continually improve our processes. A vacancy in the primary care team which leads on this has been recruited to on a 3-month secondment, however this will impact on capacity. There is also no dedicated support for the interface programme in the ICB structure. It is expected these matters can be rectified once the ICB's organisational change process has completed.		

Visual Risk Score Tracker – 2023/24												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score	16	16	16	16	16	16	16	16	16			
Change	→	→	→	→	→	→	→	→	→			

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

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

Risk Scores

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

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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion
November 2023	The delivery phase of the programme continues: Thetford: refurbishment scheme underway and due to complete and handover March/April 2024. Some issues have been raised by NHS England in respect of the arrangements for the PCN to manage the bookings for the refurbished first floor space. This has been a long-planned arrangement – set out in the approved business cases – to ensure this space is effectively used in the years before housing developments require its full use for GMS. NHS England have requested a further assurance paper early in 2024, which is being drafted. We do not anticipate this impacting the scheme. Sprowston: heads of terms for the new lease signed by practice, we now await NHS England details of the "Grant Agreement" they require to be in place. Once this is finalised, the refurbishment		31.03.24

	scheme can start. As long as there is not too much more delay, completion and handover will still be March/April 2024. King's Lynn: this new build is now underway, with pile drivers on site preparing the foundations. An onsite event is planned for January 2024 to promote the new building and allow stakeholders to come together to celebrate progress so far. The completion/handover is officially still expected March/April 2024, but some issues with the planning authority in respect of the boundary (a "document" issue only) took a few weeks to resolve, meaning the completion day may be in May 2024. Rackheath: the planning decision for this new build has been delayed, due to the Local Flood Authority being unable to agree to the proposed drainage strategy. This delay has meant that the construction contract has not been finalised and start on site has now been significantly delayed. The landowner has indicated that utilities will also be further delayed, meaning the building may not be operational until early 2025. The biggest risk is that the Department of Health and Social Care will not be content to see the majority of the capital funding "slip" into the 2024/25 financial year. If this is not possible, this does risk the viability of the scheme. Advice is being sought on handling from NHS England.		

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

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

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

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

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
June-2023	• Performance figures for Q1 period are expected to be published by NHSE at the end of July/August • Good progress was achieved last year and we are expecting this upward trend to continue this year,. • Community outreach work via drop in sessions for members of public to raise the profile of SMI checks has been completed across all localities.		

	• Improvement Stakeholder Group will be closely reviewing performance results for Q1 23-24 to make sure this progress is continued. • Work is ongoing to identify patients who have not had their checks in the last 12 months across the system (currently this is only achievable at an individual per practice level).		
August 2023	• Q1 2023/24 figures have been published and the uptake is positive above the national average of 51.5%. • The number of SMI HCs provided was more than Q1 22/23 and the ICB continues to see an increase in the core 6 checks. • The SMI register size decrease by 366 between Q4 22/23 and Q1 23/24. • 10 practices have seen their SMI register size decrease by more than 11 patients since Q4 22/23, with 7 of those 10 practices being in Great Yarmouth & Waveney. • Improvement work is ongoing as Delegated Commissioning continue to work closely with Mental Health colleagues.		
November 2023	• The system continues to deliver SMI annual health checks through Q2 with a total of 4,559 health checks carried out. The overall register size also grew in this quarter by 31 patients. • The ICB is collaborating with NSFT in order to enhance the quantity and quality of SMI checks, whilst also ensuring a system focused approach. • There are concerns around the impact of winter pressures (Vaccinations, staff sickness etc.) will have on the uptake of checks, however as proven historically, activity tends to catch up during Q3 and Q4. • There are upcoming changes to the reporting of system checks from Q1 24-25 which will impact overall performance and register size. • Q1-Combined 4,797 from a possible 9,108 = 52.7% • Q2-Combined 4,559 from a possible 9,139 = 49.9%		

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

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

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

Risk Scores

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

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

Gaps in controls or assurances

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

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

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
August 23	Latest Health Education England workforce data illustrates the following: • 9.7% growth in Direct Patient Care workforce roles across N&W during the period of June 22 vs June 23 (620 WTE). • 2.3% growth in non-clinical roles (1720 WTE) Based on the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney is forecast to utilised 79% of the national funding up to the end of July 2024, we anticipate this will increase over the next few months. We currently have a total of 528 WTE into the system. However, the National Workforce Reporting tool is showing 447 WTE for this period. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making good progress. All PCN's are required to submit their recruitment plans for ARRS by the 31st August 2023, so that the ICB can have a strategic overview of their recruitment intentions. A full review of the Health and Wellbeing Survey, which was issued in June 2023, has provided the intelligence to identify the requirements for improvement and where improvements have been made, which has been featured in PC01. The results did not see any significant variations for AHP, ARRS and non-clinical roles.		October 23
November 2023	Latest Health Education England workforce data illustrates the following: • 6.5% growth in Direct Patient Care workforce roles across N&W during the period of September 22 vs September 23 (631 WTE). • 0.5% growth in non-clinical roles (1725 WTE) Based on the current Additional Roles Reimbursement Scheme (ARRS) levels, Norfolk and Waveney is forecast to utilised 87% of the national funding up to the end of March 2024, we anticipate this will increase over the next few months. As of October 23 we have a total of 627 WTE being claimed through the ARRS portal system by PCN's. However, the National Workforce Reporting tool is showing 489 being reported in September 23. To support the data quality discrepancies, we are working with each PCN to ensure they are reporting their ARRS staff accurately and we are making good progress. All PCN's have submitted their recruitment plans as of October 2023, we are now reviewing these to provide a strategic overview of their recruitment intentions. A full review of the Health and Wellbeing Survey, which was issued in June 2023, has provided the intelligence to identify the requirements for improvement and where improvements have been made, which has been featured in PC01. The results did not see any significant variations for AHP, ARRS and non-clinical roles.		January 24

	NHSE are currently reviewing the ICS N&W Education contracts that are due to expire 31st March 2024 with no clause extension included. This has been escalated to a national level, given that the expiration date is soon pending. The ICS N&W Training Hub contract is due to expire on the 31st March 2025 with a 2 year clause extension built in.		

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

Webb Sarah
07/12/2023 14:44:00

PC18 (BAF18)

Risk Title	Resilience of NHS General Dental Services in Norfolk and Waveney			
Risk Description	Primary Care Services became the responsibility of the Integrated Care Board from 1st April 2023, the risk is the unknown resilience, stability and quality of dental services, and critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract, leading to a poor patient experience for our local population with a lack of access to NHS general dental services and Level 2 dental services.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Mark Burgis	Primary Care	Sadie Parker	01/04/2023	31/03/2025

Risk Scores

Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	**4**	**20**	**5**	**4**	**20**	**3**	**2**	**6**

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

Gaps in controls or assurances

- The level of the unmet need for general dental services and the associated financial consequence of this once addressed (if possible) given the transfer for funds was based on 2022-23 current expenditure which are below budget required to meet population need

- Concern around the financial consequences due to dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).
- Lack of access to NHS dentistry services is an area of quality concern. This impacts on some of our most vulnerable patient groups.
- Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning
- Lack of knowledge about the resilience and stability of existing dental services

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
Jan 2023	As agreed at May Executive Management Team and PCCC, this content of this risk (previously on the transition of services) has been replaced by the resilience of NHS general dental services. Active engagement with the dental profession to understand the challenges they are facing. Monthly meetings with the LDC and LPN established. Dental Development Group has met twice with regular meetings established for 2023/2024 to agree short term commissioning plans by September 2023 and the Dental Strategy by March 2024 Engagement with other ICBs in the region to agree regional approach to commissioning where appropriate and beneficial Workforce data analysis underway. There are no NHS dental practices accepting new NHS patients in Norfolk and Waveney – propose to increase risk rating to 20 due to the current state of provision.		30/09/2023
Sept 2023	The ICB has approved an Urgent Treatment Service pilot that is being mobilised and will be live during September for patients with an urgent dental need to receive urgent care. Nearly 30% of practices across Norfolk and Waveney have signed up to offer urgent treatment appointments. The pilot will be in place for 12 months with an option to extend for a further 6 months. A short-term initiative for 2023/2024 to support children's oral health education has also been agreed and providers have been invited to submit expressions of interest to the ICB. Other initiatives are under development as part of the ICB's short term plan. The Dental Development Group has supported the ICB's short term plan which will be published in September subject to final ICB approval by Primary Care Commissioning Committee and Executive Management Team. This includes identifying areas for access improvement in areas of greatest need using the Oral Health Needs Assessment as an evidence base to inform commissioning intentions, support to practices for quality improvement and workforce plans. Development of the ICB's long term dental plan is underway and subject to approval will be published in March 2024. All opportunities are being taken to actively engage with the dental profession which will help inform these plans in addition to a wider stakeholder engagement. Meetings of the ICB Dental Services Operational Delivery Group are taking place enabling the ICB and key stakeholders to take a deep dive		31/03/24

	when making decisions about important and urgent matters related to NHS dental services within the Scheme of Delegation of the Primary Care Commissioning Committee. The year end process for activity in 2022/2023 is underway which has identified a high level of underperformance largely due to difficulties in recruitment. The ICB is working with all providers to manage the financial impact of clawback. A lack of access to NHS dental services also has an impact on patient charge revenue		
Nov 2023	Launch of Dental Workforce Retention Programmes and CPD training packages to support the upskilling and recruitment of the dental workforce supply. These are linked to the short term dental workforce plans approved by the Primary Care Commissioning Committee in October 2023. UDA review underway.		31/03/24

Visual Risk Score Tracker – 2023/24												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score	16	16	20	20	20	20	20	20	20			
Change	→	→	↑	→	→	→	→	→	→			

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**Optometry Update and General Optical Services (GOS) Contract Variations**
Presented by:	**Catherine Hedges, Pharmacy, Optometry and Dental Primary Care Manager**
Prepared by:	**Catherine Hedges, Pharmacy, Optometry and Dental Primary Care Manager**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 December 2023**

Purpose of paper:

To provide an update to the Committee in relation to Optometry services following delegation of responsibility to Norfolk and Waveney ICB in April 2023 along with an update on the recent contract variations for General Optical Services (GOS).

Executive Summary:

In April 2023, the ICB became responsible for commissioning pharmaceutical services, optometry and dental services under a Delegation Agreement with NHS England which includes responsibility for general practice previously delegated to ICBs in July 2022.

The paper provides the first update on Optometry services and explains the recent contract variations.

The ICB has been actively engaging with the Local Optical Committee and through them with Optometrists to understand the challenges influencing the provision of services in Norfolk and Waveney and to work together to find local solutions.

Report

The Long-Term Plan sets out a new service model offering patients more options, better support and joined-up care at the right time in the optimal care setting. It strengthens the focus on prevention, reducing health inequalities and on improving care quality and outcomes. It also looks to address current workforce issues, support staff and to upgrade technology for digitally enabled care.

The ICB's Joint Forward Plan (2023 – 2028) sets out the ICB's vision for primary care resilience and transformation which aims to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home improvinglivesnw.org.uk/

Contracts

A General Ophthalmic Services (GOS) contract enables independent contractors to carry out NHS-funded sight tests, redeem optical vouchers and receive remuneration for delivered patient activity. GOS is a nationally agreed regulatory contractual framework.

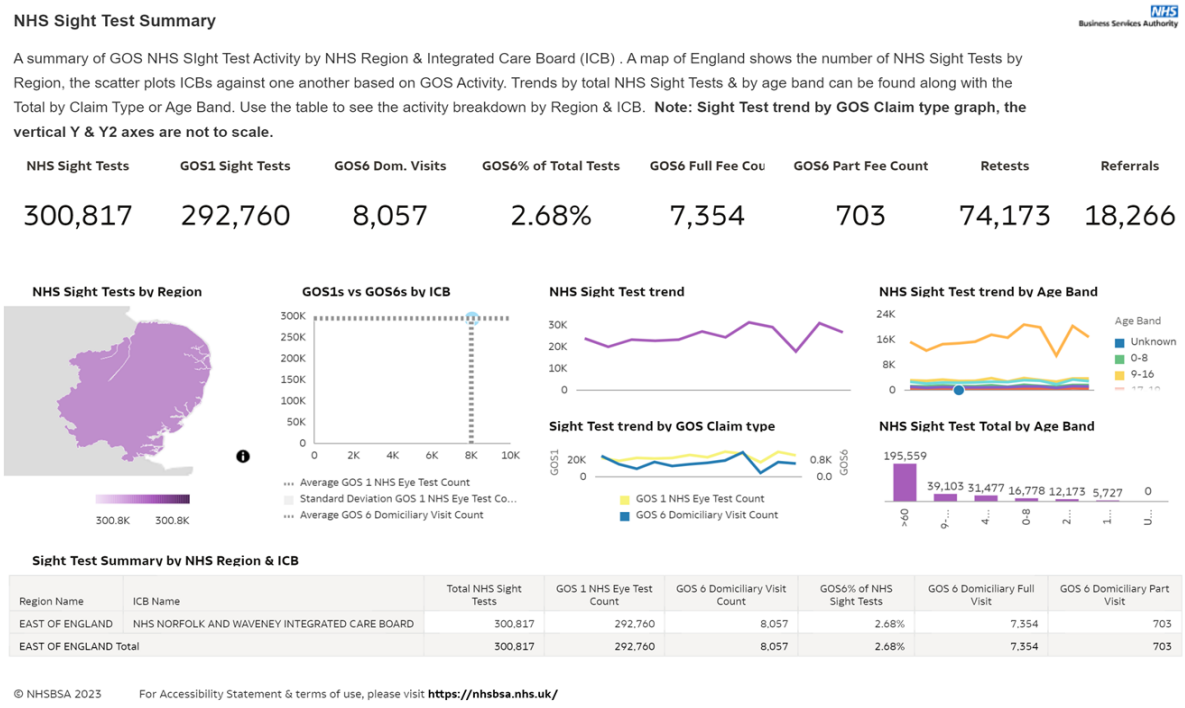
There are two types of GOS contracts – Mandatory services (delivered at fixed premises such as a high street optical practices) and Additional services (domiciliary or mobile services delivered in patients' homes, residential care homes or day centres). Contractors can hold one or both types. There have been some recent contract variations to the GOS contracts which are outlined below.

