# Primary Care Commissioning Committee

*Tue 11 March 2025, 13:30 - 16:30*

## Agenda

**13:30 - 13:30**
0 min

### *Agenda*

*Hein van den Wildenberg*

2025 03 11 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (2 pages)

**13:30 - 13:30**
0 min

### 1. Chair's Introduction

*Information* *Hein van den Wildenberg*

**13:30 - 13:30**
0 min

### 2. Apologies for Absence

*Information* *Hein van den Wildenberg*

**13:30 - 13:30**
0 min

### 3. Declarations of Interest

*Information* *Hein van den Wildenberg*

2025 03 11 Item 03 Declarations of Interest.pdf (5 pages)

**13:30 - 13:30**
0 min

### 4. Review of Minutes and Action Log from the December 2024 meeting

*Decision* *Sadie Parker*

2024 12 10 Item 04 NWICB PCCC Minutes Part One.pdf (16 pages)
2025 03 11 Item 04 PCCC Action Log Part One.pdf (1 pages)
2024 12 10 Item 04 PCCC questions and answers.pdf (11 pages)

**13:30 - 13:30**
0 min

### 5. Forward Planner

*Information* *Sadie Parker*

2025 03 11 Item 05 NWICB PCCC Forward Planner 2024-2025 Part 1.pdf (3 pages)

**13:30 - 13:30**
0 min

### 6. Risk Register

*Decision* *Sadie Parker*

2025 03 11 Item 06 Risk Summary Report.pdf (3 pages)
2025 03 11 Item 06 Special Care Dental Services (new).pdf (2 pages)



**13:30 - 13:30**
0 min

### *Service Development*

**13:30 - 13:30**
0 min

## 7. Strategic Digital Report

*Discussion* *Anne Heath*

2025 03 11 Item 07 Strategic Digital Report.pdf (3 pages)

**13:30 - 13:30**
0 min

## 8. Primary Care Workforce Recruitment and Retention Programme Strategic Report

*Discussion* *Jayde Robinson*

2025 03 11 Item 08 Primary Care Workforce Recruitment and Retention Programme Strategic Report.pdf (11 pages)
2025 03 11 Item 08 Appendix A - 24_25 Operational Delivery Plan.pdf (10 pages)

**13:30 - 13:30**
0 min

## 9. NHSE 2025/26 priorities and operational planning guidance

*Discussion* *Amanda Sear*

2025 03 11 Item 09 NSHE Priorities and Planning Guidance 2025-26.pdf (6 pages)

**13:30 - 13:30**
0 min

## 10. Henoch-Schonlein Purpura Locally Enhanced Service

*Decision* *Gemma Claridge*

2025 03 11 Item 10 HSP report.pdf (3 pages)

**13:30 - 13:30**
0 min

## *Finance & Governance*

**13:30 - 13:30**
0 min

## 11. Delivery Group Reports• General Practice & Community Pharmacy• Dental Services Report – focus on long term dental plan• Dental Development Group Report

*Discussion* *Shepherd Ncube / Fiona Theadom*

2025 03 11 Item 11 GPCPDG Report.pdf (5 pages)
2025 03 11 Item 11 Dental Services Delivery Group Report.pdf (8 pages)
2025 03 11 Item 11 Appendix A Long Term Dental Plan - progress report.pdf (14 pages)
2025 03 11 Item 11 Dental Development Group Report.pdf (4 pages)

**13:30 - 13:30**
0 min

## 12. Strategic Finance Report

*Discussion* *James Grainger*

2025 03 11 Item 12 M10 Finance Report.pdf (8 pages)

**13:30 - 13:30**
0 min

## 13. Pharmaceutical Services Regulations Committee • Reports from the Pharmaceutical Services Regulations Committee



*Discussion* *Gregg Syder*

2025 03 11 Item 13 PSRC Quarterly Report.pdf (2 pages)
2025 03 11 Item 13 PSRC Quarterly Report - October to December 2024 - Part 1.pdf (5 pages)

**13:30 - 13:30**
0 min

## 14. Terms of Reference

*Decision* *Fiona Theadom*

- 2025 03 11 Item 14 Terms of Reference report.pdf (4 pages)
- 2025 03 11 Item 14 Appendix A Terms of Reference.pdf (10 pages)

**13:30 - 13:30**
0 min

## *Any Other Business*

**13:30 - 13:30**
0 min

## 15. Any Other Business • Questions from the public

NHS
Norfolk and Waveney
Integrated Care Board

# Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
## Tuesday 11 March 2025, 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** | Chair |
| 2. | | **Apologies for Absence** | Chair |
| 3. | | **Declarations of Interest**<br>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.<br>*For Noting* | Chair |
| 4. | | **Review of Minutes and Action Log from the December 2024 meeting**<br>*For Approval* | Chair |
| 5. | | **Forward Planner**<br>*For Noting* | SP |
| 6. | 13:40 | **Risk Register**<br>*For Approval* | SP |
| | | **Service Development** | |
| 7. | 13:50 | **Strategic Digital Report**<br>*For Noting* | AH |
| 8. | 14:00 | **Primary Care Workforce Recruitment and Retention Programme Strategic Report**<br>*For Noting* | JRo |
| 9. | 14:10 | **NHSE 2025/26 priorities and operational planning guidance**<br>*For Noting* | AS |
| 10. | 14:30 | **Henoch-Schonlein Purpura Locally Enhanced Service**<br>*For Approval* | GC |
| | | **Finance & Governance** | |
| 11. | 14:35 | **Delivery Group Reports**<br>• **General Practice & Community Pharmacy**<br>• **Dental Services Report – focus on long term dental plan**<br>• **Dental Development Group Report**<br>*For Noting* | SN/FT |
| 12. | 14:45 | **Strategic Finance Report**<br>*For Noting* | JG |
| 13. | 14:50 | **Pharmaceutical Services Regulations Committee**<br>• **Reports from the Pharmaceutical Services Regulations Committee**<br>*For Noting* | GS |
| 14. | 14:55 | **Terms of Reference**<br>*For Approval* | FT |
| | | **Any Other Business** | |
| 15. | 15:00 | **Any Other Business**<br>• **Questions from the public** | Chair |

Webb Sarah 04/03/2025 11:02:28

**Date, time and venue of next meeting**
**Wednesday 14 May 2025 13:30 – 16:30 – ICB PCCC**
**To be held by videoconference and You Tube**

**Any queries or items for the next agenda please contact:**
**nwicb.primarycarecommissioningcommittee@nhs.net**

**Questions are welcomed from members of the public.**
**Please send by email: nwicb.contactus@nhs.net**
**For a link to the meeting in real-time, please click here.**
**Glossary of Terms**

| Item | Time | Agenda Item | Lead |
|---|---|---|---|
| | | **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 | |
| Ian Wake | Executive Director of Adult Social Services | Norfolk County Council | | X | | Direct | Executive Director of Adult Social Services, Norfolk County Council | ######## | Present | |
| Debbie Bartlett | Local Authority Partner Member on ICB | Norfolk County Council | | X | | Direct | Interim Executive Director Adult Social Services, Norfolk County Council | Jun-23 | 01/04/2025 **Retired October 2024** | 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 | Jun-23 | 01/04/2025 **Retired October 2024** | 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 | | | | GP and partner Attleborough Surgeries | 2001 | Present | |
| | | MPT Healthcare | X | | | | Director MPT Healthcare | 2020 | Present | |
| | | SNHIP PCN | | | | | Clinical Director SNHIP PCN | 2023 | Present | |
| | | Norfolk Community Health Care | | | | | Husband is an employee of NCHC | 2021 | Present | |
| Steven Course | Executive Director of Finance, Norfolk and Waveney ICB | March Physiotherapy Clinic Limited | N/A | | | 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 | Professional Body - RCN Union | Ongoing | | Inform Chair and will not take part in any discussions or decisions relating to RCN |
| Karen Watts | Director of Nursing and Quality, Norfolk and Waveney ICB | Coltishall surgery | | | **X** | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |

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| | | Norfolk and Norwich University Hospital | | | **X** | **Indirect** | Son-in-law is a Cardiology Consultant at the NNUH with sessions at JPUH | Jun-23 | Present | I inform the chair and will not take part in any discussion or decision that may benefit cardiology at the NNUH and JPUH |
| | | Royal College of Nursing | | | **X** | **Direct** | Member of the Royal College of Nursing Union | 1980 | Present | Inform the chair and will not take part in any discussions or decisions relating to the RCN |
| Hein van den Wildenberg | Non-Executive Member, Norfolk and Waveney ICB | Lakenham Surgery | | | X | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| | | College of West Anglia | | | X | Direct | Governor at College of West Anglia<br>(Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council) | 2021 | Present | Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair |
| | | Broadland Housing Association | X | | | Direct | Non-Executive Director and Board member for Broadland Housing Association | 2024 | Present | Will excuse myself from any decisions relating to Broadland Housing Association |
| Norfolk and Waveney ICB Attendees | | | | | | | | | | |
| Mark Burgis | Executive Director of Patients and Communities, Norfolk and Waveney ICB | Lakenham Practice | **X** | | | **Indirect** | Wife is Nurse Prescriber who is currently undertaking occasional locum work at Lakenham Practice in Norwich. Wife receives an income from the practice when undertaking locum shifts at the practice | Aug-21 | Present | Declare at any relevant meetings and remove myself from any significant discussions or decisions relating to the practice |
| | | Drayton Medical Practice | | | **X** | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| Shepherd Ncube | Associate Director of Primary Care 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** | | Board member for Active Norfolk | 2019 | Present | Declare interest in meetings where relevant, agree any resulting action with the chair. Seek advice in advance where possible. COI training undertaken |
| | | St Stephensgate Practice | | | **X** | | GP partner of St Stephensgate Practice, Director of N2S | 2023 | Present | Declare interest in any meetings where relevant, ensure any potential for conflict is overseen by line manager to ensure robust decision-making. Agree any action with the chair of the meeting. Seek advice when unsure. Recuse myself from any situations likely to place myself or my friend in a compromised position. COI training undertaken. |
| Oliver Loveless | Head of Primary Care Strategic Planning (on secondment until end of March 2024) | Cromer Group Practice | | | X | Indirect | Partner works for the ICB | Oct-22 | Ongoing | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Sharon Gardner | ICS Community Pharmacy Clinical Lead | Humbleyard Medical Practice | | | **X** | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |

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| | | Locum Work | X | | | | Self-employed Locum Pharmacist in addition to my role in the ICB. Complete self-employed Locum Work as a pharmacist for various pharmacy contractors for whom we are responsible for commissioning since April 2023 | Apr-23 | Present | No information sharing of non-public workstreams during locum work and conflict to be raised at all relevant meetings where discussions/decision relate to the conflict declared.<br>Also remove myself from any decision making around any locally commissioned services as and where relevant |
| | | Royal Pharmaceutical Society Great Britain | | X | | | Royal Pharmaceutical Society Great Britain. Member of the RPSGB which is over and above that of my professional membership of the GPHC | *01/07/2000 | Present | Low/negatable risk. If there is an issue it will be raised at the time |
| Sarah Johnson | Senior Primary Care Commissioning Manager - Dental | Sheringham Medical Practice | | | X | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| Fiona Theadom | Head of Primary Care Commissioning, Norfolk & Waveney ICB | Nothing to Declare | | | | N/A | N/A | | | N/A |
| Local Medical Committee Attendees | | | | | | | | | | |
| 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 | Drayton Medical Practice | | | X | Direct | Registered patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Joni Graham | Executive Officer Norfolk & Waveney Local Medical Council | Orchard Surgery | | | X | Direct | Registered patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Naomi Woodhouse | Norfolk & Waveney Local Medical Committee Chief Executive Officer | Long Stratton Medical Practice | | | X | Direct | Registered patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Practice Managers drawn from General Practice Attendees | | | | | | | | | | |
| Sarah Buchan | PCCC Practice Manager Specialty Advisor | Fakenham Medical Practice | | | X | | CEO at Fakenham Medical Practice. Employed by practice | Feb-18 | Present | Withdrawal from any discussions and decision making in which the Practice might have an interest. |
| | | NN1 Ltd | | | X | | Member of NN1 Ltd. Employed by practice member of NN1 Ltd | Apr-23 | Feb-25 | Withdrawal from any discussions and decision making in which the PCN might have an interest. |
| | | NN PM group | | | X | | Chair of NN PM group. Employed by member practice | Mar-20 | Feb-25 | To not relay any information discussed about these practices at the PCCC. |
| | | Norfolk Community Health and Care NHS Trust and Cambridge Community Services | X | | | | Chief Information Officer, NCHC and Cambridge Community Services. Employed by NCHC | Feb-25 | Present | Withdrawal from any discussions and decision making in which NCHC might have an interest. To not relay any information discussed about NCHC at the PCCC. |
| | | Humbleyard Medical Practice | | | X | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| Health and Wellbeing Board Attendees (Norfolk and Suffolk) | | | | | | | | | | |
| Bill Borrett | Member of the Integrated Care Board | Norfolk County Council | | X | | Direct | Elected Member of Norfolk County Council | 2009 | | |

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| | | Breckland District Council | | X | | Direct | Elected Member of Breckland District Council | *2007 | | |
| | | the Local Government Association Safer Communities Board | | X | | Direct | Member of the Local Government Association Safer Communities Board | *2021 | | |
| | | Property Owner | X | | | Direct | Property Owner in Norfolk | *2003 | | |
| | | North Elmham | | | X | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| Healthwatch Attendees (Norfolk and Suffolk) | | | | | | | | | | |
| Andrew Hayward | HealthWatch Norfolk Trustee | East Harling & Kenninghall 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 | To be raised at all meetings where discussions or decisions relate to the conflict declared. |
| | | East Harling Parish Council | | | X | Direct | Member, East Harling Parish Council | 2020 | Present | |
| | | NHS England | | X | | Direct | GP appraiser. Paid on a self-employed basis by NHSE. | 2015 | Present | |
| Sally Watson | Healthwatch Suffolk Engagement and Community Manager | Nothing to Declare | N/A | | | | N/A | N/A | | N/A |
| Other Primary Care Members | | | | | | | | | | |
| Andrew Bell | Vice-Chairman Norfolk Local Dental Committee<br>General Dental Practitioner in Norfolk and Waveney | Norfolk and Waveney | | X | | Direct | General Dental Practitioner and Partner in a group of practices in Norfolk and Waveney. GDP and Partner for John G Plummer and Associates | 2014 | Present | I would exclude myself from any discussions particular to our GDS and specialist contracts or remove myself as per the wishes of the committee |
| | | Norfolk Local Dental Committee | | | X | Direct | Norfolk Local Dental Committee. I am the Vice-Chairman | 2016 | 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. |
| | | British Dental Association | | | X | Direct | I am a member of the General Dental Practice Committee (GDPC) | 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. |
| | | Bridge Road GP Surgery, Oulton Broad | | | 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 | Co-Chair. Norfolk & Waveney Local Optical Committee | Norfolk and Waveney | X | | | Direct | Employed optometrist working in N&W. Directly provide commissioned services on the frontline | May-23 | Present | Decision taken to be a Provider of commissioned services is not taken by me but at a head office level. I receive no extra remuneration |

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| | | 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 | Joint Chief Officer, Community Pharmacy Norfolk & Suffolk | 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 |
| Lauren Seamons | Joint Chief Officer, Community Pharmacy Norfolk & Suffolk | 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) | NHS GDS Provider | X | | | Direct | NHS GDS Provider. I am paid by the NHS to deliver NHS primary care dental services | 2007 | Present | I will absent my self from decisions that could impact the nature of my contract and/or remuneration |
| | | British Dental Association | | | X | Direct | BDA PEC Member (NED) I am a Non-Executive Director of the dental trade union (British Dental Association) | 2012 | Present | I will declare this interest and respond to any concerns about the need to mitigate this risk |
| Nick Stolls | Dental Advisor to PCCC | Harleston Dental Practice | X | | | Indirect | Landlord of Harleston Dental Practice | 2001 | 2024 | Declare CoI and withdraw from meeting if discussions take place that might benefit Harleston practice |

NHS
Norfolk and Waveney
Integrated Care Board

**Norfolk and Waveney Primary Care Commissioning Committee**

**Part One**

**Minutes of the Meeting held on**
**Tuesday 12 December 2024 at 1.30pm – 3.30pm**
**via video conferencing and YouTube**

## Voting Members - Attendees

| Name | Initials | Position and Organisation |
|---|---|---|
| Hein Van Den Wildenberg | HW | Non-Executive Member, Norfolk and Waveney ICB (deputy Chair) – Chair for December 2024 |
| James Grainger | JG | Head of Finance Primary Care and Corporate, Norfolk and Waveney ICB (deputising for Steven Course) |
| Karen Watts | KW | Director of Nursing and Quality, Norfolk and Waveney ICB (deputising for Tricia D'Orsi) |

## In attendance

| Name | Initials | Position and Organisation |
|---|---|---|
| Andrew Bell | AB | Norfolk Local Dental Committee |
| Bill Borrett | BB | Chair of the Integrated Care Partnership and Partner Member of the ICB |
| Sarah Buchan | SB | Practice Manager Specialty Advisor |
| Mark Burgis | MB | Executive Director of Patients and Communities, Norfolk and Waveney ICB |
| Julie Cave | JC | Deputy Chief Executive, Norfolk Primary Care |
| Michael Dennis | MD | Associate Director of Pharmacy and Medicines Optimisation (Chief Pharmacist) Norfolk and Waveney ICB |
| Lisa Drewry | LD | Executive Officer, Norfolk and Waveney Local Medical Committee |
| Sharon Gardner | SG | Head of Primary Care Commissioning Community Pharmacy and Optometry, Norfolk and Waveney ICB |
| Joni Graham | JGr | Executive Officer (Estates, Digital, Pharmacy & Prescribing), Norfolk and Waveney Local Medical Committee |
| Andrew Hayward | AH | Trustee of Healthwatch Norfolk |
| Paul Higham | PH | Associate Director of Estates, Norfolk and Waveney ICB |
| Shepherd Ncube | SN | Associate Director of Delegated Commissioning, Norfolk and Waveney ICB |
| Sadie Parker | SP | Director of Primary Care, Norfolk and Waveney ICB |
| Lauren Seamons | LS | Joint Chief Officer, Community Pharmacy Norfolk |
| Judith Sharpe | JS | Healthwatch Limited |
| Jason Stokes | JS | Secretary, Norfolk Local Dental Committee (LDC) |
| Nick Stolls | NS | Specialty Dental Advisor |
| Peter Taylor | PT | Assistant Director, Public Health Commissioning Norfolk County Council, Public Health |

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|---|---|---|
| Ian Wilson | IW | Executive Officer, Norfolk and Waveney Local Medical Committee |
| Naomi Woodhouse | NW | CEO, Norfolk and Waveney Local Medical Committee |

**Attending to support the meeting**

| Name | Initials | Position and Organisation |
|---|---|---|
| Marium Asghar | MA | Place Transformation and Delivery Officer – South, Norfolk and Waveney ICB |
| Debbie Blake | DB | Senior Lead Quality Nurse – Central and NNUH, Norfolk and Waveney ICB |
| Hayley Charman | HC | Communications and Engagement Manager, Norfolk and Waveney ICB |
| Gemma Claridge | GC | Primary Care Commissioning Manager, Norfolk and Waveney ICB |
| Mary Cummins | MC | Primary Care Commissioning Support Officer, Minute Taker, Norfolk and Waveney ICB |
| Debbie Ebenezer | DE | Senior Primary Care Commissioning Manager, Norfolk and Waveney ICB |
| Carl Gosling | CG | Lead Senior Primary Care Commissioning Manager, Norfolk and Waveney ICB |
| Lauren Holder | LH | Communications and Engagement Manager, Norfolk and Waveney ICB |
| Jenni Lotarius | JL | Transformation and Delivery Manager – South, Norfolk and Waveney ICB |
| Charles Morrow | CM | Primary Care Commissioning Manager, Norfolk and Waveney ICB |
| Sophie Parling | SPa | Howdale Surgery |
| Jon Punt | JP | Patient Experience Senior Manager, Norfolk and Waveney ICB |
| Amanda Sear | AS | Senior Primary Care Strategic Planning Manager, Norfolk and Waveney ICB |
| Sarah Webb | SW | Primary Care Commissioning Support Officer, Norfolk and Waveney ICB |
| Stuart White | SWh | Senior Primary Care Commissioning Manager, Norfolk and Waveney ICB |
| Chris Williams | CW | Head of Communications and Engagement, Norfolk and Waveney ICB |

**Apologies received**

| Name | Initials | Position and Organisation |
|---|---|---|
| Leiat Becker | LB | Senior Primary Care Delivery Manager, NHS Norfolk and Waveney ICB |
| Steven Course | SC | Executive Director of Finance, Norfolk and Waveney ICB |
| Patricia D'Orsi | PDO | Executive Director of Nursing, Norfolk and Waveney ICB |
| Tony Dean | TD | Joint Chief Officer, Community Pharmacy Norfolk |
| Fiona Theadom | FT | Head of Primary Care Commissioning, Norfolk and Waveney ICB |
| Ian Wake | IWa | Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB |

| No | Item | Action owner |
|---|---|---|
| 1. | **Chair's introduction**<br>The Chair welcomed attendees to the December Committee meeting. | **Chair** |
| | **Matters Arising**<br>There were no matters arising. | |
| 2. | **Apologies for absence** | **Chair** |
| | Apologies noted above. The Chair noted that sufficient voting members were present for the meeting to be quorate. | |
| 3. | **Declarations of Interest**<br>*For Noting* | **Chair** |
| | The following conflicts of interest were declared:<br>• Item 7 – Bill Borrett declared a direct interest in Toftwood Medical Centre as he is an elected member of Breckland District Council and Norfolk HWB Board Member. As it was a public meeting BB could attend, but the Chair asked that BB did not participate in the discussion.<br>• Item 10 – Sarah Buchan declared an interest in Norwich Health Centre as she is member of NN1 Ltd. As it was a public meeting SB could attend, but the Chair asked that SB did not participate in the discussion. | |
| 4. | **Review of Minutes and Action Log from the September 2024 Committee**<br>*For Approval* | **Chair** |
| | The minutes were agreed to be an accurate reflection of the September 2024 Committee meeting and minutes would be sent to the Chair for signing.<br><br>**ACTION: MC to send Chair signed minutes for safekeeping. – Action completed and closed.**<br><br>**<u>Action Log</u>**<br>The Chair noted all actions were marked as complete.<br>SP requested action 0194 was closed and added to the forward plan. | **MC** |
| 5. | **Forward Planner**<br>*For Noting* | **SP** |
| | **SP presented the Forward Planner for noting.**<br><br>SP advised some items on the forward plan have been moved to tie in with end of year or annual reporting.<br><br>The contract assurance framework has been removed from PCCC as it will now be heard at delivery groups.<br><br>The Chair advised the date for the March 2025 meeting is in discussion and will be confirmed in due course.<br><br>**The Forward Planner was noted.** | |
| 6. | **Risk Register**<br>*For Approval* | **SP** |
| | **SP presented the Risk Register for approval.** | |

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| | SP advised there had been no changes in scoring this time. As previously approved, PC6 is now monitored through the General Practice and Community Pharmacy Delivery Group.<br><br>SP highlighted the latest update to the overall primary care resilience and transformation risk which forms part of the Board Assurance Framework and aligns with the Joint Forward Plan. SP advised the risk regarding changes to National Insurance employers' contributions recently announced in the government budget will be added as this will affect all primary care contractors. Guidance on this is awaited from NHS England.<br><br>The Chair invited comment on general practice collective action and how it was being monitored by the ICB. SP advised regular meetings were being held, coordinated by the operational resilience function within ICB. These meetings encompassed all directorates, and there was also a weekly regional meeting where East of England ICBs came together to discuss any national and local updates.<br><br>SP advised that the greatest impact of collective action for the ICB to pick up so far appeared to be the change from using referral forms to referral letters. SP commented the ICB regularly discussed soft intelligence with local practices and the Local Medical Committee (LMC).<br><br>NS commented that specialist orthodontics did not appear to be included as part of the dental risk and hoped this was being monitored. NS also queried the reference in the primary care resilience risk to CQC activity focusing mainly on private rather than NHS dental practices. NS was of the view the CQC were looking at both private and NHS dental practices in equal measure.<br><br>The Chair requested Fiona Theadom, Head of Primary Care Commissioning, who was unable to attend the meeting, was informed of the above.<br><br>LD highlighted that practices were reporting an increase in staff sickness and poor well-being of staff across all of Norfolk and Waveney. LD commented this was having a severe impact on resilience and was affecting retention and recruitment of staff. LD expressed concern practices were already reporting in Amber and Red at the start of winter pressures, and this was of concern particularly as no extra funding was available for winter pressures this year. The Chair suggested the above comments could inform the risk update for next time.<br><br>***The Risk Register was approved.*** | |
| **7.** | **Toftwood Medical Centre**<br>*For Approval* | |
| | **SP presented Toftwood Medical Centre for approval in the following format:**<br><br>• **Presentation of report**<br>• **Clarification questions from committee**<br>• **Clarification questions from members of the public**<br><br>It was noted that BB had a conflict of interest in this item as described in Item 3, and the Chair requested that he did not take part in the discussion. | |

The Chair explained all questions in relation to this item would be added to the public website following the meeting. On behalf of the committee the Chair thanked all those who had provided input into this matter over the last couple of months, including ICB staff, members of the public and local stakeholders. The Chair also thanked the three practices concerned for facilitating onsite visits for committee members.