In Norfolk and Waveney ICB, there are 92 GOS Optometry contractors holding a total of 105 contracts.

Activity

In 2022/23, 300,817 GOS NHS sight tests took place in Norfolk and Waveney. This resulted in 18,226 (6.07% of NHS sight tests) onward referrals to GP Practices or Hospital Ophthalmic Services. Referrals are a requirement of the General Optical Services (GOS) contract however these referrals are not always electronic, and it should be noted that fax and paper referrals can take place too. We are looking at options to switch from using paper and fax elements of these referrals.

It should be noted that 2.68% (8057) of GOS sight tests in 2022/2023 were domiciliary visits which enables our elderly populations living in rural areas to access sight tests alongside other patients with health inequalities who cannot access community optometry practices.



NHS Sight Test Summary

Business Services Authority

A summary of GOS NHS SIght Test Activity by NHS Region & Integrated Care Board (ICB) . A map of England shows the number of NHS Sight Tests by Region, the scatter plots ICBs against one another based on GOS Activity. Trends by total NHS Sight Tests & by age band can be found along with the Total by Claim Type or Age Band. Use the table to see the activity breakdown by Region & ICB. **Note: Sight Test trend by GOS Claim type graph, the vertical Y & Y2 axes are not to scale.**

NHS Sight Tests	GOS1 Sight Tests	GOS6 Dom. Visits	GOS6% of Total Tests	GOS6 Full Fee Cou	GOS6 Part Fee Count	Retests	Referrals
300,817	292,760	8,057	2.68%	7,354	703	74,173	18,266

NHS Sight Tests by Region

GOS1s vs GOS6s by ICB

NHS Sight Test trend

NHS Sight Test trend by Age Band

Sight Test trend by GOS Claim type

NHS Sight Test Total by Age Band

Sight Test Summary by NHS Region & ICB

Region Name	ICB Name	Total NHS Sight Tests	GOS 1 NHS Eye Test Count	GOS 6 Domiciliary Visit Count	GOS6% of NHS Sight Tests	GOS 6 Domiciliary Full Visit	GOS 6 Domiciliary Part Visit
EAST OF ENGLAND	NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD	300,817	292,760	8,057	2.68%	7,354	703
EAST OF ENGLAND Total		300,817	292,760	8,057	2.68%	7,354	703

Alongside GOS contracts, there are also local enhanced services which are commissioned by the ICB. Enhanced services provide aspects of eye care pathways in the Community Optometry Practice, allowing patients to be treated closer to home and relieving pressure on hospital eye services, emergency departments, and on general practice appointments. It also allows Optometrists to upskill and make full use of their skills. The enhanced services which are currently commissioned in Norfolk and Waveney are:

- **Community Urgent Eyecare Service:** Urgent eyecare service with telephone single point of access, and appointments delivered in local community optometry practices. The service is provided by accredited Optometrists, and where available Optometrist Prescribers. Symptoms assessed and treated include: sudden onset eye problems such as flashes, floaters, red or painful eye or eyelids, recent or sudden vision loss, minor eye injuries and foreign bodies in the eye.

- **Post-operative cataract assessments:** After routine cataract surgery, patients require a 4–6-week post-operative follow-up appointment to assess the final outcome once the eye has healed. This service allows the low-complexity patients to be seen by their local accredited community Optometrist, saving travel for the patient and allowing the patient to receive a sight test for new spectacles at the same time, therefore reducing the number of appointments for the patient.

- **Glaucoma referral refinement:** Referral refinement allows accredited optometrists to repeat diagnostic tests to confirm the risk of disease and thus improve the accuracy of referrals and deflect inappropriate referrals. By reducing inappropriate referrals there is both a reduction in patient anxiety

and a reduction of burden in terms of unnecessary referrals on hospital glaucoma clinics

- **Management of untreated glaucoma suspects and ocular hypertension:** This service enables patients whose symptoms are considered suspicious, where the patient has not been diagnosed with Glaucoma, to be monitored by an accredited optometrist for a period of 5 years. The patient will be referred back to Hospital eye care services if necessary.

The value of having the Community Urgent Eyecare Services (CUES) and impact on other NHS Services has shown that 79% of patients would have gone to see their general practice, emergency department, pharmacy or walk in centre for an issue that was managed quickly and efficiently at their local opticians.

94% of patients would recommend the service (sample size of 649)

Where	**Sept 22- Sept 23**	
GP	338	52%
Visited Opticians Privately	98	15%
A&E	88	14%
Pharmacy	42	6%
Walk in Centre	28	4%
Don't Know	23	4%
Called 111	14	2%
Done Nothing	10	2%
NA	8	1%
Total	**649**	

It should be noted that there has been a recent change to how this data is collected, placing a greater emphasis on ensuring completion of this CUES data by the patient. This has resulted in significantly higher figures over the past 3 months.

Relationships with Optometrists and Local Optometric Committee (LOC)

The ICB has been actively engaging with the LOC and meets with them monthly; the December meeting will be our 3rd monthly meeting. This is helping to build relationships and develop trust and the meetings include representatives from the ICB's workforce, commissioning, eye care team and the next meeting will also include a representative from quality too. The LOC mention workforce challenges as a concern to them. The LOC have also requested support for upskilling the Optometrists including independent prescribing and

The Local Professional Eye Health Network also meets quarterly enabling regional collaboration.

Sight Tests in Special Schools from April 2024

NHS England has recently announced that ICBs will be asked to introduce sight tests in Special Educational Needs Schools from April 2024 which will be beneficial

in addressing the health inequalities of our children in special schools in Norfolk and Waveney. It is known that these children are the least likely to have had a sight test and yet most likely to need glasses. Services will need to be commissioned by the ICB following a procurement exercise.

GOS Contract Variations

- **Patients with no fixed abode-** The recent contract variations have directly benefitted patients with no fixed abode as contractors can now use an alternative address whereas previously having no fixed abode was a barrier to accessing services. The address is a mandatory requirement of GOS forms and the address used can now include the Optometry practice address, the address of the patient's general practice should they have one, a friend/relative's address or a temporary accommodation provider.
- **Mandatory electronic claims-** Another contract variation introduced this year is the mandated use of electronic GOS claims which will be effective from 1 January 2024 - all GOS claims must be submitted electronically through Primary Care Support England (PCSE) Online or a practice management system's eGOS functionality. This will benefit the ICB as it will provide the ICB with more accurate data and remove the need for paper submissions altogether.
- **Reduction in Claim Window-** From 1 January 2024, the claim window for submitting GOS1, 5 and 6 forms will reduce from six months to three months. This will enable more timely data and prompt payments for contractors.
- **Death of a Contractor-** Under the changes which took place on 1st November 2023, the contract will now continue for 28 days during which time an extension can be arranged. Previously, a contract terminated just 7 days after the death of a contractor unless arrangements had been made to extend the contract by 3 months.
- **Removing the requirement to collect data on contract applicant's sex-** From 1st November 2023 the requirement to declare the applicant's sex was removed as the award of a contract is not dependent on the sex of a contractor.

Optometry Workforce

The latest published data by NHS England was in December 2019 and information is only shown for the East of England and not split by ICB. There are approximately 120 optometrists working in Norfolk and Waveney however it is known that there is a heavy reliance on locum workforce to deliver sight tests.

During quarter three, 2023/24, the ICB's Primary Care Workforce team sent out a Training Needs Analysis survey to understand the current need for training within the Optometry sector which will be transferred into a Business Intelligence report by end of December 2023. During quarter four, this analysis will identify more specialised training needs for the sector and enable the ICB to create a training package with service providers to meet the current need identified by the training needs analysis. During the financial year 2024/25, there will be an evaluation of 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 to be delivered by the ICB.

Summary

Delegated responsibility for all primary care services has highlighted the challenges in Optometry and created opportunities for the ICB to put in place local solutions and support working with system partners to build resilience and stability across primary care Optometry.

To achieve our ambitions set out in the Joint Forward Plan, 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.

Recommendation

Committee members are asked to note this Optometry update and the contract variations.

Key Risks	
Clinical and Quality:	Lack of oversight could lead to challenges in managing the quality of the GOS contracts and addressing complaints from a clinical perspective.
Finance and Performance:	If funding isn't available for the new sight tests in special schools from April 2024, then the health inequalities these children currently face would not be addressed.
Impact Assessment (environmental and equalities):	The GOS contract variations help to address health inequalities such as allowing people with no fixed abode to more easily access sight tests by removing the need to have an address. The sight tests in special schools from April 2024 also help to address the health inequalities these children currently face. It should be noted that NHS sight tests are only available to certain people such as those over 60, children and people with diabetes or at risk of glaucoma.
Reputation:	NHSE assures the ICB on its delivery against the Delegation Agreement
Legal:	GOS regulations
Information Governance:	Currently there are Information Governance challenges due to the Optometry referral structure and if a local solution isn't found to this then the information governance challenges will remain.

Resource Required:	Primary care and quality teams
Reference document(s):	In school eye testing for pupils in special schools in England, Changes to General Ophthalmic Services (GOS) regulations Sight test data obtained from the NHS England Ophthalmics dashboard. It contains the eGOS- based claim dataset from Primary Care Support England (PCSE).
NHS Constitution:	1. The NHS provides a comprehensive service, available to all 3. The NHS aspires to the highest standards of excellence and professionalism 4. The patient will be at the heart of everything the NHS does 5. The NHS works across organisational boundaries 6. The NHS is committed to providing best value for taxpayers' money 7. The NHS is accountable to the public, communities and patients that it serves
Conflicts of Interest:	Some of the independent service providers which do cataract operations are owned by the same company that owns the Optometry contractor which could create a conflict of interest for cataract referrals where patient choice should be given. Arrangements are in place for managing conflicts of interest.
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	For noting by the Primary Care Commissioning Committee on 12 December 2023.

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Primary Care Complaints, Enquiries and MP Queries – Q1 and Q2 activity 2023-24**
Presented by:	**Jon Punt, Complaints and Enquiries Manager**
Prepared by:	**Jon Punt, Complaints and Enquiries Manager**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 December 2023**

Introduction

The purpose of this paper is to provide an update in relation to the contacts received from patients and members of the public in relation to primary care services during quarters 1 and 2 of 2023/24.

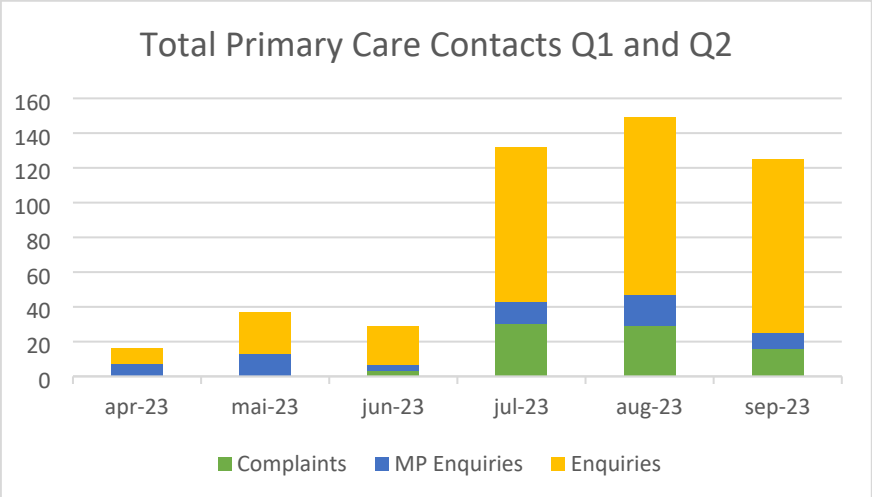
Executive Summary

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

This report provides an overview of complaints and enquiries specifically around primary care received by the ICB during the first two quarters of 2023/24. It also details themes arising from those concerns raised.

Volumes of contact

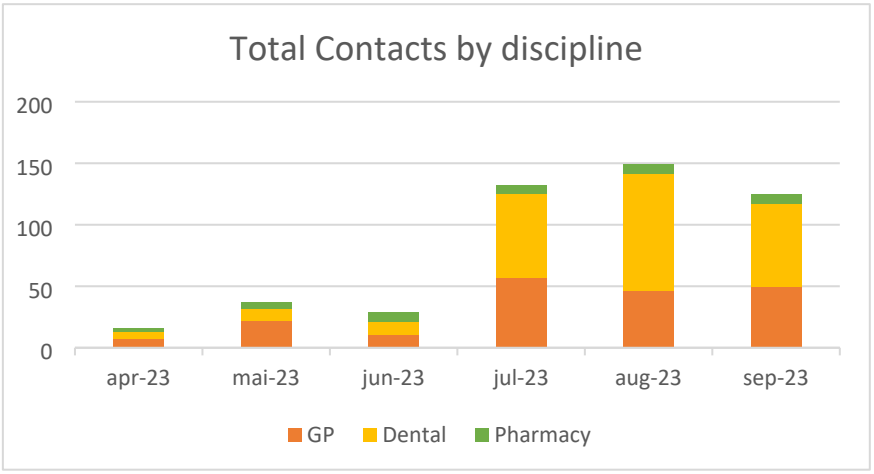
The ICB's Complaints and Enquiries team have received 488 contacts regarding primary care during the first two quarters of 2023-24. The breakdown of how this was split across formal complaints, enquiries from MPs and informal concerns/enquiries can be seen below.



In total across the reporting period the team received 78 formal complaints, 64 MP enquiries and 346 informal enquiries/concerns. Where possible the Complaints and Enquiries Team will do everything possible to try and resolve an informal enquiry, to avoid the escalation into a formal complaint.

The full delegation of handling complaints and concerns regarding primary care from NHS England to ICBs occurred in shadow form on 1 April 2023, and then fully on 1 July 2023. Therefore, the number of contacts increased dramatically from 1 July 2023 and was more than the initial indicative numbers NHS England advised the ICB could be expected.

A high volume of the contacts were about dentistry, the number of contacts across each discipline are shown below.



In Appendix 1 and 2, the specific numbers of contacts received about each primary care provider can also be found.

Themes / Trends

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

Access to dentistry - Access to NHS dentistry was the largest area of formal complaint and received the highest number of contacts, totaling 190 from the 488 received.

Many people were raising their experience in trying to obtain NHS treatment and whilst certain areas of England have better access, we know that those from deprived communities have the most difficulty accessing NHS dental care, because they cannot afford to pay for it.

These contacts included difficulties in getting up-to-date information about practices taking on new NHS patients, with patients having to spend a lot of time making contact with individual providers.

There were also a high number of people looking to access urgent treatment. The ICB's Short Term Dental Plan approved additional urgent treatment capacity locally, which should help address some of the issues around people who are experiencing emergency dental issues not being able to be seen.

Access to GP appointments - 36 contacts related to people raising issues about the way in which they access their GP practice.

42% of contacts related specifically to appointments not being available, with many people stating that after an initial prolonged wait within a call queue, they were informed there were no appointments available for that day. When patients were able to book an appointment, the time that they would have to wait to attend was considerable – we have noted several patients stating they have been offered appointments for around a month's time.

32% of concerns also detailed staffing capacity reasons affecting their access to appointments, including staff resource within practices leaving them not receiving a scheduled call back, to being advised that due to staff sickness there were no appointments available. A number of cases have seen online appointment booking systems being temporarily unavailable, for this reason.

The remaining 26% of cases citing some other issues relating to access, including:

- Site closures or proposed site closures
- Patient de-registrations as a result of them residing out of the boundary
- Dissatisfaction at practices signposting patients to other services
- Dissatisfaction with the care navigator systems used by practices

Several concerns received had referred to a lack of reasonable adjustments being made for patients, specifically elderly, hearing impaired and autistic. Reducing inequalities requires an understanding of groups who are experiencing barriers in accessing services. Unfortunately, the concerns we received showed some patients felt that the system had been deliberately set up to reduce patients getting in touch with practices, and that there was lack of support being provided at practice level.

GP Practice care and treatment offered – 91 contacts were received about the care and treatment practices had provided.

Typically, the team will try and signpost these to the practice directly, as they are best placed to investigate the issues raised. Where this is not appropriate the ICB will manage the investigation of the issues raised and provide a formal response.

Pharmacy care and treatment – 51% of contacts received in relation to pharmacies (20 out of 39) detailed issues around the care and treatment provided by a pharmacy. As part of this some contacts were received from locum pharmacists, who aired frustration at pharmacy branch closures and contracts being breached.

A number of cases referenced medication issues, with focus on dossette boxes. A particular patient mentioned the difficulties they were experiencing in having their dossette box made up and the pharmacy were now refusing to continue to do this. The patient was advised to contact nearby pharmacies to see if they do dossette boxes and if so, to ask the GP practice if they can send electronic prescriptions to that pharmacy. Another case detailed a patient who had received their dossette box in a state having been described as though the medication had been thrown onto the tray. As a result of this complaint being raised, the pharmacy raised a Patient Safety Incident, which was reported to the National Reporting and Learning System (NRLS).

Development work

The ICB's Complaints and Enquiries Team has delivered a recent complaint handling session to practice managers across Norfolk and Waveney, which was offered virtually. This helped establish some relationships with those who attended and has assisted with the swift resolution of some enquiries.

Many individual GP practice managers have also reached out to the team to gain advice or assistance when it comes to complaint handling.

In addition, the team has met with representatives from the Local Pharmaceutical Committee and Local Dental Committee to discuss complaints handling and how best learning can be identified, while also offering support to providers.

Recommendation

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

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

Governance

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

GP Practice contacts / enquiries to ICB - 1 April 2023 to September 2023

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

Norwich Locality	**43**
Trinity and Bowthorpe Medical Practice	5
Old Catton Medical Practice	4
Castle Partnership	4
Oak Street Medical Practice	4
UEA Medical Centre	3
East Norwich Medical Practice	3
Lionwood Medical Practice	3
St Stephens Gate	2
One Norwich Practices	2
Thorpewood Medical Centre	2
Beechcroft and Old Palace Surgeries	2
Magdalen Medical Practice	2
West Pottergate Medical Centre	2
Roundwell Medical Centre	1
Wensum Valley Medical Practice	1
Bacon Road Medical Centre	1
Lawson Road Surgery	1
Prospect Medical Practice	1

South Norfolk Locality	**52**
Humbleyard Practice	12
East Harling and Kenninghall Medical Practice	7
Mattishall and Lenwade Surgeries	6
Harleston Medical Practice	5
Watton Medical Practice	4
Attleborough Surgeries	3
Old Mill and Millgates Medical Practice	2
Long Stratton Medical Partnership	2
School Lane Surgery	2
Chet Valley Medical Practice	2
Heathgate Medical Practice	2
Orchard Surgery	1
Wymondham Medical Partnership	1
Elmham Surgery	1
Grove Surgery	1
Hingham Surgery	1

North Norfolk Locality	**23**
Holt Medical Practice	6
Acle Medical Partnership	3
Drayton Medical Practice	2
Ludham and Stalham Green Surgeries	2
Mundesley Medical Centre	2
Wells Health Centre	2
Blofield Surgery	1
Sheringham Medical Practice	1
Cromer Group Practice	1
Birchwood Medical Practice	1
Stalham Staithe Surgery	1
Brundall Medical Partnership	1

West Norfolk Locality	**25**
Southgates and The Woottons Surgeries	5
Vida Healthcare	4
St James Medical Practice	4
Heacham Group Practice	3
Bridge St Surgery, Downham Market	2
Watlington Medical Centre	1
Howdale Group Practice	1
Upwell Health Centre	1
Manor Farm Medical Centre	1
St Clements Surgery	1
Campingland Surgery	1
Great Massingham and Docking Surgeries	1

Great Yarmouth and Waveney Localit	**27**
East Norfolk Medical Practice	4
Millwood Partnership	3
High Street Surgery	3
Coastal Villages Surgeries	3
Beccles Medical Centre	3
Rosedale Surgery	3
Andaman Surgery	3
Alexandra & Crestview Surgeries	2
Bridge Road Surgery	2
Kirkley Mill Surgery	1

Dental and Pharmacy contacts / enquiries to ICB - 1 April 2023 to September 2023

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

Dental	
Together Dental, Great Yarmouth	4
Orford Hill Dental Practice	4
Taverham Dental Practice	3
Smile Dental Care Norwich	2
Carlton Lodge Dental Practice	2
John G Plummers, Bradwell	2
Together Dental, Sheringham	2
Grange Dental Surgery	2
Marham Dental Surgery	1
Prince of Wales Road Dental Practice	1
Dental Design Studio Lowestoft	1
West Earlham Dental Health Practice	1
John G Plummers, Hemsby	1
MyDentist, Kings Lynn	1
Brundall Dental Practice	1
Together Dental, Norwich	1

Pharmacy	
Well Pharmacy, Mundesley	6
Well Pharmacy, Coltishall	3
Well Pharmacy, North Walsham	3
Haydens Chemist, Lowestoft	2
Well Pharmacy, Norwich	2
Well Pharmacy, Brundall	1
Well Pharmacy, Poringland	1
Watlington Medical Practice	1
Well Pharmacy, Kings Lynn	1
Tesco Pharmacy, Thetford	1
Well Pharmacy, Wymondham	1
Well Pharmacy, Acle	1
Asda Pharmacy, Hellesdon	1

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 09

Subject:	**Pharmacy First- New Community Pharmacy Advanced Service**
Presented by:	**Sharon Gardner, ICS Community Pharmacy Clinical Lead**
Prepared by:	**Sharon Gardner, ICS Community Pharmacy Clinical Lead**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 December 2023**

Purpose of paper:

The purpose of this paper is to

- Advise the committee of the new Pharmacy First service and its launch at the end of January 2024.
- Advise the committee of the expansion of the pharmacy contraception service and the blood pressure check service from the 1st December 2023.
- Advise the committee of the intended Integrated Care Board (ICB) communication plan for all impacted stakeholders and intended next steps.

Executive Summary:

On 9th May 2023 NHS England (NHSE) and the Department of Health and Social Care (DHSC) published The Delivery Plan for Recovering Access to Primary Care which recognised the increasing role community pharmacy has in delivering clinical services. Community Pharmacy continues to make significant and exceptional contributions to primary care and the delivery plan looked to build on this success, while recognising the immense pressures on Community Pharmacies at present.

Through the delivery plan, the government indicated its intention to continue to invest in the journey started in 2019 of embedding Community Pharmacy into the NHS, making pharmacies the first contact for minor illness, and giving them an increased role in health promotion and in optimising the use of medicines.

This new phase will see:

- the expansion of funding for blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke.
- more funding to support the introduction of initiation of contraception in community pharmacies, supporting women to have easier access.
- the introduction of Pharmacy First which will help pharmacies support their communities in staying well and their local systems to meet the needs of their populations by enabling the Supply of NHS Medicines for seven conditions without the need of a clinical referral or prescription.

Background

Community pharmacy is an essential part of primary care and offers people easy access to health services in the heart of their communities. 80% of people in England live within a 20-minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation. They give expert clinical advice and 90% of people feel comfortable consulting a community pharmacist for a minor illness. Over 90% who have done so say they received good advice.

Pharmacy's role has been increasing in recent years. In 2019 NHS England (NHSE) and the Department of Health and Social Care (DHSC) set out how they would work to embed and integrate community pharmacy into the NHS, delivering more clinical services and making Community Pharmacy the first port of call for many minor illnesses.

Good progress has already been made:

- General practice and NHS111 can refer patients to community pharmacies for advice and treatment, and NHS111 can also refer for urgent medicines supply. Over 2 million referrals nationally have been made through these routes.
- Community pharmacies support over 200,000 people a month when they start new medicines and 8,000 patients a month who have had their medicines changed following a visit to hospital, which reduces readmissions.
- 6,000 pharmacies have delivered over 930,000 blood pressure checks in just over a year, allowing those with high blood pressure to be identified and referred for onward management.
- Pharmacy is increasing its contribution to our vaccine programmes, including delivering almost 5 million flu vaccinations in 2021/22, and a third of the COVID-19 vaccines in the Omicron surge.

There was a desire from NHSE and DHSC to build on the above successes and expand the services offered, increasing convenience for the public by introducing a Pharmacy First service for patients and expanding two existing services if agreed through consultation.

Following successful negotiations between Community Pharmacy England (the representative body for all community pharmacy owners in England), NHSE and DHSC an announcement was made on the 26th November to:

1) Launch expansion of the Pharmacy contraception service on 1st December 2023
2) Relaunch the Blood Pressure Check Service on 1st December 2023
3) Launch Pharmacy First on 31st January 2024 subject to the appropriate digital systems being in place to support these services.

Pharmacy First

Pharmacy First will be a new advanced service that will include 7 new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS). This means the full service will consist of 3 elements:

- Pharmacy First (clinical pathways) - new element
- Pharmacy First (urgent repeat medicine supply) - previously commissioned as the CPCS
- Pharmacy First (NHS referrals for minor illness) - previously commissioned as the CPCS

The clinical pathways element of Pharmacy First will enable pharmacists to offer advice to patients and supply NHS medicines (including some prescription-only medicines under patient group directions (PGDs), where clinically appropriate, to treat 7 common health conditions:

- sinusitis
- sore throat
- earache
- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women

The existing referral routes for the CPCS will apply to the new clinical pathway's element, but patients will also be able to self-refer to a pharmacy for the clinical pathways.

The clinical pathways will be supported by 23 Patient Group Directions. Pharmacists will require significant clinical upskilling so although the service will launch at the end of January 2024 not all contractors may be able to launch the service within the given timescales. However, a £2000 initial fixed set up fee will be provided to all contractors that sign up to the service by the end of January 2024. Evidence of service provision by the end of February 2024 must be provided to prevent recovery of any initial fees.

NHSE will closely monitor the Pharmacy First service post-launch, particularly in relation to antimicrobial supply to guard against the risk of increasing antimicrobial resistance.

Also, the National Institute for Health and Care Research will commission an evaluation of Pharmacy First services considering implications of antimicrobial resistance.

The Pharmacy First service is welcomed and will provide opportunity and new funding but may also bring short term challenges/inequity. As the funding does not form part of the global sum and is additional investment some contractors are seeing this as a positive opportunity to invest in additional colleagues to help prepare for the future. It should be noted that advanced services are voluntary for community pharmacies, and therefore these services may not be provided by all pharmacies in Norfolk and Waveney.