SP took the papers as read, and summarised key points as follows:

Toftwood was one of the smaller practices in the Norfolk and Waveney area, serving 4099 registered patients, although all practice list sizes fluctuate and are measured quarterly by the ICB.

Toftwood was 1 of 7 Alternative Provider of Medical Services (APMS) contracts in Norfolk and Waveney which are time-limited, all others out of the 105 being contracts in perpetuity. The Toftwood APMS contract was due to expire on 31st March 2025. If services at Toftwood were to continue a replacement contract would be required as there was no option to continue the current contract. There was no lease at the premises and the previous lease expired in 2010.

The premises at Toftwood were small with some access issues. Consideration had been given to extending the premises, but it had not been possible to reach an agreement with the premises owner. Discussions had been held with the partnership that owns the practice, and the aim was to secure sustainable services in suitable facilities. There appeared to be no viable alternative other than to close Toftwood practice and transfer patients to nearby Theatre Royal and Orchard surgeries.

A public consultation was held between 10th October 2024 and 21st November 2024 in order to understand the impact on patients and to offer the public and stakeholders the opportunity to offer ideas and suggestions. A survey was provided in various formats, as well as drop-in sessions at different times, to allow as many people as possible to take part. The outcomes of the survey formed part of the paper submission for this item, and an Equality Impact Assessment (EIA) was informed by the consultation.

NHS England statutory duties were taken into account as the ICB is delegated to perform this process on their behalf. Reference was also made to the NHS England Primary Medical Services policy guidance manual. In the absence of specific guidance around this particular proposal the branch surgery process was used. Health profile data was analysed, and it was noted the population registered with Toftwood was very similar to the Norfolk and Waveney average, which showed a slightly older and slightly less deprived demographic compared with England as a whole. Patients at Toftwood tended to use services less than might be expected for the age profile and there were slightly lower levels of frailty for all 3 practices in Dereham. Emergency admissions were also slightly below the Norfolk and Waveney average.

Concerns raised in the consultation included access, quality of care, travel and patient adjustment to a larger surgery. These points have been considered in the report.

The annual GP survey showed a good level of patient satisfaction for all 3 surgeries in Dereham, and it was noted that all operate to the same contractual requirements. All 3 were rated good overall in their latest CQC inspections.

It was noted the Theatre Royal surgery CQC inspection conducted in October 2018 indicated the practice required improvement for the responsive domain and referenced active recruitment at the time which suggested the practice was addressing this issue. Cloud telephony had been implemented at both Orchard and Theatre Royal surgeries leading to greater responsiveness.

The premises capacity of Orchard and Theatre Royal surgeries was summarised as follows:

- Orchard already had capacity to grow and accommodate Toftwood patients if the recommendation was approved and had recently added 3 additional consulting rooms.
- Theatre Royal was more constrained with space and was working with the ICB Estates team to plan a modular extension to their premises. Whilst this extension would not be in place by 1st April 2025, Theatre Royal was considering interim solutions.

It was acknowledged Dereham was a growing market town and the ICB would be working with the local council and Dereham Action Planning group for future provision.

The ICB was asked why the lease had been left following expiry. The ICB had attended meetings with George Freeman MP, the local council, and the owner of the Toftwood premises. 5 key issues were identified and 2 were resolved, but not enough progress had been made on the other 3 issues to avoid a closure proposal.

It was noted the ICB were asked by councillors to pause closure proceedings to allow further discussions and negotiations to take place. As the contract expired on 31st March 2025 a pause was not possible as another provider must be confirmed if the closure recommendation was approved. Discussions did take place with potential providers to see if services could be run from the Toftwood building from 1st April 2025 if premises issues were resolved, but unfortunately an interim provider could not be confirmed.

Throughout the process the ICB had met regularly with the 3 practices, had considered feedback from the consultation and had worked together on potential plans. Collaborative meetings would continue up to and beyond the mobilisation date if the recommendation was approved.

SP updated the committee on the single item (Toftwood Medical Centre) Health Overview and Scrutiny Committee (HOSC) meeting the ICB attended at Norfolk County Council. Two members of the public attended the meeting and were able to ask questions. These questions were broadly in line with the consultation feedback provided and similar questions had been received from the public in response to today's meeting. The HOSC meeting concluded by agreeing a proposal from a councillor that if the decision was made to close Toftwood, they would ask the Secretary of State for Health and Social Care to call in the decision.



**Recommendation:**

**Members were asked to consider the report and its contents and to approve a recommendation to close Toftwood Medical Centre when the current contract expires on 31st March 2025.**

SP advised if the recommendation was approved the ICB would continue to work with the surgery and the leadership of the primary care network with a focus on mobilising transition plans, including workforce and recruitment and in progressing a modular extension at Theatre Royal Surgery. Toftwood patients would be informed as soon as possible of the outcome of the decision. The ICB would work with Primary Care Support England to plan the automatic change of patient registration. Patients would be communicated with directly, informing them of what will happen and when and which practice they would be registered with. Health and well-being support would be made available to all staff affected in Toftwood Medical Centre, and staff would be offered positions at Orchard and Theatre Royal surgeries where possible. Reasonable notice would be provided to the landlord at Toftwood and sufficient time allowed for assets to be removed.

**Questions from Committee**

**The Chair raised concerns highlighted in HOSC and received in writing from members of the public that the public consultation had not been done correctly.**

CW advised the consultation had been run with an open mind to consider different solutions that may not have been thought of. The ICB engaged with the local MP and landlord in discussions about potential solutions with the existing premises. The impact on patients and carers was sought, with a view to providing the Committee with the information required for it make an informed decision. The consultation was made accessible to different groups of people by a range of methods such as text messages, letters, social media posts, information on the ICB website, press releases, radio interviews and posters in practices. The public were offered a variety of ways to respond and to ask questions, such as online survey and paper survey that could be picked up or received in the post. There were 3 in person events which could be booked online or by calling the ICB. Norfolk Health Overview and Scrutiny Committee was informed about the content and timescale of the consultation process in advance and was happy with the ICB's approach.

**KW thanked SP for the clear paper and queried whether Theatre Royal would be able to manage extra patients in their existing premises until the modular extension was ready.**

SP advised capacity had been discussed directly with Theatre Royal surgery who were disappointed the modular extension would not be in place by 1st April 2025. However, Theatre Royal were looking at temporary administration and clinical sites and possibly extending opening hours in the short term.

**JG asked if governance had been completed for the modular extension.**

SP advised plans took time to come through, and the ICB Estates team were working with the practice on the relevant governance. Planning permission remains outstanding, and it is hoped that the plans will be approved.

**The Chair queried whether any negative impact on patient experience would be carefully managed and minimised, noting that a full Equality Impact Assessment had been provided.**

SP advised the impact on all patients and particularly the frail and elderly, those with physical disabilities and neuro diverse conditions had been considered. The issues raised with access and familiarisation with a bigger surgery for these groups in particular would be addressed by identifying the patients concerned and offering open mornings, appointments at quieter times as part of enhanced access, as well as support from health and wellbeing coaches and social prescribers.

**NW sought reassurance from the ICB from a GP practice perspective Orchard and Theatre Royal surgeries would be provided with resources and support in the transition. NW also queried whether funding saved from the APMS contract at Toftwood would be released back into the general practice services.**

SP advised as part of the planning process actions to be taken and resources required would be identified and would be submitted through the ICB governance procedure for approval of any funding decisions.

**The Chair asked how the ICB intended to plan for providing general practice services in the long term for Dereham which is a growing market town.**

SP acknowledged concerns about how the 4000 extra patients from Toftwood and additional residents associated with new housing would be managed in the long term. SP explained in the short to medium term over the next 5 years that the physical capacity with Orchard and Theatre Royal surgeries would be suited to the population. In the longer term the ICB would work with Dereham Town Action Group to plan to provide suitable primary care services for the growing population.

PH commented it is not the role of the ICB alone to dictate what primary care provision will look like in the long term. The ICB would work with the primary care network to consider locations for a possible new build and hope to provide a range of options including the existing Dereham hospital site. Any new build proposal would need to go through a business case process, and PH advised that 5 to 10 years was a realistic time frame for a new build to be completed.

**KW queried if population needs had been assessed in terms of the age demography for the imminent or potential changes.**

SP advised the health profile had been provided in the papers which shows how the population was likely to progress. SP noted the move towards the NHS England modern general practice access model which includes a more digital approach where appropriate. The local Place team would continue to be very engaged in ensuring an integrated approach to supporting the local population was provided.



***At this point the Chair invited and accepted a question from a member of the public who had joined the meeting. This question and others from members of the public which were submitted in writing before the meeting are appended.***

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| | **The Chair then invited the committee to vote on the proposal to close Toftwood Medical Centre when the contract expires on 31st March 2025, and to transfer registered patients to both Orchard and Theatre Royal surgeries in Dereham.**<br><br>***The proposal to close Toftwood Medical Centre when the contract expires on 31st March 2025, and to transfer registered patients to both Orchard and Theatre Royal surgeries in Dereham was approved.***<br><br>The Chair invited SP to propose the next steps and these were outlined as follows:<br><br>• Inform patients and staff – CW confirmed that this would be carried out on the same day as the meeting by text or letter for the majority<br>• Information about the decision would be presented on practice websites, social media and a press release would be issued<br>• The registration of Toftwood patients onto alternative surgery lists would be managed by the national organisation Primary Care Support England who would contact patients directly. Households would be kept together if they were already registered at the same practice<br>• Patients would be able to change their registration as long as they lived within the catchment of a practice they were seeking to register with<br>• The ICB would work with the practices to action the EIA in terms of resources, support and applications for funding if required via ICB governance processes<br>• The ICB would continue to meet weekly with the 3 Dereham practices to work towards mobilisation<br>• The ICB Workforce team would provide support for staff for all 3 surgeries once the appropriate transfer of staff has been agreed<br>• The ICB would engage with the landlord of the Toftwood premises around the transfer of the building in due course<br><br>**All questions asked by the public by email and at the meeting have been published on the Norfolk and Waveney ICB website.**<br><br>**A five-minute break in the meeting was held at this point.** | |
| **8.** | **Complaints & Contacts**<br>*For Noting* | **JP** |
| | **JP presented Complaints and Contacts for noting.**<br><br>JP reported the positive news that there had been a reduction in contact from patients regarding issues with dental services. This was identified to be a direct result of work undertaken in commissioning the urgent treatment service. It was acknowledged there were still some issues around communication and pathways into urgent treatment services, and lessons learned were informing progress.<br><br>The Chair requested the reduction in complaints and contacts in relation to work in the dental urgent treatment service be included in the Board report for January 2025.<br><br>Prescribing was a frequent issue in relation to new treatments and the pressure on primary care to provide alternative treatments straight away. It was noted prescribers needed clarity and confidence in shared care agreements. | |

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| | Access to GP appointments was highlighted as an issue as patients reported difficulties in booking face to face or telephone appointments. Data showed however that digital and telephony solutions have resulted in a significant drop in complaints and contacts in relation to practices which have installed these improvements.<br><br>NS requested clarification about when an enquiry becomes a formal complaint.<br><br>JP advised each case was judged individually and for some the formal complaint route was more appropriate. A complainant may specifically request their contact is dealt with as a formal complaint.<br><br>NS commented that there appeared to be few complaints about dental services made to the ICB. JP advised patients frequently complain directly to dental providers. NHS England data suggested only about 7 – 8 % of complaints about dental services were sent directly to commissioners. It was hoped the ICB can work more closely with dental practices to obtain patient contact data to better inform ICB work in this area.<br><br>LD complimented JP on the quality of the report. In terms of general practice the report demonstrated some dissatisfaction by patients in respect of access. LD commented this was likely to be a recurring theme as practices were reporting unprecedented demand which was exceeding their capacity. LD noted collective action was also having an impact, as practices implemented or considered the implementation of safe working to protect their staff.<br><br>KW commented it was helpful to see the focus on feedback and outcomes of lessons learned in the report and how this resulted in tangible outcomes and changes for patients.<br><br>MD commented he liaises with JP about NICE approved drugs and patient entitlement issues, and how waiting for drugs to become available causes frustration for clinicians and patients. The artificial pancreas 'smart app' to control insulin pumps and the new weight loss drug were cited as examples.<br><br>***Complaints and Contacts were noted.*** | |
| **9.** | **National Patient Safety Strategy**<br>*For Noting* | **KW/DB** |
| | **KW introduced the National Patient Safety Strategy for noting and advised DB would present the paper.**<br><br>DB highlighted key areas as follows:<br><br>The National Patient Safety Strategy was first published in 2019, but it was recently recognised something more specific was required for primary care which delivers 90% of NHS interactions with patients.<br><br>The majority of primary care interactions with patients were safe, with less than 1% of incidents reported arising in primary care (mainly diagnosis, medication and referral). | |

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| | The aim of the National Patient Safety Strategy is to develop a supportive environment where patient and staff well-being is paramount, and patients are involved in identifying improvement opportunities.<br><br>DB summarised key areas of the strategy as safety culture, safety systems, improvement including digital communication, insight including trials of the Incidence Response Framework PSIRF, and involvement via patient participation groups.<br><br>DB reported on a pilot PSIRF scheme run across 4 Norfolk and Waveney practices, from which positive feedback had been received.<br><br>The Chair queried how feedback from the National Patient Safety Strategy was communicated across the PCNs.<br><br>DB advised as part of the pilot a PSIRF plan and policy for primary care was developed which has been shared with general practice and approved by the general practice delivery group. An evaluation of the pilot has been shared to help practices prepare for transition to PSIRF, and a national pilot was taking place, the outcome of which will also be shared.<br><br>LD clarified PSIRF was not mandatory for general practice at present and expressed concern this system may put additional pressure on general practice, and protected time for training in relation to the scheme had not been confirmed.<br><br>DB offered to support primary care colleagues with the transition and commented in the long term it was hoped using the strategy will save time and capacity in general practice. It was hoped reviews and root cause analysis reports will no longer be required as staff would have more immediate learning and staff and patient support.<br><br>***The National Patient Safety Strategy was noted.*** | |
| **10.** | **Norwich Health Centre Procurement (Practice Manager Specialty Advisor DOI)**<br>*For Noting* | **SP** |
| | **SP presented Norwich Health Centre Procurement for ratification**.<br><br>It was noted SB had a conflict of interest in this item as described in Item 3 and the Chair asked that she did not participate in the discussion.<br><br>SP explained the purpose of the paper was to ask the committee to consider and ratify the abandonment of the APMS contract procurement at Norwich Health Centre and place a 1-year contract from 1st April 2025. The existing contract covered the Walk-In Centre, the registered practice and the Vulnerable Adults Service. The proposal for abandonment was based on the grounds of affordability.<br><br>The decision to offer a 1-year contract was taken ahead of the meeting due to commercial factors and time pressures with the procurement process. Bidders needed to be aware of the decision before the formal meeting date, and sufficient time was required to discuss and negotiate the 1-year contract extension. | |

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| | SP outlined the significant adverse variance to the ICB financial plan in August 2024. The ICB was in a programme called I&I 4 with intervention from external consultants who were looking at discretionary spend amongst other areas. It was deemed prudent to take a review of the Norwich Health Centre service, in view of the financial budget now available and to re-procure the services quickly.<br><br>To provide context SP advised this was 1 of 7 APMS contracts the ICB was reviewing.<br><br>The ICB had taken legal advice in the proceedings to ensure they complied with the public procurement regime.<br><br>SPa queried if the 1-year extension contract would be APMS or GMS. SP confirmed it would be APMS.<br><br>***The proposal for abandonment of the procurement on the grounds of affordability and the extension of the current service at Norwich Health Centre for 1 year beyond 31st March 2025 was ratified.*** | |
| **11.** | **Delivery Group Reports**<br>• **General Practice & Community Pharmacy**<br>• **Dental Services Report**<br>• **Dental Development Group Report**<br>*For Noting* | **SN/FT** |
| | **SN presented the Delivery Group Reports.**<br><br>SN advised that delivery group meetings were held in October and November 2024. There were no escalations, and discussions and approvals were outlined in the reports. SN highlighted key areas as follows:<br><br>**General Practice & Community Pharmacy**<br><br>• The practice boundary change request for Magdalen Medical Practice was discussed and approved with a minor recommendation to monitor the impact for the next 6 months.<br>• The proposal to recommission the locally commissioned services (LES) that were due to expire at the end of this financial year was also approved with further work to be done around converting those to enhanced services to supplement the core contract.<br>• The financial support under Section 96 process was approved.<br>• The patient safety incident framework was discussed and was supported at delivery group level.<br><br>**Dental Services**<br><br>• Approvals were made to strengthen out of hours services and support practices experiencing resilience issues.<br>• Approval of the extension of the trauma pathway arrangement.<br><br>***There were no questions and the delivery reports were noted.*** | |
| **12.** | **Delivery Report - Primary Care Access Recovery Plan**<br>*For Noting* | **LB** |