Pharmacy Contraception Service and Blood Pressure Check Service

£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services. This means many more consultations under these services are affordable and will not put pressure on the wider contractual sum.

Currently the Pharmacy Contraception Service allows the continuation of supply for oral contraceptives but with the expansion of the service women will have easier access to the initiation of oral contraception by the combination of both services into one.

The expansion of the Blood pressure check service will help identify the 5.5 million people with undiagnosed blood pressure at risk of heart disease and stroke.

In both services it will be possible to use the wider non-registered pharmacy team members where staff have the appropriate training, are competent to deliver the service and where this is legally possible.

Digital

The government and NHS are investing to significantly connect and improve the digital infrastructure between general practice and community pharmacy to streamline referrals, increase access to more parts of the GP patient record, and improve how GP records are updated following the provision of pharmacy services.

From the launch, contractors will:

- have access to more parts of the GP record (medications, observations, and investigations)
- use the new Pharmacy First consultation record to capture the consultation which will then send automatic structured updates to the GP record and to the NHS Business Services Authority (NHSBSA) to support payments and reporting on the service.

Summary Of Digital Deliverables

Update DOS, Profile Manager, nhs.uk and 111 online to support **channel shifting of patients** to pharmacy	Digital referrals from GP to pharmacy	Capability to **access patient's GP record**
Capability to **update the patient's GP record** following a pharmacy consultation	Develop a **Payment & Data API to** support reimbursement and service monitoring	Develop and onboard suppliers to the **Digital Service for Integrated Care** to ensure solutions are assured and meet user requirements and NHS standards

ICB Communication and Support

Following the announcement in November initial meetings were held with both Community Pharmacy Norfolk (LPC) and our Local Medical Committee (LMC) representatives and an agreement that more robust face to face communication would be appropriate in the new year when more details were confirmed and released. Initial communication regarding the announcement and our support of the service has already been issued to General Practice and our pharmacy contractors through our normal communication channels.

In the New Year the ICB will aim to present at Primary Care Network and practice manager meetings to highlight the service in more detail and to discuss any concerns, with the aim of encouraging local communication between stakeholders and ensuring that when the service is launched the experience for our patients is a positive one.

The ICB will also be supporting our pharmacy contractors by providing clinical skills training in the form of two Otoscope training sessions (required for the assessment of earache). This is in addition to the NHSE training session that has been organised, as the location provided was not favourable for our contractors and this could have caused a barrier in being able to provide this key service for our population.

Recommendation to the Board:

- Note the details of the launch of the new advanced Pharmacy First Service at the end of January 2024.
- Note the details of the expansion of the Pharmacy contraception service and the Blood pressure Check service.
- Note the intended communication/support plan for our pharmacy contractors and other primary care stakeholders

Key Risks	
Clinical and Quality:	National evaluation and monitoring particularly around AMR in the initial stages. Quality assurance visits will encompass service provision criteria and support offered where required
Finance and Performance:	Finance will be subject to the standard post payment verification checks for all national services. Clawback of set up fees will happen if no activity from premises by end of Feb24
Reputation:	LPC and LMC support of the service need to ensure local engagement between stakeholders to ensure positive patient outcomes
Legal:	Unknown
Information Governance:	Data sharing and access requirements required.
Resource Required:	Otoscope training sourced from CPPE
Reference document(s):	See below The Delivery Plan for Recovering Access to Primary Care Pharmacy First announcement
NHS Constitution:	None identified
Conflicts of Interest:	None known at the time of the report
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care

Governance

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**General Practice Operational Delivery Report**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Sadie Parker, Director of Primary Care** **Shepherd Ncube, Associate Director of Primary Care**
Submitted to:	**Primary Care Committee**
Date:	**12 December 2023**

Purpose of paper:

To provide the Board with a report of the General Practice Operational Delivery Group meeting held on 24 October and 22 November 2023.

Group:	General Practice Operational Delivery Group
Chair:	Mark Burgis, Executive Director of Patients and Communities Shepherd Ncube, Associate Director of Primary Care chaired the October meeting Sadie Parker, Director of Primary Care chaired the November meeting
Meetings since the previous update:	24 October 2023 22 November 2023
Overall objectives of the GPODG:	The purpose of the Delivery Group is to provide a framework for effective decision making in relation to certain contractual matters for general practice under delegated authority from the ICB's Primary Care Commissioning Committee.
Main purpose of meeting:	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the Primary Care Committee on the exercise of the ICB's delegated primary care commissioning functions and

	any resources received for investment in primary care.
BAF and any significant risks relevant / aligned to this Group:	At this stage, the risk register is still monitored by committee. Recommendation will be taken to the December committee on how risks can be monitored across the GPODG and PCCC.
Key items for assurance/noting:	<u>24 October 2023</u> • Practices at Risk progress update report was received. Changes from last month were noted, a total of 12 practices are now on the register and continue to receive enhanced commissioning support from the ICB. There had been a new addition to the register where a practice has been experiencing some challenges recently due workforce related issues. • An overview of the various health checks provided within primary care services was presented to the group for noting and discussion. Good discussion took place about the commissioning arrangements of these checks: NHS Health Check, SMI Health checks, LD (Learning Disabilities) Health checks and National Hypertension Case Finding Service. • A progress report against the TIAA audit action plan was presented and discussed. 8 of 12 actions have been completed and ongoing work for the agreed remaining actions were noted. Key improvements since the last reporting period were in relation to the development of the primary care dashboard and the practice visit programme. The work on the development of the primary care strategy and overarching contractual framework remains on track for delivery by 31 March 2024. • Annual Electronic Declaration(E-DEC) action plan for 2022/23 was discussed. Good progress has been so far, 2 of out of 4 actions completed. The remaining actions are related to 2023/4 submission and will be delivered as planned. The group noted proposed national changes with this practice submission. A new GP catchment area tool has been developed to enable practices to capture and maintain digital catchment areas. • The group reviewed the current position for primary care prescribing with a quality focus in Norfolk and Waveney drilling down to practice level data. Quality and spend indicators were outlined and current running projects to drive up the required improvements were highlighted and noted. <u>22 November 2023</u>

	• The group reviewed the practices currently deemed to be experiencing significant resilience issues and the ICB multi-disciplinary process for supporting practices individually. There were now 13 practices being supported (an increase of two since the last report to Committee), ten of which are due to issues identified during CQC inspections and one due to issues with their estate. • The Care Quality Commission inspection report for Woodcock Road Surgery in Norwich was reviewed, and the overall Good rating was noted. It was acknowledged this was a significant achievement especially as their previous inspection was in 2015/16. • Members noted progress on the delivery of learning disability (LD) health checks. Percentage of checks delivered was slightly less than last year, however the register size had grown by 300 people and slightly more people were receiving a health action plan as part of their check (89% compared to 87% last year). The forecast achievement at the end of the year for LD health checks delivered was 70% against a target of 75%. Work was ongoing to develop options for additional capacity. • Progress on delivering severe mental illness (SMI) health checks was noted. Performance at end of quarter two sits at 49.9%, which is at 68.9% of our planned trajectory. It was noted that the number of partial health checks was higher, and work is ongoing with practices on this. There are planned national changes to coding and data collection of SMI health checks which will have an impact on our programme going forward. This was being worked through with a further update due in the next report. • The system Primary Care Access and Improvement plan was noted, along with the primary and secondary care interface work being undertaken across the system. The plan would be taken to the November Board meeting in public, as per the requirements of national guidance.
Items for escalation to Committee:	The resilience of general practice continues to be a concern and is monitored through the risk register. There are indications that, in some practices, this is having an impact on their ability to deliver services such as LD and SMI health checks.
Items requiring approval:	<u>24 October</u>

	• The request for Norfolk and Waveney ICB to participate in the Independent Prescribing Pathfinder programme for community pharmacy and the establishment of three pathfinder sites across Norfolk and Waveney footprint was approved by the group. <u>22 November</u> • An application from a practice to proceed with a project to convert from an owner-occupier arrangement to a landlord-owned leased premises was approved, and noted this could improve recruitment and retention of GP partners
Confirmation that the meeting was quorate:	Yes. Attendance at the meeting is set out below: <u>24 October 2023</u> **Voting members** Shepherd Ncube, Associate Director of Primary Care Commissioning (formally representing Mark Burgis) Karen Watts, Director of Nursing and Quality, Matthew Lewis, Primary Care Finance Officer, Daniel Abrahams, Primary Care Finance Lead **In attendance** Fiona Theadom, Head of Primary Care Commissioning, Julian Dias, Senior Primary Care Commissioning Manager, Debbie Ebenezer, Delegated Commissioning Manager, Sarah Harvey, Head of Primary and Community Care Strategic Planning, Alex Stewart, Healthwatch Norfolk, Carl Gosling, Senior Primary Care Commissioning Manager (General Practice), Lisa Drewry, LMC, Rachel Fields, BI & Performance Manager, Primary Care and Workforce Lead, Sharon Gardner, Community Pharmacy Clinical Lead, Joni Graham, LMC, Andrew Hayward, Healthwatch Norfolk <u>22 November 2023</u> **Voting members** Sadie Parker, Director of Primary Care (chairing), Shepherd Ncube, Associate Director, Primary Care Commissioning, Lisa Read, Acting Head of Quality and Nursing, Stuart White, Finance Manager, Delegated Primary Care

	In attendance Fiona Theadom, Head of Primary Care Commissioning, Julian Dias, Senior Primary Care Commissioning Manager, Debbie Ebenezer, Delegated Commissioning Manager, Sarah Harvey, Head of Primary and Community Care Strategic Planning, Lisa Drewry, LMC, Joni Graham, LMC, Andrew Hayward, Healthwatch Norfolk, Ian Wilson, LMC, James Grainger, Head of Finance Primary Care & Corporate, Cath McWalter, Senior Primary Care Estates Manger

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Dental Services Operational Delivery Group report**
Presented by:	**Fiona Theadom, Head of Primary Care Commissioning**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 December 2023**

Purpose of paper:

To provide the Committee with a report of the meetings of the Dental Services Operational Delivery Group ("DSODG") held on 5 October and 2 November 2023

Group:	**Dental Services Operational Delivery Group**
Chair	Mark Burgis, Executive Director of Patients and Communities
Meetings since previous update	5 October and 2 November 2023 The meeting scheduled for 7 September 2023 was cancelled
Overall objectives of DSODG	The purpose of the meeting is to provide a framework for effective decision making in relation to certain contractual matters for dental services under delegated authority from the ICB's Primary Care Commissioning Committee ("PCCC")
Main purpose of the meeting	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to improve access and transform services by providing oversight and assurance to PCCC on the exercise of the ICB's delegated primary care commissioning functions and any resources available for investment in primary, community and secondary dental care
BAF and significant risks relevant / aligned to this Group	At this stage, the risk register is monitored by PCCC however work is being undertaken to agree how operational and strategic risks can be monitored across DSODG and PCCC respectively. The BAF risk has been updated to include workforce matters.

Key items for assurance / noting	• The Group received a report on dental provision and the impact on patient experience from the Quality team and agreed with the recommendations. The successful matrix working relationships were recognised. An anonymised patient complaint was discussed that highlighted how integrated provision would be beneficial when thinking about solutions working with Primary Care Networks, social prescribing and care coordinators. It was noted that neighbourhood working was a priority in the Joint Forward Plan and it was agreed to highlight this in the long term plan and primary care strategy. It was agreed to bring an overview of complaints and serious incidents to a future meeting. • The Group received a report on workforce recruitment and retention plans and an update on uptake noting they had been approved by Primary Care Commissioning Committee. Several programmes had been launched in November with a very positive interest from practices and individuals. • The Group noted the report on mid year activity which highlights practices achieving less than 30% of their contracted activity at mid year. The data is showing that a high number of practices are forecast to under achieve and some may achieve more than their contracted activity if levels continued. The national approach taken by the Business Services Authority was noted however it was agreed to proactively approach practices at the low end of delivery to discuss how the ICB can support them.
Items for escalation to Committee	Committee is asked to note the concerns about the high number of practices forecast to not achieve their activity due to workforce challenges and the impact this will have for the ICB and patient access. The Group wish to highlight the significant amount of work that is being undertaken across the ICB to manage dental matters however to note that resources across all teams are being stretched and are limited in what can be achieved. To request the Committee to recognise the positive impact that the Workforce plans are having in supporting practices and individuals.

Items requiring DSODG approval	• Approved contract novations to enable the sale of BUPA practices in North Walsham and Harleston to new providers to proceed. • Chair's action was taken to approve an ad hoc UDA rate review • The Group agreed an ICB Finance policy for clawback repayments for year end 2023/2024 and noted that it would be presented to Audit Committee for final approval. This would form part of a wider ICB Year end commissioning policy in development.
Confirmation that the meeting was quorate	Both meetings were quorate

Recommendation to the Committee:

To note the report for assurance purposes

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 00

Subject:	**Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (1 July 2023 – 30 September 2023)**
Presented by:	**Catherine Hedges, Primary Care Commissioning Manager**
Prepared by:	**Catherine Hedges, Primary Care Commissioning Manager**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 December 2023**

Summary of Paper

The attached paper contains the second quarter (Q2) report from the Pharmaceutical Services Regulation Committee (PSRC) relating to the market entry and fitness decisions made at the monthly PSRC meetings between 1 July 2023 – 30 September 2023 in relation to Norfolk and Waveney matters.

PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England.

Recommendation

Note the decisions made at the PSRC meetings between July 2023 and September 2023.

Key Risks	
Clinical and Quality:	The ICB is responsible for ensuring quality and performance in relation to the provision of community pharmacy services in Norfolk and Waveney and to escalate concerns, where appropriate, to PSRC for consideration.
Finance and Performance:	National funding formula for community pharmacy provision
Impact Assessment (environmental and equalities):	The Pharmaceutical Needs Assessment (PNA) is agreed by Health and Wellbeing Boards on a five year cycle. Significant changes in provision in the interim may need to be reviewed and changes to the PNA considered.

Reputation:	Failure to adhere to the regulations can have reputational issues for the ICBs.
Legal:	Pharmaceutical Services Regulations
Information Governance:	N/A
Resource Required:	Primary Care and Quality teams
Reference document(s):	Pharmacy Manual, Pharmaceutical Services Regulations
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	The resilience of primary care

Governance

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

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

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

Title of Report	**Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (1 July 2023 – 30 September 2023)**	
Presented by	Catherine Hedges, Primary Care Commissioning Manager	
Author	Martyn Pretty, Commissioning Support Officer Reviewed/Updated by: Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Commercially Sensitive	No	
Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date: NA
Conflict of Interest	None known.	
Governance and reporting – at which other meeting has this paper already been discussed (or not applicable)	This paper has not been discussed at other meetings however all decisions reported in this paper were made at the PSRC meetings held between 01 July 2023 to 30 September 2023.	Outcome of Discussion: All decisions made at the PSRC meetings are made in line with the Pharmaceutical Services Regulations 2013 (as amended)
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England. All ICBs are invited to attend. The meetings are governed by Terms of Reference (TOR) as set out in the Pharmacy Manual and have been ratified by PSRC. TOR were shared with ICBs as part of the Q1 report.	

Executive Summary:

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

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

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

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

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

Market Entry - Decisions made (within scheduled PSRC meetings):

There were no market entry applications for Norfolk in Q2.

Breach/Remedial Notices Issued

There were no breach or remedial notices issued for Norfolk in Q2.

Market Entry Applications under Appeal

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

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

Fitness Decisions (within scheduled PSRC meetings):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
NW Pharma Ltd - Application for new inclusion on the pharmaceutical list (Change of Ownership)	Norfolk	Approved
Mattishall Healthcare Ltd – Change of Superintendent	Norfolk	Approved
Total Access Health Ltd - Application for new inclusion on	Norfolk	Not Approved – Incomplete

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
the pharmaceutical list (Distance Selling)		
Nowruz Ltd T/A Willow Pharmacy - Application for new inclusion on the pharmaceutical list (Change of Ownership)	Norfolk	Approved
Cox Mountain Ltd – Application for new inclusion on the pharmaceutical list.	Norfolk	Approved

Fitness Decisions under Appeal:

It is to be noted that fitness appeals do not go to NHS Resolution, instead they are heard by the First Tier Tribunal. There are no appeals at First Tier Tribunal for Norfolk.

Recommendation(s):

Note the decisions made at the PSRC meetings between July 2023 and September 2023.

Next Steps:

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

Improving lives **together**

Norfolk and Waveney Integrated Care System

2023/24 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

October 2024

Primary Care Commissioning Committee 12th December 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M7 (October-23) of the ICB accounts.

- As at Month 7 (October), the Year to Date (YTD) spend is £ 318.3 m as against a plan of £314.7m leading to an overspend of £3.6 m for Primary Care and Prescribing in combination.

- The forecast spend is £544.7m as against a plan of £543.9m leading to a forecast overspend of £0.8m. 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 target 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.

2.0 Total Financial Summary

23/24 Primary Care & Prescribing:	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 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	190.5	112.1	113.8	1.7	193.3	2.8	192.3	1.0	The £2.8m adverse FOT variance is predominantly made of £1.2m adverse variance in identified GP Prescribing efficiencies and £1.4m increase in SGLT2 between 22/23 and 23/24 (April-August) . The movement in FOT between M6 and M7 is due to Q1 Edoxaban rebates allocation from NHSE hence an accounting treatment was required to reduce the forecast for Q1 for £0.8m and balance is general growth
Other Prescribing costs	18.4	10.6	10.9	0.3	19.1	0.7	19.2	(0.1)	The £0.7 m adverse FOT variance is due to Central Drugs and Oxygen unidentified efficiencies and increase in Oxygen due to electricity costs.Slight movement in M6 and M7 FOT
Total GP & Other Prescribing	**208.9**	**122.7**	**124.7**	**2.0**	**212.3**	**3.4**	**211.5**	**0.9**	
Primary Care									
Delegated Primary Care	213.1	122.7	122.1	(0.6)	208.2	(5.0)	204.4	3.8	The FOT favourable variance of £5m is offset against £4.3m adverse variance in LES as budget is reported In Delegated and spend is reported seperately in LES due to NHSE directives. The movement in FOT between M6 and M7 for £3.8m is due to additional allocation for global sum
Local Enhanced Services(LES)	11.3	6.4	9.1	2.7	15.6	4.3	15.6	(0.0)	
Other Primary Care	13.4	6.6	6.1	(0.5)	12.3	(1.1)	12.4	(0.1)	£1.1m favourable FOT variance is made of £0.7m underspend in surge capacity funding and balance in non recurrent prior year benefits.Slight movement in FOT between M6 and M7
Total Primary Care	**237.9**	**135.6**	**137.3**	**1.6**	**236.0**	**(1.8)**	**232.3**	**3.7**	
DOP									
Dental	63.5	36.9	36.8	(0.1)	62.7	(0.8)	66.0	(3.2)	£0.8m favourable FOT variance is in historic underperformance funding workforce intentives. The change in FOT between M6 and M7 is contra to increase in FOT between M6 and M7 in DOP Delegated Pay
DOP Delegated pay	2.5	1.4	1.4	(0.0)	2.5	(0.0)	0.0	2.5	The change is FOT between M6 and M7 is contra to decrease in FOT between M6 and M7 in Dental
Optom	10.2	5.9	5.9	(0.0)	10.2	(0.0)	10.2	0.0	
Pharmacy	20.9	12.2	12.2	0.0	20.9	0.0	20.9	0.0	
Total DOP	**97.1**	**56.4**	**56.3**	**(0.1)**	**96.3**	**(0.8)**	**97.0**	**(0.7)**	
Total Prescribing and Primary Care	**543.9**	**314.7**	**318.3**	**3.6**	**544.7**	**0.8**	**540.8**	**3.9**	
Variance as a % of Budget				*1.1%*		*0.1%*		*0.7%*	

Variance Signage: (Favourable)/Adverse

3.0 GP And Other Prescribing

23/24 Primary Care: Prescribing	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 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	117.1	118.0	1.0	200.9	1.2	200.7	0.2	£1.2m adverse FOT variance is due to lower identified efficiencies and £0.2m movement between m6 and M7 is due to general increase
Recharges to Local Authorities & NHS England	(5.6)	(3.3)	(3.0)	0.3	(5.1)	0.5	(5.4)	0.3	lower flu rebates for both FOT variance and movement between M6 and M7
Rebates from pharmaceutical companies	(3.5)	(1.7)	(1.3)	0.4	(2.5)	1.0	(3.0)	0.5	lower FOT as Q1 DOAC rebate allocation received hence adverse variance for FOT and adverse movement between M6 and M7
Central Drugs	5.1	3.0	3.2	0.1	5.4	0.3	5.4	0.0	unidentified efficiency is the reason for adverse FOT variance
Dressings & wound care	5.3	2.6	2.4	(0.3)	4.9	(0.4)	4.9	0.0	slight reduction in dressings hence favourable FOT variance
Others (Medicine Management, Oxygen, incentives etc.)	8.0	4.9	5.4	0.5	8.8	0.8	8.9	(0.1)	£0.8m adverse FOT variance is due to unidentified efficiencies in Oxygen and Medicine Management budget,increase in electricity costs for both Oxygen and Medicine Mananagement, The favourable FOT movement between M6 and M7 is due to staff vacancies
Total Prescribing	**208.9**	**122.7**	**124.7**	**2.0**	**212.3**	**3.4**	**211.5**	**0.9**	
Variance as a % of Budget				*1.7%*		*1.7%*		*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(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
Contractual	133.71	76.38	76.11	(0.3)	133.18	(0.5)	130.1	3.1	Favourable FOT variance is due to benefit in contract and contract KPI's, where contract paid out in full and clawed back where necessary. FOT movemenet due to DDRB uplift
QOF	16.17	9.43	9.43	0.0	16.17	0.0	16.2	0.0	On Plan
Premises cost reimbursements	15.56	9.08	9.27	0.2	15.75	0.2	15.6	0.1	Marginal variance in both FOT and M6 and M7 movement
Other - GP Services	14.89	8.69	9.43	0.7	15.86	1.0	15.9	(0.1)	FOT variance is due to Dispensing fee's continued trend & emergency locum spend at South practice
Enhanced services	11.19	6.53	6.54	0.0	11.20	0.0	11.2	(0.0)	On Plan
CCG Spend	0.57	0.33	0.31	(0.0)	0.55	(0.0)	0.6	(0.0)	On Plan
PCN ARRS Staff	17.40	10.15	12.75	2.6	17.40	0.0	17.4	0.0	On Plan
PMS to GMS	4.18	2.44	0.00	(2.4)	0.00	(4.2)	0.0	0.0	Variance offset in LCS cost centre
Prior Year	(0.53)	(0.31)	(1.73)	(1.4)	(1.95)	(1.4)	(2.6)	0.6	Additional Allocation to plug shortfall in 23/24, The £0.6m movement between M6 and M7 is because Dental Prior year release put in DPC in M6 and moved back to Dental in M7
Total Delegated	**213.1**	**122.7**	**122.1**	**(0.6)**	**208.2**	**(5.0)**	**204.4**	**3.8**	
Variance as a % of Budget				*-0.5%*		*-2.3%*		*1.8%*	
Variance Signage (Favourable)/Adverse									

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

5.0 System Development Fund / GPFV

23/24 Primary Care: SDF / GPFV	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 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	0.13	0.07	(0.06)	0.24	0.25	0.2	0.0	On Plan
Training Hub Default	0.33	0.07	0.12	0.05	0.97	0.10	1.0	0.0	On Plan
Online Consultation System	0.00	0.00	0.00	0.00	0.00	(0.09)	0.0	0.0	On Plan
GP Fellowships	0.17	0.17	0.16	(0.01)	0.16	0.07	0.16	0.0	On Plan
Nurse Fellowships	0.00	0.00	0.02	0.02	0.01	0.02	0.0	0.0	On Plan
Supporting Mentors	0.06	0.06	0.06	(0.00)	0.04	(0.00)	0.04	0.0	On Plan
GP Retention	0.33	0.16	0.16	(0.00)	(0.00)	(0.16)	(0.0)	0.0	On Plan
Flexible Staff Pools	0.12	0.06	0.06	0.00	0.00	(0.06)	0.0	0.0	On Plan
Infrastructure & Resiliance	0.13	0.06	0.06	0.00	0.00	(0.06)	0.0	0.0	On Plan
ARI Hubs	0.00	0.00	(0.00)	(0.00)	(0.00)	(0.00)	(0.0)	0.0	On Plan
GP Accelerate	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.0	On Plan
Total SDF	**1.4**	**0.7**	**0.7**	**0.0**	**1.4**	**0.1**	**1.4**	**0.0**	£0.1m adverse variance is due to Unidentified Efficiencies
Variance as a % of Budget				*0.2%*		*4.5%*		*0.0%*	

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.
- The ICB received separate allocation for GP Fellowship, GP Supporting Mentors.