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| | **AS presented the Primary Care Access Recovery Plan Delivery Report.**<br><br>AS apologised there were some errors in the planned appointment data in the paper and advised this paper would be revised and reissued.<br><br>AS summarised the report as follows:<br><br>Compared to October 2023, there had been a significant increase of about 19,000 additional appointments delivered, which GP surgeries had done well to provide with the backdrop of ongoing collective action and other pressures.<br><br>The ICB would work on moving closer to the NHS target of 80% of GP appointments being delivered within 2 weeks of booking.<br><br>Areas of focus for the ICB and providers to collaborate on within the modern general practice delivery model would include care navigation, clinical triage, digital improvements and multi-disciplinary working.<br><br>**The Chair requested that this paper was resubmitted to PCCC with revised data.** | |
| **13.** | **Strategic Finance Report**<br>*For Noting* | **JG** |
| | **JG presented the Strategic Finance Report.**<br><br>JG explained the finance figures shown were for month 7 which was a month in arrears due to the timing of the committee meeting.<br><br>Overspend was estimated to be £5.5m at the end of financial year.<br><br>The largest variance of £3.85m was for the GP prescribing overspend. At the beginning of the year a stretch target was set for GP prescribing efficiencies, and the variance cited was the slippage in that stretch target. It was noted the stretch target was being eroded as improvements were made month by month.<br><br>There was a £1m overspend in both areas for locally commissioned services and delegated commissioning. £700,000 was for rent reviews within delegated commissioning.<br><br>Pressures in locally commissioned services included complex dressings where additional activity was causing an adverse variance in that net budget.<br><br>The delay in the planned efficiency of the GPIP contract had caused a variance within GPIP.<br><br>Optometry had £100,000 overspend at present due to increased activity around sight tests.<br><br>Positive variances were reported for the oxygen contract due to a change in VAT rules.<br><br>**The Chair queried when a more accurate estimate of total overspend would be available.**<br><br>JG advised that month 9 data would provide a reliable estimate. | |

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| | **The Chair queried what was driving the increase in optometry activity.**<br><br>SG advised this may be linked to the cycle of regular eye testing and how this was impacted by the Covid-19 pandemic.<br><br>**BB queried when unidentified savings figures would be available.**<br><br>JG advised unidentified efficiencies represented the balancing figure of what was required at the beginning of the year to break even. If it was not possible to deliver a break-even plan by the end of the financial year, other mitigations would have to come into place. The finance team were supported by the PMO team to work on delivering the efficiencies.<br><br>***The Strategic Finance Report was noted.*** | |
| **14.** | **Terms of Reference Review**<br>*For Noting* | **SG** |
| | **SG presented the Terms of Reference Review.**<br><br>SG advised a review had been conducted of the operational effectiveness of the delivery group and PCCC schedule and it was proposed to return to scheduling these meetings on alternate months. There would be 6 delivery group meetings and 6 PCCC meetings per year. As such some operational items may have to be heard at PCCC on occasion, where they required an immediate decision.<br><br>Training sessions were proposed for voting members and deputies within the Primary Care Committee and delivery groups regarding roles and responsibilities.<br><br>***It was agreed to change the delivery group and PCCC meeting schedule to alternate months for both meetings.***<br><br>The Chair advised dates of the next meetings were in planning stage at present. | |
| **15.** | **Strategic Prescribing Report**<br>*For Noting* | **MD** |
| | **MD presented the Strategic Prescribing Report.**<br><br>MD took the paper as read. MD highlighted the five pillars within the structure of the Medicines Optimisation team:<br><br>• Quality and Safety<br>• Clinical Experience and Delivery – focus on support to practices and efficiencies<br>• Interface and Formulary – focus on working with system partners around formulary and interface issues including the implementation of new drugs<br>• Population Health and Data – enables understanding around system population health and medicines<br>• Workforce and Projects – focus on pharmacy workforce | |

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| | MD invited comment on any prescribing areas that committee members would like the team to work on.<br><br>The Chair requested that the new weight loss drug could be considered by the team and added to the committee forward planner.<br><br>**The Chair requested more information about the repeat prescribing toolkit which was referred to in the paper.**<br><br>MD advised the prescribing toolkit would represent an efficient and sensible repeat prescribing system. A detailed piece of work was undertaken by the Royal Pharmacy Society and the Royal College of GPs around this toolkit. Engagement took place with system partners resulting in a detailed report and a toolkit for implementation. As the ICB Prescription Ordering Direct team was closed this was morphed into a small implementation team who were working with practices to improve and streamline their systems for optimal repeat prescribing.<br><br>The Repeat Prescribing Toolkit can be accessed via the link below:<br><br>Repeat Prescribing Toolkit<br><br>***The Strategic Prescribing Report was noted.*** | |
| **16.** | **Pharmaceutical Services Regulations Committee**<br>• **Memorandum of Understanding and Terms of Reference**<br>*For approval*<br>• **Reports from the Pharmaceutical Services Regulations Committee**<br>*For noting* | **SG** |
| | **SG presented the PSRC reports and the Herts and West Essex (HWE) Memorandum of Understanding (MOU) and Terms of Reference (TOR).**<br><br>It was noted papers for this item were incorrectly sequenced in AdminControl. Papers for Item 16b were the quarterly points reports from PSRC and were taken as read, and no items of concern were raised in respect of these papers.<br><br>SG summarised the HWE MOU and TOR. In April 2023 pharmaceutical services were transferred to Norfolk and Waveney ICB as it was agreed as part of that delegation that the pharmacy and optometry contracting team would transfer as one team, to be hosted by HWE ICB, for all 6 ICBs across the east of England.<br><br>This was governed by an MOU which set out responsibilities split between the ICB and hosting function, including the formal governance of matters related to pharmaceutical services contracting which is conducted through the Pharmaceutical Services Regulations Committee (PSRC). , It was decided after 12 months that a review of the MOU was required. Touchpoint meetings were held with HWE and the 6 ICBs to discuss any changes. Key changes to note were the addition of some ICB responsibilities in relation to fitness matters and assurance processes. A reference to contractual function in the quality and optometry requirement was also added to the MOU. | |

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| | SG confirmed the ICB's request to add the governance output of the TIAA audit and the quality and optometry requirement have both been added and the team are satisfied with the changes made.<br><br>Due to her work as a locum pharmacist, SG was unable to represent the ICB on PSRC. ICB representation was provided by GS.<br><br>***The HWE MOU and TOR was approved.*** | |
| **17.** | **Optometry Report**<br>*For information* | **SG** |
| | **SG presented the Optometry Report.**<br><br>SG took the paper as read.<br><br>SG noted as part of the ICB assurance governance submitted to NHSE England at the end of the year, Contract Variations were marked as amber. This was a mandatory reissue of contracts for optometry contractors. It was rated as amber as a high volume sat to be processed but these were all now issued apart from 1. It is hoped to move assurance to green by the end of the year.<br><br>**There were no questions.** | |
| **18.** | **Any Other Business** | **Chair** |
| | There was no other business. | |
| | **Policies Review (standing item)**<br>*For Noting only – no presentation* | |
| | **Primary Care Access Recovery Plan**<br>*For Information purposes only* | |
| | **Primary Care Vision and Principles**<br>*For Information purposes only* | |
| | **Questions from the Public** | **Chair** |
| | There were no further questions and the meeting closed at 3.41pm. | |

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

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

NHS
Norfolk and Waveney
Integrated Care Board

**Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log**
**11 March 2025**

| No | Meeting date added | Agenda Item | Owner | Action Required | Action Undertaken / Progress | Due date | Status | Date Closed |
|---|---|---|---|---|---|---|---|---|
| 0195 | 10-Dec-24 | 4 | MC | Minutes - Sign off minutes and send to deputy Chair | Signed minutes sent to deputy Chair | Mar-25 | | 11-Dec-24 |

Norfolk and Waveney
Integrated Care Board

# Public questions and answers from the Primary Care Commissioning Committee held on 10 December 2024

## First questioner

1. **Will the Primary Care Commission take note of the Norfolk Health Overview and Scrutiny Committee action from the 5th December to request a pause for the action to close the Toftwood Surgery?**

   The Norfolk Health Overview and Scrutiny Committee (HOSC) unanimously agreed to request that the Secretary of State for Health and Social Care call in this matter. The process for doing so does not require the commissioner to pause its process and HOSC has not requested the ICB to pause the process.

2. **Will the Primary Care Commission take note of the fact that if the decision is made to close the Surgery the decision will be forwarded to the Secretary of State for review?**

   Yes, the committee will be briefed on this when the report is presented and the chair has already been briefed.

3. **Will the Primary Care Commission recognise that one of the Dereham surgeries which Toftwood residents are proposed to be transferred (Theatre Royal) does not the capacity and there are no Contingency plan currently in place?**

   The premises issues are set out in the report to the Committee and this has been published online. The practice has various contingency measures in the planning stage and is being supported by the ICB estates team. They will finalise these once a decision has been made.

4. **Will the Primary Care Commission recognise that the no plans for the modular extension at Theatre Royal surgery have not been even drawn up, let alone submitted to Breckland Council for Full Planning Permission as this structure would require that level of planning would require Full Planning permission.....and also the fact that Planning permission is not guaranteed?**

   The ICB has received plans from the contractor providing the modular extension and understands that the full planning permission process will need to be followed. As noted above, the practice has various contingency measures in the planning stage.



5. **Will the Primary Care Commission recognise that the current Landlord has given a proposal to the ICB which was discounted, even though a timescale was proposed?**

We are grateful for the support provided by George Freeman MP in facilitating meetings with the landlord and we note Cllr Webb was in attendance at those meetings. There were five issues with the premises which were under discussion. We were able to reach agreement on two of these issues, but we were unable to fully resolve the remaining three issues, which meant officers could not be confident enough to put forward a different recommendation.

6. **Will the Primary Care Commission recognise the high volume of traffic already recognised from Toftwood to Dereham and the increase volume of traffic approval of the closure will cause?**

   This was a concern raised during the consultation. The ICB has agreed to join the Dereham Action Planning Group and, if the Committee agrees the recommendation, will work with both Orchard and Theatre Royal Surgeries during the mobilisation phase to consider how to offer appointments to patients, such as moving to digital and remote appointments where clinically appropriate and offering appointments at quieter times.

7. **Has the Primary Care Commission recognised the high level of already approved development of over 1,000 houses resulting in an additional 3,000 plus residents and the high-level future development planned in Toftwood/Dereham?**

   There is already sufficient physical capacity within the Orchard Surgery to take on the additional Toftwood patients and continue to accommodate more patients from housing growth in the short to medium term. Once the modular extension is in place, Theatre Royal Surgery will also have additional capacity.

8. **Has the Primary Care Commission recognised the impact of the proposed transfer on other services resulting from closure - for example, Walk In Centres, A&E and Ambulance?**

   Patients will still be registered with a GP practice in Dereham, and both practices have been working on their plans to increase their workforce to respond to the additional patient needs. It is not expected to increase demand for emergency services. The Toftwood Pharmacy is unaffected by these proposals and will continue to offer medicines services and Pharmacy First services to local residents.

## Second questioner

1. **Following the Norfolk Health Overview and Scrutiny Committee meeting on 5th December, a unanimous decision was made by Councillors to write to The Secretary of State for Health requesting him to call-in the decision if the PCCC decided to close Toftwood Medical Centre. Will you take this into consideration when making your decision about the future of our surgery in Toftwood?**

The Committee will be briefed on the HOSC decision when the report is introduced.

2. **Are you aware that Theatre Royal Surgery has yet to submit planning permission for the modular extension it seeks, and that planning permission may not be granted. What is the proposal should this happen?**

   The ICB estates team is working closely with the practice to support the process, and to liaise with the council. The estates team is also supporting the practice to develop contingency measures.

3. **Theatre Royal surgery and Orchard surgery patients have anecdotally shared their struggles to get appointments, with reports of having to wait 6 weeks for a routine appointment being the norm. Are you aware that these surgeries are operating at this unsustainable capacity, particularly Theatre Royal Surgery?**

   The annual GP Patient Survey results were published in July 2024. This is a survey undertaken for NHS England by Ipsos Mori and is sent to a random selection of patients from each practice in the country. The results for all three practices have been analysed. Using the good or very good satisfaction with overall experience with the surgery, Toftwood Medical Centre scores 75%, Orchard Surgery scores 78% and Theatre Royal Surgery scores 83%. The ICB average is 77% and the national average is 74%.

4. **I have been told by two families whose loved ones are terminally ill and being cared for at home. Both were registered at Theatre Royal and Orchard Surgery. Both families were informed by their respective surgeries they would receive responsive and supportive care from Toftwood Medical Centre, as they are struggling to home visits, so their care will not be met?**

   All three practices operate under the same contractual requirements, and should a patient be assessed as clinically requiring a home visit they would receive one. If patients are concerned about their care, we encourage them to complain to the practice directly, or to the ICB as the commissioner of services and this would be fully investigated.

5. **The basic rules of consultation - according to Coughlan and Gunning, have not been lawfully met for the following reasons.**

   **The consultation was not done at the time the proposals were at the formative stage. And according to case law this was not followed. The formative stage was not October 2024 when the consultation began as there have been many issues since the lease expired in 2010. In 2018 the Elham Practice was awarded the APMS contract to run Toftwood Medical Centre (at a time when the lease had already expired). In 2020 the practice was put at risk. Why wasn't the practice put at risk in 2010, and why was a solution not found at this time? In 2021 talks with the landlady had started. In 2022 the ICB found an alternative site and secured funding but this fell through. In 2023 talks between the ICB and the landlady ceased. Why was**

**a consultation not done at this time, when GP contracts were due to expire at the end of March 2025?**

**We do not accept the ICBs explanation that they have done everything possible to find a resolve. They have sat on this for a considerable amount of time. They say they have been looking at alternative sites and was asked during the Norfolk HOSC meeting for details of these sites, none have been produced. Will full details of these properties be provided and the reasons why they were not deemed suitable?**

**We have serious concerns about the governance of this consultation. Having read all the papers the ICB submitted to the HOSC meeting, there was considerable amounts of information not included as part of the consultation process. There is a legal obligation, where the decision-maker has access to important documents which are material to the determination, whose contents the public would have a legitimate interest in knowing, then those documents should be disclosed in the consultation process. We do not believe the process was conducted fairly or transparently and also excluded members of the community as the consultation papers, and responses were only available online, or in the surgery in paper format. How were the documents sent to hard to reach groups, i.e. those in care and residential homes, those who are mentally unwell, housebound patients who do not have internet access. We were also only offered two drop-in sessions during the day. I had to ask the ICB to arrange an evening session which they did, but said it was a ticketed event. They only provided online access in which to obtain tickets. I and others contacted the ICB to request other access options. The reason for tickets was for our comfort. We conclude that the process was initially designed deliberately to exclude groups of people who work and who could not complete the online or paper forms, their voices have gone unheard. The timings were also too tight to enable us to fully engage with the consultation. Not everyone has NHS knowledge and the terminology without further explanation, was difficult to understand, and therefore, we felt we did not have the knowledge to comment on. Specifically, GP contract types, one type being 30% more expensive (30% more of what?) The paper mentioned that the ICB review has highlighted a range of challenges and issues but they did not elaborate on this. On receipt of the consultation paper, we all agreed that the decision had already been made to close our Surgery. Does the committee agree that the ICB should have had an open mind when consulting with us as we feel this has not been the case and therefore consider this unfair?**

**Will the committee agree with HOSC that there are governance concerns with the process by which the commissioning body has taken the proposal forward?**



We had not made a decision about the future of Toftwood Medical Centre before we launched the consultation. As set-out in the consultation document, we wanted to hear people's ideas before the committee made a decision, in order to see if there were other suggestions that we had not considered. We did run the

consultation with an open mind, for example we engaged with the local MP and the landlady in discussions about potential solutions during the consultation period. As part of the consultation we also asked people about the potential impact of the proposal on patients and carers. We asked this to help ensure the committee had the information it needed to make an informed decision about whether or not to go ahead with the proposal.