6.0 Dental

23/24 Primary Care: Dental	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 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)	(11.7)	(7.7)	3.9	(13.3)	6.7	(13.2)	(0.1)	Ongoing gap between targeted patient revenue and actuals received, as this was set on 19/20 levels and access is still limited but it has slightly improved between M6 and M7
Baseline Payments (Inc Perf Adj)	58.0	33.8	33.1	(0.8)	55.4	(2.6)	56.1	(0.7)	Anticipated underperformance and continued contract handbacks
Pay & Pensions	1.8	1.0	0.9	(0.1)	1.7	(0.1)	4.0	(2.3)	FOT variance broadly on Plan. M6 and M7 contra movement due to reclassification below from last month under DOP Delegated Pay
Minor Oral Surgery	0.4	0.2	0.2	(0.0)	0.4	(0.0)	0.4	(0.0)	On Plan
Other Primary Dental	0.7	0.4	0.3	(0.1)	1.2	0.4	1.3	(0.1)	FOT contains £0.6m workforce incentives, offset by pension and property underspends (£0.2m). Small FOT movement between M6 and M7
General Reserve	5.1	3.0	0.0	(3.0)	(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	**46.1**	**26.9**	**26.8**	**(0.0)**	**45.3**	**(0.7)**	**48.5**	**(3.2)**	
Secondary Dental									
Baseline payments	13.8	8.0	8.1	0.1	13.9	0.1	13.8	0.1	
Low Volume Activity & NCA	0.1	0.1	0.1	0.0	0.1	0.0	0.1	(0.0)	
Other	0.2	(0.0)	(0.1)	(0.1)	0.1	(0.1)	0.3	(0.2)	Pay budget recategorised to pay cost centre
Total Secondary Dental	**14.1**	**8.1**	**8.1**	**0.0**	**14.1**	**0.0**	**14.2**	**(0.1)**	
Community Dental									
Baseline Payment	2.6	1.5	1.5	(0.0)	2.6	(0.0)	2.5	0.1	PDS Contract value uplifted hence slight change in FOT between M6 and M7
Specific Items	0.7	0.4	0.4	(0.0)	0.7	(0.0)	0.7	(0.0)	On Plan
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	On Plan
Total Community Dental	**3.4**	**2.0**	**1.9**	**(0.1)**	**3.3**	**(0.1)**	**3.3**	**0.0**	
DOP Delegated Pay									
Pay	0.5	0.3	0.3	(0.0)	0.5	(0.0)	0.0	0.5	Pay costs for Primary Dental & Pharmacy reclassified at M07
Other	2.1	1.1	1.1	0.0	2.1	0.0	0.0	2.1	DOP unmet need reclassified at M07 from other PC
Total Delegated Property Costs	**2.5**	**1.4**	**1.4**	**(0.0)**	**2.5**	**(0.0)**	**0.0**	**2.5**	
Total Dental	**66.1**	**38.3**	**38.2**	**(0.1)**	**65.3**	**(0.8)**	**66.0**	**(0.7)**	
Variance as a % of Budget				*-0.3%*		*-1.2%*		*-1.1%*	

Variance Signage: (Favourable)/Adverse

6.0 Dental Reserves

	Actual FOT 000's	Budget 000's	Variance 000's	Comment
Contractual				
Revenue	(13,159)	(19,996)	6,837	Revenue based on 19/20 outturn so hugely overvalued
Missing Revenue			-	Some additional revenue may be forthcoming
Contract	54,130	57,998	(3,868)	Contract hand backs. Does not include underperformance of current year contracts
Reserve		5,139	(5,139)	NHSE Reserve budgeted for 23/24
Performance Adjustment 23/24	(16,500)	-	(16,500)	Underperformance in contracted activity not yet known
Performance Adjustment 22/23	(10,400)	-	(10,400)	Per NHS England, this will be retained by NHS England
Claw back ICB to NHSE	10,400	-	10,400	Clawback as per NHSE
Sub-Total Contractual	24,471	43,140	(18,669)	
Investments				
Emergency Pathway	1,000	-	1,000	New scheme in 23/24
Children's Pathway	600	-	600	New scheme in 23/24
Workforce Related Schemes	600	-	600	New scheme(s) in 23/24 Golden Hello's, Fellowships etc
Other UDA & Activity Changes	87		87	As per DODG 10/08/23
Primary Pay Budget		1,741	(1,741)	Unmet need and pay, offset by other above budgeted for in 23/24
Sub-Total Investments	2,287	1,741	546	
Other (Inc Pay)	3,245	3,565	(321)	Staff cost not in budget
Other Primary Care Budget	-	415	(415)	Pay Budget
Sub-Total Other	3,245	3,980	(736)	
Net variance			(18,859)	
Bottom Line Requirements				
Closing the Gap Requirement			1,000	Originally 2.5m risked down to 1m, to be taken to bottom line
Original Planning Asumption			1,250	Efficiency already taken to bottom line
Problem / (Additional Reserve)			**(16,609)**	

NHSE Ledger	
22/23 N&W Claw back Provision	6,100
22/23 N&W Claw back actual	(16,500)
Benefit	(10,400)

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 Optometry

23/24 Primary Care: Optom	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 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	
Optician Sight Tests	6.2	3.6	3.6	0.0	6.2	0.0	6.2	0.0	On Plan
Vouchers for SuppSpec	3.3	1.9	1.9	0.0	3.3	0.0	3.3	0.0	On Plan
Domestic Visits	0.3	0.2	0.2	0.0	0.3	0.0	0.3	0.0	On Plan
Other	0.4	0.2	0.2	(0.0)	0.4	(0.0)	0.4	0.0	On Plan
Total Optom	**10.2**	**5.9**	**5.9**	**(0.0)**	**10.2**	**(0.0)**	**10.2**	**0.0**	
Variance as a % of Budget				*0.0%*		*0.0%*		*0.0%*	

Variance Signage: (Favourable)/Adverse

8.0 Pharmacy

23/24 Primary Care: Pharmacy	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances and M06 and M07 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	
Prescription Charges	(11.9)	(7.0)	(7.0)	0.0	(11.9)	0.0	(11.9)	0.0	On Plan
Professional Charges	26.6	15.5	15.5	0.0	26.6	0.0	26.6	0.0	On Plan
Essential Services	2.4	1.4	1.4	0.0	2.4	0.0	2.4	0.0	On Plan
Advanced Services	2.1	1.3	1.3	0.0	2.1	0.0	2.1	0.0	On Plan
Quality Payment Scheme	1.4	0.8	0.8	0.0	1.4	0.0	1.4	0.0	On Plan
Other	0.3	0.2	0.2	0.0	0.3	0.0	0.3	0.0	Pay Budget Centralised
Total Pharmacy	**20.9**	**12.2**	**12.2**	**0.0**	**20.9**	**0.0**	**20.9**	**0.0**	
Variance as a % of Budget				*0.0%*		*0.0%*		*0.1%*	

Variance Signage (Favourable)/Adverse

9.0 Efficiencies (Planned)

23/24 Primary Care: Efficiencies	Scheme Reference	Planned / CTG	Area	12months Budget ICB	Year to Date(October)			Forecast (ICB)		Forecast as at September		Comments on material Forecast Variances
				Budget	Budget	Actual	Variance (Fav)/Adv	Actual	Variance (Fav)/Adv	Actual	Movement in FOT (Fav)/Adv	
				£m	£m	£m	£m	£m	£m	£m	£m	
Continuation of 22/23												
Low Risk, cost effective switching programme	22/23 FYE	Planned	Prescribing	300.0	300.0	182.5	117.5	182.0	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	207.2	392.8	208.0	392.0	207.2	(0.8)	
Greener/lower cost inhalers (supported by PQS/rebates) - 5%	22/23 FYE	Planned	Prescribing	450.0	450.0	511.4	(61.4)	553.0	(103.0)	511.4	(41.6)	
Oral Nutritional Supplements (supported by PQS/FK rebate) - 5%	22/23 FYE	Planned	Prescribing	150.0	150.0	(0.0)	150.0	0.0	150.0	(0.0)	(0.0)	
Over the counter	22/23 FYE	Planned	Prescribing	150.0	150.0	46.8	103.2	48.0	102.0	46.8	(1.2)	
Specials (supported by PQS) - 5%	22/23 FYE	Planned	Prescribing	90.0	90.0	86.2	3.8	86.0	4.0	86.2	0.2	
Subtotal Continuation of 22/23 Schemes				**1,740.0**	**1,740.0**	**1,034.0**	**706.0**	**1,077.0**	**663.0**	**1,034.0**	**(43.0)**	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	330.0	160.5	169.5	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	150.0	150.0	0.0	589.0	(139.0)	450.0	(139.0)	
Lancets (PQS and switch)	MED041	Planned	Prescribing	15.0	7.0	7.0	0.0	20.0	(5.0)	15.0	(5.0)	
Novarapid vs Trurapi	MED042	Planned	Prescribing	200.0	80.0	80.0	0.0	164.0	36.0	200.0	36.0	
Sitagliptin windfall and switch	MED043	Planned	Prescribing	250.0	100.0	100.0	0.0	250.0	0.0	250.0	0.0	
Home Oxygen targeted reviews	MED044	Planned	Prescribing	75.0	28.0	28.0	0.0	75.0	0.0	75.0	0.0	
OptimiseRx	MED045	Planned	Prescribing	1,800.0	900.0	898.8	1.2	1,851.0	(51.0)	1,815.8	(35.2)	
Low Risk Cost Effective Switches (facilitates all other switches)	MED046	Planned	Prescribing	100.0	40.0	190.5	(150.5)	250.0	(150.0)	250.5	0.5	
Opioid Costs (supported by PQS/rebates)	MED047	Planned	Prescribing	500.0	200.0	200.0	0.0	350.0	150.0	500.0	150.0	
DOAC edoxaban rebate and overall costs	MED048	Planned	Prescribing	1,000.0	500.0	500.0	0.0	904.0	96.0	1,000.0	96.0	
Lower cost greener inhalers (Luforbec switch)	MED049	Planned	Prescribing	750.0	300.0	300.0	0.0	450.0	300.0	750.0	300.0	
Oral Nutritional supplements (supported by PQS and FK rebates)	MED050	Planned	Prescribing	90.0	30.0	30.0	0.0	181.0	(91.0)	90.0	(91.0)	
Self Care	MED051	Planned	Prescribing	50.0	20.0	20.0	0.0	50.0	0.0	50.0	0.0	
Outlier Practices	MED052	Planned	Prescribing	150.0	60.0	60.0	0.0	150.0	0.0	150.0	0.0	
Specials and high cost items	MED053	Planned	Prescribing	75.0	37.0	76.2	(39.2)	114.0	(39.0)	114.2	0.2	
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	28.0	28.0	0.0	75.0	0.0	75.0	0.0	
Stoma managed service pilot	MED057	Planned	Prescribing	100.0	40.0	40.0	0.0	50.0	50.0	100.0	50.0	
Subtotal Switches & Review				**7,486.0**	**2,850.0**	**2,868.9**	**(18.9)**	**6,144.0**	**1,342.0**	**6,506.4**	**362.4**	Restructure resulting in reduced savings
Unidentified Efficiencies as on July now identified in August				**1,885.0**	**170.0**	**171.0**	**(1.0)**	**2,764.0**	**(879.0)**	**2,764.0**	**0.0**	windfall savings sitagliptin and apixaban
Total Efficiency				**11,111.0**	**4,760.0**	**4,074.0**	**686.0**	**9,985.0**	**1,126.0**	**10,304.5**	**319.5**	
Variance as a % of Budget							*14.4%*		*10.1%*		*3.1%*	
Variance Signage: (Favourable)/Adverse												

10.0 LCS Activity Tracker

Norfolk and Waveney ICB Locally Commissioned Services Activity Tracker

Locally Commissioned Service	Q1 Activity Budget (£)	Quarter 1 Claimed (£)	Utilisation %	Comment
Care Homes	88,732	65,206	73%	
Diabetes	139,106	121,483	87%	
Eating Disorders	116,000	63,354	55%	
Inclusion Health	185,716	100,458	54%	
Mental Health SMI Health Checks	139,347	59,366	43%	
Phlebotomy	1,259,417	1,261,992	100%	
Proactive Healthcare	1,045,058	1,045,058	100%	
PSA	74,626	76,195	102%	
Shared Care	319,409	343,956	108%	Over performances by some practices
Spirometry	128,483	120,088	93%	
Treatment Room	401,288	485,712	121%	Injections and Minor injuries based on activity hence overperformance
Warfarin	261,110	234,186	90%	
	4,158,292	**3,977,052**	**96%**	Contractually practices have until 31 December 2023 to claim for quarter 1

Locally Commissioned Service	Q2 Activity Budget (£)	Quarter 2 Claimed (£)	Utilisation %	Comment
Care Homes	84,220	63,068	75%	
Diabetes	53,456	89,655	168%	Qtr 1 claimed in Qtr 2
Eating Disorders	68,411	58,041	85%	
Inclusion Health	115,318	77,355	67%	
Mental Health SMI Health Checks	74,861	64,824	87%	
Phlebotomy	1,254,377	1,272,219	101%	
Proactive Healthcare	1,045,058	1,005,509	96%	
PSA	63,286	62,847	99%	
Shared Care	319,408	319,152	100%	
Spirometry	52,532	79,558	151%	Qtr 1 claimed in Qtr 2
Treatment Room	358,448	457,469	128%	Injections and Minor injuries based on activity hence overperformance
Warfarin	191,972	157,790	82%	
	3,681,347	**3,707,487**	**101%**	Contractually the deadline for quarter 2 was 30 October 2023

- 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 engagemnet with regional teams

Appendix Financial Risk(s)

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

Improving lives together
Norfolk and Waveney Integrated Care System

Agenda item: 13

Subject:	**Quarterly Prescribing team report**
Presented by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Prepared by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 December 2023**

Purpose of paper:

For information

Executive Summary:

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

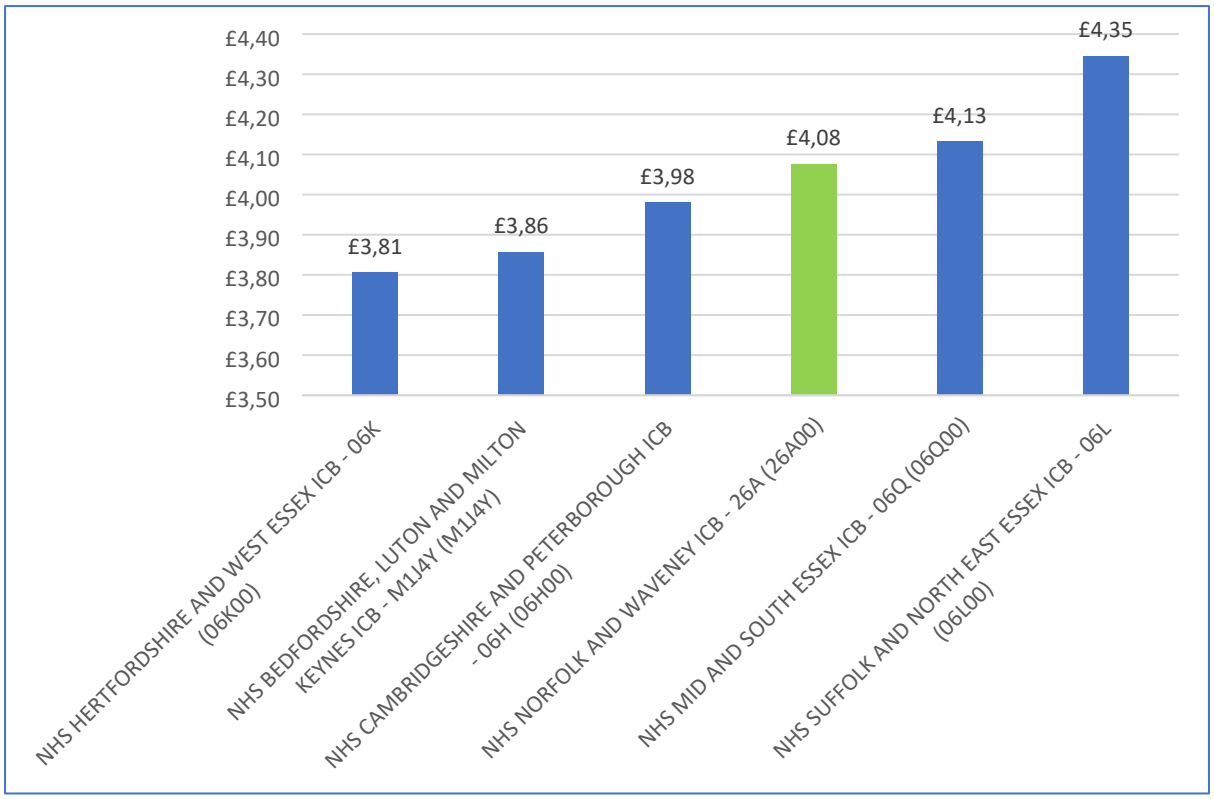
1. Prescribing team focus areas.

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

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

2. ICB Prescribing Performance

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



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

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

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

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

Price concessions (previously called NCSO (no cheaper stock obtainable))

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

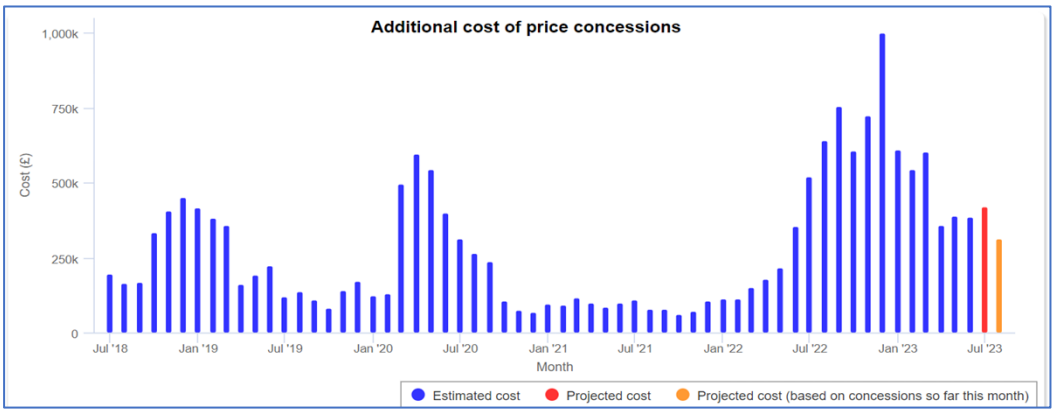
There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact YTD and projected for the following 2 months.

Table 1. Cost Pressure Report Dec 2023, Sept 2023 data

	YTD 2023/24 (Sept data)	Projected Oct	Projected Nov
NCSO and other price concessions	£2,362,106	£298,974	£207,386
Back into DT at increased prices	£1,690,370	£262,881	£387,225
Increase In cat M Decrease in Cat M Q2 and Q3	-£473,487	- £315,313	-£315,152
Total	£3,578,989	£246,542	£279,459

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

Table 2. Bar chart of NCSO additional costs over time



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

3 Dependence forming medicines (DFMs)

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

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

- High dose opiates – increased to 83rd, 22nd percentile previously 84th, 21st percentile on high dose opiate items as percentage of regular opiates

- Gabapentinoids – improved to 28th, 74th percentile, previously 27th ,75th percentile on defined daily doses of gabapentin and pregabalin

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

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

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

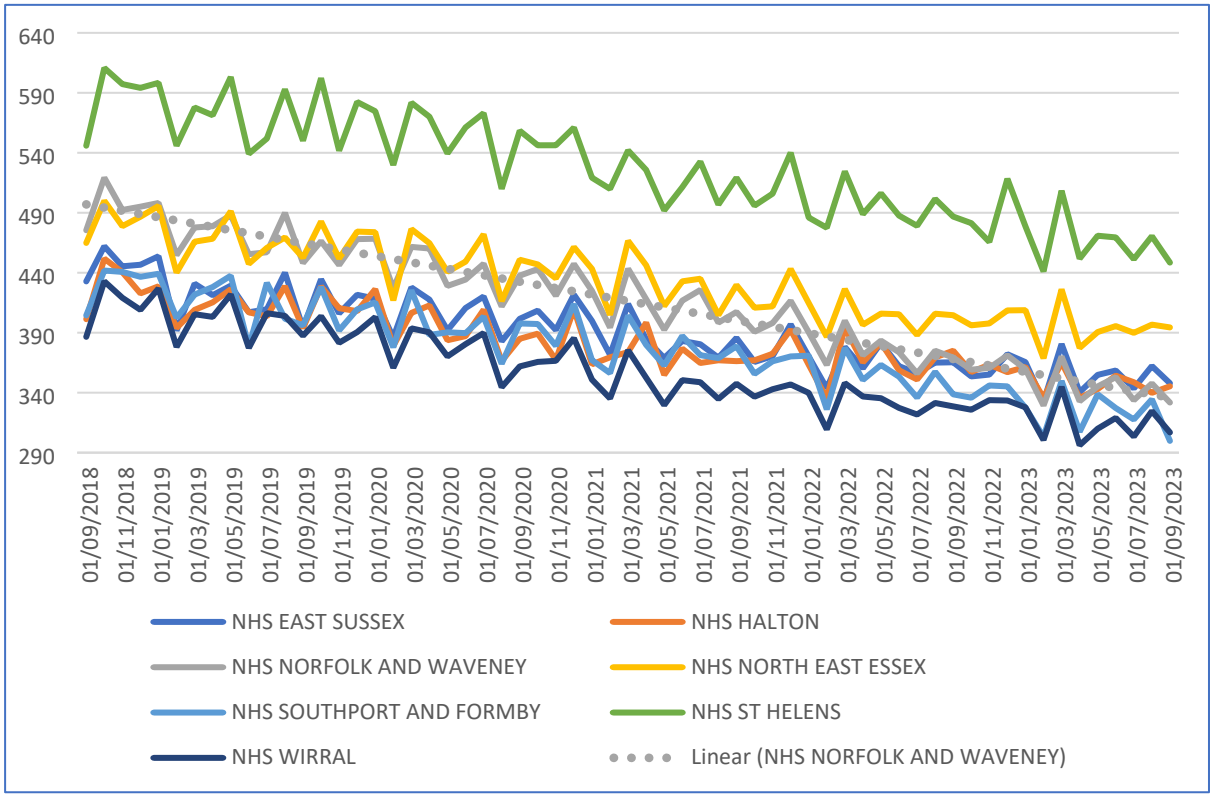
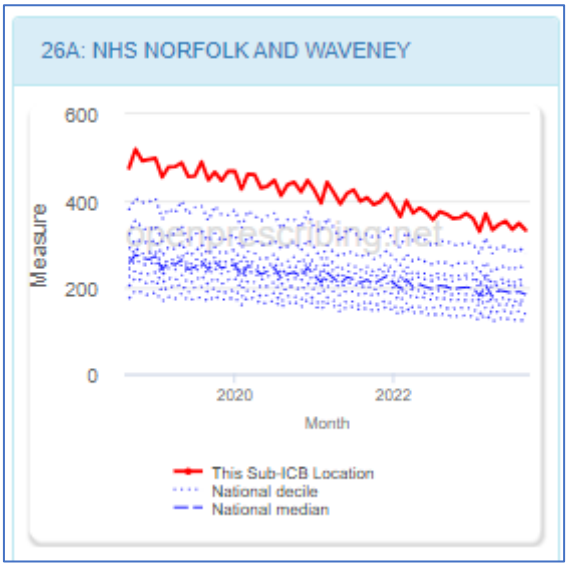


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



4 Antibiotic Prescribing

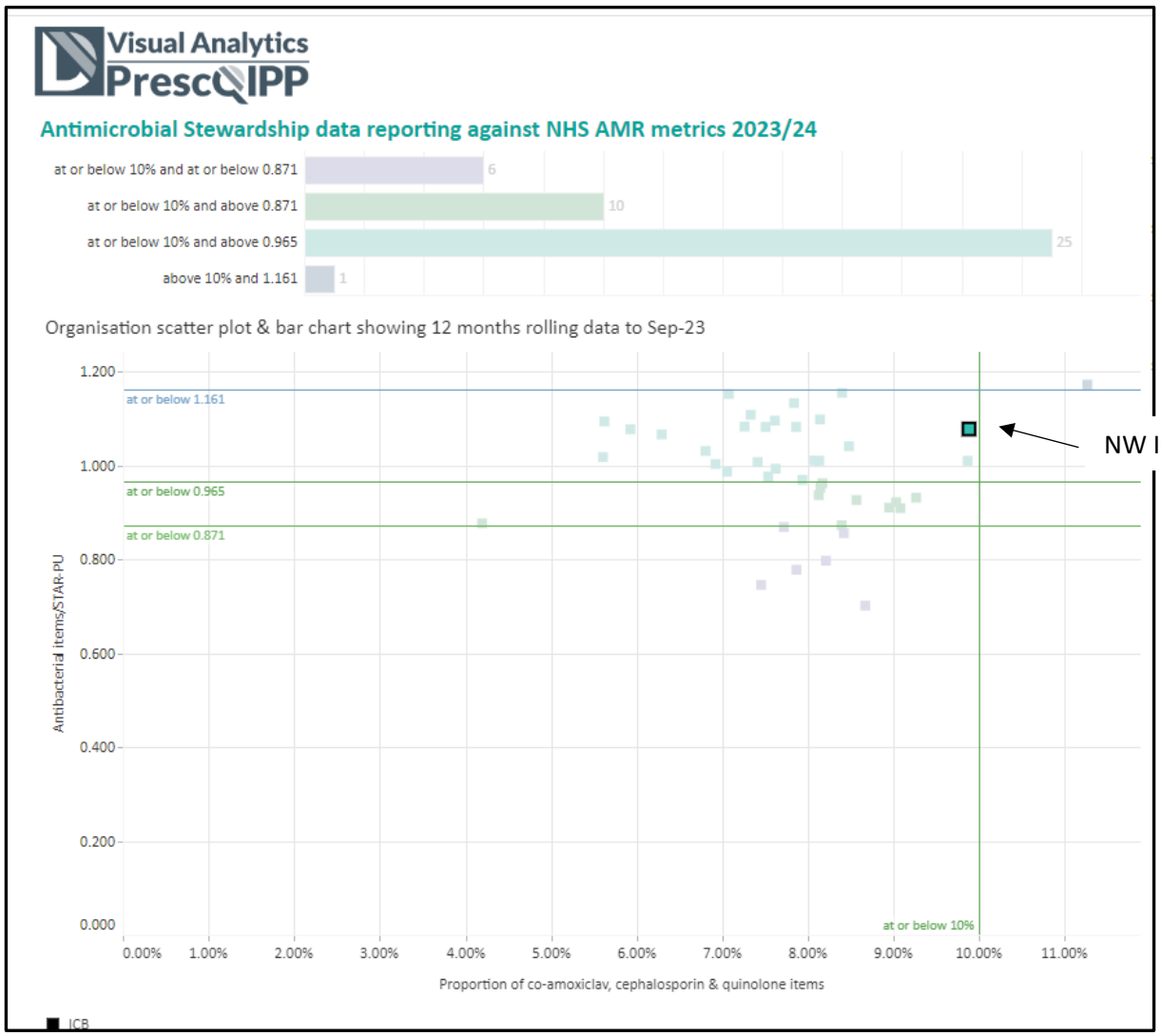
4.1 NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2023-24 remained the same as 2022-23. The antibiotic volumes target is 0.871 or less antibacterial items per STAR-PU which aligns with the UK AMR National Action Plan ambition to reduce community antibiotic prescribing by 25% by 2024. The national target for percentage of broad-spectrum antibiotic prescriptions as a total of overall antimicrobial prescriptions is at or below 10%.

4.2 Norfolk and Waveney are continuing in an upward trend for **overall antimicrobial prescribing**. Prescribing is above the second volume target of 0.965 with a value of **1.077 antibacterial items per STAR-PU** in the 12 months to September 2023.

4.3 Norfolk and Waveney ICB continue to follow an upward trajectory for **broad spectrum prescribing**. Prescribing is just below the national target of no more than 10% of all antibiotics at **9.88%** in the 12 months to September 2023 (increase of 0.1%). We are the second worst ICB in England for the percentage of Broad-Spectrum antibiotics prescribed.

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

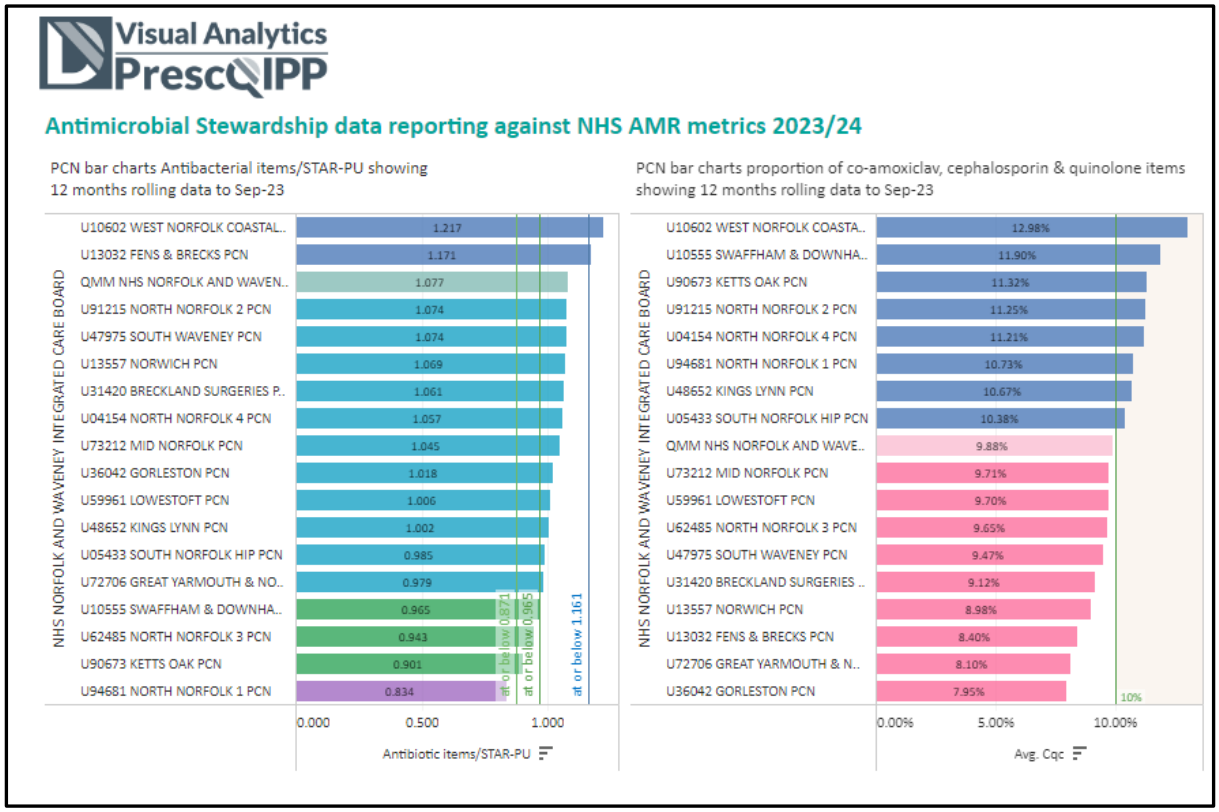
Table 6. ICB scatter chart – Antimicrobial prescribing 12 months to end September 2023



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

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

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



4.7 The Medicines Optimisation Team are continuing to engage with Outlier practices as described in previous reports.

4.8 Following an ICS Clostridium difficile workshop held in October the ICB Medicines Optimisation team and ICB Infection Prevention and Control team are holding joint visits to three of outlier practices (high antimicrobial prescribing and high Clostridium difficile cases per 100,000 population) to discuss current practice and identify an action plan for improvement.

4.9 Practices are reminded that when prescribing a broad-spectrum antimicrobial, they must record the justification for prescribing in the patient notes with either of the following.

- Indication recommended in the NICE Summary of antimicrobial prescribing guidance – managing common infections with local amendments for Norfolk & Waveney STP - December 2023

  or

- Recommended after sensitivity testing by microbiologist

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

Practice Name	Sum of percentile
NORWICH PRACTICES HEALTH CENTRE	99.94
KIRKLEY MILL HEALTH CENTRE	99.43
SCHOOL LANE SURGERY	98.60
GRIMSTON MEDICAL CENTRE	98.34
HEACHAM GROUP PRACTICE	97.04
ST CLEMENTS SURGERY	96.77
CHURCH HILL SURGERY	96.69
MUNDESLEY MEDICAL CENTRE	96.06
BRUNDALL MEDICAL PARTNERSHIP	95.92
BURNHAM SURGERY	95.52
SHIPDHAM SURGERY	94.99
LUDHAM AND STALHAM GREEN SURGERIES	94.86
BOUGHTON SURGERY	94.73
LONGSHORE SURGERIES	94.24
OLD MILL AND MILLGATES MEDICAL PRACTICE	93.80
ANDAMAN SURGERY	92.84
PARISH FIELDS PRACTICE	92.05
MANOR FARM MEDICAL CENTRE	91.52
SOUTHGATES SURGICAL & MEDICAL CENTRE	91.04
HINGHAM SURGERY	90.63

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

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

Practice Name	Percentage of broad-spectrum antibiotics Sept 2023	Sum of percentile
TOFTWOOD MEDICAL CENTRE	19.23%	99.39
WELLS HEALTH CENTRE	18.71%	99.25
ELMHAM SURGERY	18.22%	99.14
BRIDGE STREET SURGERY	17.69%	98.85
THE WOOTTONS SURGERY	17.53%	98.79
BURNHAM SURGERY	16.67%	98.24
HOLT MEDICAL PRACTICE	16.45%	98.13

ACLE MEDICAL PARTNERSHIP	16.04%	97.80
MUNDESLEY MEDICAL CENTRE	15.92%	97.63
E HARLING & KENNINGHALL MEDICAL PRACTICE	15.88%	97.58
LITCHAM HEALTH CENTRE	15.79%	97.43
BLOFIELD SURGERY	15.30%	96.91
SCHOOL LANE PMS PRACTICE	15.15%	96.74
OLD MILL AND MILLGATES MEDICAL PRACTICE	14.91%	96.45
EAST NORWICH MEDICAL PARTNERSHIP	14.82%	96.34
CROMER GROUP PRACTICE	14.75%	96.22
ANDAMAN SURGERY	14.64%	96.08
GRIMSTON MEDICAL CENTRE	14.40%	95.71
SOUTHGATES SURGICAL & MEDICAL CENTRE	14.27%	95.35
ST JOHN'S SURGERY	14.09%	94.99
LONGSHORE SURGERIES	13.92%	94.54
SCHOOL LANE SURGERY	13.53%	93.63
FAKENHAM MEDICAL PRACTICE	13.27%	92.95
CAMPINGLAND SURGERY	13.22%	92.80
BACON ROAD MEDICAL CENTRE	13.21%	92.75
HEACHAM GROUP PRACTICE	13.04%	92.28
PARISH FIELDS PRACTICE	12.92%	91.89
LUDHAM AND STALHAM GREEN SURGERIES	12.88%	91.57
FLEGGBURGH SURGERY	12.79%	91.26
WYMONDHAM MEDICAL PARTNERSHIP	12.76%	91.16
BUNGAY MEDICAL CENTRE	12.59%	90.38
THE LIONWOOD MEDICAL PRACTICE	12.56%	90.27

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

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

Practice Name	Percentage of broad-spectrum antibiotics June 2023	Sum of percentile
WATTON MEDICAL PRACTICE	9.87%	70.85
ST JAMES MEDICAL PRACTICE	9.82%	70.37
COLTISHALL MEDICAL PRACTICE	9.80%	70.08
CHET VALLEY MEDICAL PRACTICE	9.79%	69.91
COASTAL VILLAGES PRACTICE	9.77%	69.74
EAST NORFOLK MEDICAL PRACTICE	9.76%	69.71
BEACHES MEDICAL CENTRE	9.63%	68.18

NELSON MEDICAL CENTRE	9.62%	68.04
SOLE BAY H/C	9.60%	67.84
TAVERHAM SURGERY	9.59%	67.65
THE PARK SURGERY	9.49%	66.85
PROSPECT MEDICAL PRACTICE	9.45%	66.36
NORWICH PRACTICES HEALTH CENTRE	9.34%	64.84
WENSUM VALLEY MEDICAL PRACTICE	9.13%	62.66
HOVETON & WROXHAM MEDICAL CENTRE	8.97%	60.78
CHURCH HILL SURGERY	8.96%	60.54
BRIDGE ROAD SURGERY	8.81%	58.56
PLOWRIGHT MEDICAL CENTRE	8.78%	58.20
LAWNS PRACTICE	8.77%	58.03
HARLESTON MEDICAL PRACTICE	8.63%	56.47
ORCHARD SURGERY	8.55%	55.50
KIRKLEY MILL HEALTH CENTRE	8.36%	52.96
LAWSON ROAD SURGERY	8.17%	50.31
BEECHCROFT AND OLD PALACE	8.16%	50.09
ST CLEMENTS SURGERY	8.14%	49.91
STALHAM STAITHE SURGERY	8.08%	48.97
CUTLERS HILL SURGERY	8.03%	48.52
OLD CATTON MEDICAL PRACTICE	8.02%	48.31
UPWELL HEALTH CENTRE	7.77%	45.24
WEST POTTERGATE MED PRAC	7.55%	42.27
UEA MEDICAL CENTRE	6.55%	29.70
OAK STREET MEDICAL PRACT.	6.55%	29.62
WOODCOCK RD SURGERY	6.06%	24.14
ALDBOROUGH SURGERY	5.61%	19.84
LAKENHAM SURGERY	5.56%	19.16
MATTISHALL SURGERY	4.86%	13.48

4.12 NHS England have introduced a new antimicrobial metric. Reducing amoxicillin 500mg three times a day from a 7-day to a 5-day duration. This will deliver a 29% reduction in Defined Daily Doses (DDD).

The NHS England target is 75% of all prescriptions prescribing amoxicillin 500mg caps should be for a 5-day duration.

The current achievement for Norfolk and Waveney in September 2023 is 34.16%

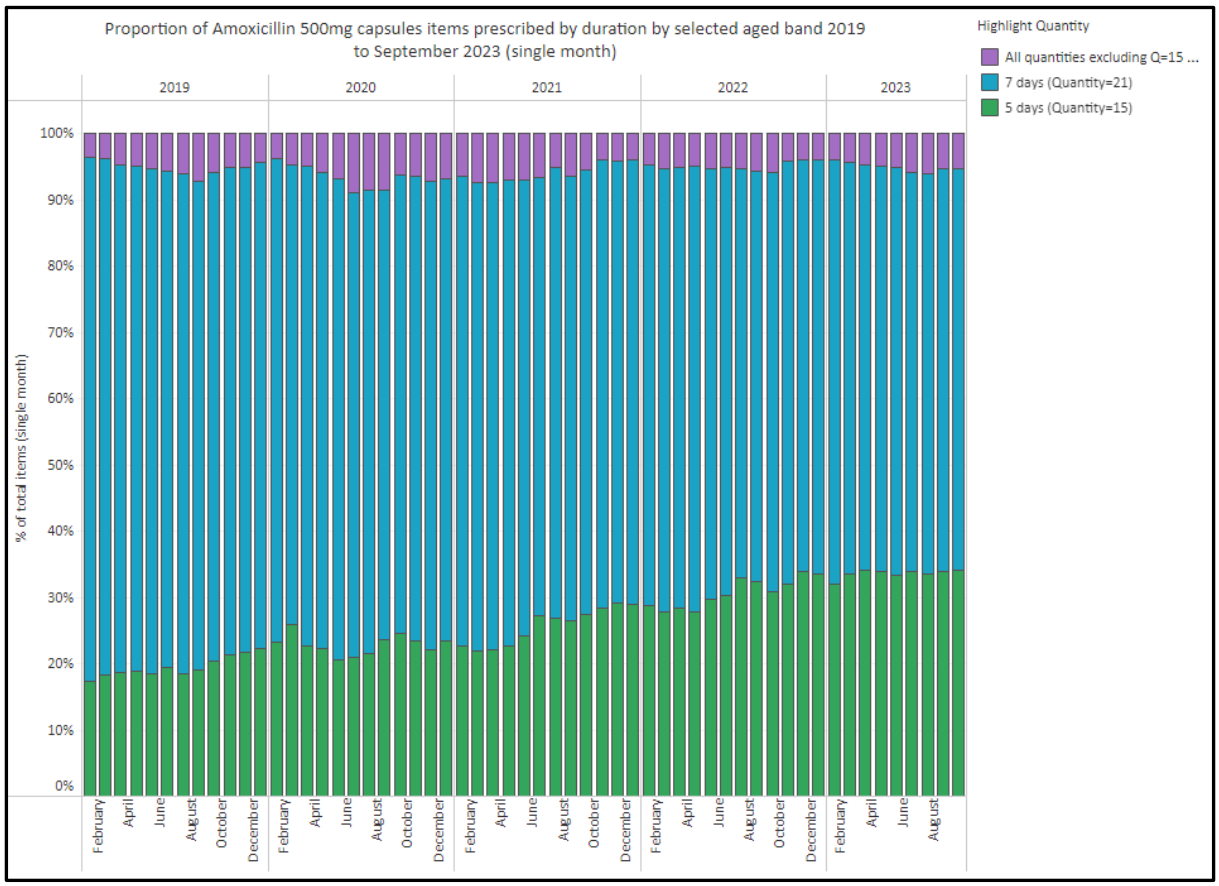
This metric has been introduced to practices at the October Prescribing Leads Meetings.

Resources to support Primary Care prescribe the appropriate number of days

- NetFormulary

- OptimiseRx – on practice system
- Ardens Templates – on practice system
- [NICE Summary of antimicrobial prescribing guidance – managing common infections with local amendments for Norfolk & Waveney STP - December 2023]

Table 11: Proportion of Amoxicillin 500mg capsule items prescribed by duration in Sept 2023 (single month) in Norfolk and Waveney.



Recommendation to Committee:

The committee is asked to note this report

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

GOVERNANCE

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