Whenever we run a public consultation we always try to give people sufficient information and to make the information we provide clear, and try to avoid overcomplicating what we write so that people are not put off from responding and sharing their views. We wouldn't and don't expect members of the public to be experts in the NHS, but they are experts in their own health and care, and can help us understand the potential impact of a proposal based on their own experiences and views. We are grateful to everyone who shared their experiences and views about the future of Toftwood Medical Centre.

We took a range of steps to make the consultation accessible to different groups of people. These included using a range of different methods to make people aware of the consultation, including text messages, letters, social media posts, information on our website, press releases, radio interviews and posters in the three practices. We also gave people different ways to respond and to ask questions, including an online survey, a paper survey (copies of which could be collected from the three practices or requested by emailing or calling the ICB), and attending an in-person event (one in the morning, one in the afternoon and one in the evening – places could be booked online or by calling the ICB). We received responses both directly from patients and from people supporting others to respond to the consultation. Prior to launching the consultation we spoke with the Chair of the Norfolk Health Overview and Scrutiny Committee about the consultation process and timescales, who was content with our approach.

Here is the information that we provided members of the Norfolk Health Overview and Scrutiny Committee with on 6 December about the alternative sites considered:

**Westfield Road – favoured site and option**
This is a former Jewson outlet and yard, the buildings on which were demolished in 2020. This site is located a short distance away from the existing practice building (c. 5-8 minute walk). The landowner has had planning permission for residential dwellings refused on two occasions.

Please note we met to discuss this with the Chair of the Norfolk Health Overview and Scrutiny Committee at the time.

**South Green**
This brownfield site, in Toftwood, was granted planning permission for residential dwellings, but it was thought possible that the owners may wish to discuss a temporary building being placed on site. This is a potential site, but further away from the existing practice building than the preferred location.



**Greens Road**

This hard-standing site, adjacent to a lorry park, is within a heavy industrial area and available to rent. The site is not in Toftwood and not considered suitable for a surgery to be located.

**Dereham Business Hub**
This is a new business park on the outskirts of Dereham – not far from the Breckland Council HQ building – where several retail units have been established. The undeveloped part of this site may be suitable for a temporary building if ground works and surfacing was completed. This is a potential site, but further away from the existing practice building than the preferred location.

**Anemas Nursery site – Shipdham Road**
This is a site including a garden nursery and some commercial units on the outskirts of the Toftwood settlement boundary on the road towards Shipdham. Several large glass houses on site were destroyed by a fire in 2019 and it is this cleared land which may be available for a modular building to be sited. This is a potential site, but further away from the existing practice building than the preferred location.

**Breckland HQ building**
The Council have indicated that 353m² of office space will become available on their HQ ground floor during 2021: a large open plan space which would need refitting to provide a clinical working environment. Access would be problematic as the space is at the rear of the building and works may be required to enable this to operate effectively for a patient facing service. This building is not far from Toftwood (1.2 miles from the existing practice building) and located to the rear of a supermarket on a busy retail industrial estate. The cost of the refit is considered to be too high for this to be a viable option.

These options were when we were looking to site a modular unit sized to replace all of the existing surgery and add some expansion space. For a long term solution an updated search will be needed to reflect whatever the agreed size of a new premises ends up being.

6. **While both Theatre Royal and Orchard surgery have been rated as good by CQC, Theatre Royal was judged to be inadequate in the Responsive category. From what we have been hearing from patients at Theatre Royal, they have been experiencing long delays in appointments, not being able to get an appointment, not responding to home visits when required. Therefore, does the committee agree that the ICB citing the rating as good to use as justification to move more patients into an already overstretched surgery is realistic and feasible and can provide responsive and safe care?**

The CQC undertook an inspection at Theatre Royal Surgery in 2018 and rated them Good overall with Requires Improvement in the Responsive domain. The CQC inspection report highlighted the practice had been seeking to recruit more staff, which it has now done. This year the practice has installed a new cloud-based telephony system which enables greater functionality for patients.

The annual GP Patient Survey results were published in July 2024. This is a survey undertaken for NHS England by Ipsos Mori and is sent to a random selection of patients from each practice in the country. The results for all three practices have been analysed. Using the good or very good satisfaction with overall experience with the surgery, Toftwood Medical Centre scores 75%, Orchard Surgery scores 78% and Theatre Royal Surgery scores 83%. The ICB average is 77% and the national average is 74%.

All three practices operate under the same contractual requirements, and should a patient be assessed as clinically requiring a home visit they would receive one. If patients are concerned about their care, we encourage them to complain to the practice directly, or to the ICB as the commissioner of services and this would be fully investigated.

7. **The consultation just focused on one proposal, if the real reason why the ICB wishes to cease the current contract is to 'save money', they should have explicitly stated this and provided the information within the consultation report (not after it) to justify this recommendation to close Toftwood Medical Centre. Does the committee agree that this would have been a more honest approach with the public given the NHS has a duty of candour?**

   They key reason for this recommendation is the challenges faced over the years with resolving the premises issues, which are set out in the report. The consultation document references in addition to this the current contract is more expensive than neighbouring practices.

8. **In the information not released to us, the ICB conducted what appears to be a desk top exercise to justify saying that Theatre Royal and Orchard surgeries are within 10 mins drive, and about a half an hour walk. There is also a bus service, and a car scheme available. Is the committee aware of the following? 10 minutes might have well been calculated using Google maps, but in the real world there is heavy congestion in Dereham and a car journey can take 20 minutes or more. On top of this, the car parks at the surgeries are full with queues to get into them. There is a bus service, but it is not regular, and disabled people have said they cannot get on or off the bus, and people with mental health issues, struggle with public transport. The bus does not stop near to Orchard surgery, but in Dereham town centre. The car scheme has only just started operating, they are not fully resourced with drivers, and their main work is taking patients to Norfolk and Norwich hospital. It is therefore highly doubtful that there will be a car available when one has an appointment. Also, the ICB have said that they could arrange to have appointments in less congested times, we believe this is not feasible when it is a very real challenge to get appointments at all, let alone in periods of less congestion. How do they intend for this to work in practice? Will the Committee agree with us, that the ICB have conducted nothing more than a desk top exercise, and seen things advertised and thrown together what they think is suitable mitigation without conducting a full and proper investigation into workable alternatives?**

The ICB has undertaken a health profile assessment of Toftwood and the patients registered with the practice, as part of its usual commissioning processes and in fulfilling its statutory duties. This takes data from a range of sources, including Census data, NHS Digital and Shape mapping. We have used these data alongside information from the public consultation process to form our Equality Impact Assessment and develop mitigating actions to take should the Committee approve the recommendation.

We have been meeting weekly with Toftwood Medical Centre, Orchard Surgery and Theatre Royal Surgery for the last two months to work through the themes arising from the consultation, and to consider how we could potentially support patients who may struggle most with the transition, if we were to go ahead with the proposal in the consultation.

9. **The risk assessment only focuses on the location and buildings. Would the committee agree that when risk assessments are conducted for people with disabilities, that it is the disability that is assessed, and not the physical locality and buildings?**

   The Equality Impact Assessment was published alongside the report to the Committee and was updated further to the themes and feedback from the public consultation. We have been meeting weekly with Toftwood Medical Centre, Orchard Surgery and Theatre Royal Surgery for the last two months to work through the themes arising from the consultation, and to consider how we could potentially support patients who may struggle most with the transition, if we were to go ahead with the proposal in the consultation.

10. **Has the Primary Care Commission recognised the high level of already approved development of over 1,000 houses resulting in an additional 3,000 plus residents and the high level future development planned in Toftwood/Dereham? Has the Primary Care Commission recognised the impact of the proposed transfer on other services resulting from closure - for example, Walk In Centres, A&E and Ambulance?**

    There is already sufficient physical capacity within the Orchard Surgery to take on the additional Toftwood patients and continue to accommodate more patients from housing growth in the short to medium term. Once the modular extension is in place, Theatre Royal Surgery will also have additional capacity. Patients will still be registered with a GP practice in Dereham, and both practices have been working on their plans to increase their workforce to respond to the additional patient needs. It is not expected to increase demand for emergency services. The Toftwood Pharmacy is unaffected by these proposals and will continue to offer medicines services and Pharmacy First services to local residents.



11. **Will the committee agree with us that the proposal to close Toftwood Medical Centre is clearly not in the best interests of the health service and residents in the authority area. We the public await with anticipation for the decision from the Committee, and we would like our questions answered and notwithstanding HOSC decision to ask the Secretary of State to**

**consider intervening, into your consideration. We need more GPs not less to safely and adequately meet the increased housing targets, and resultant population growth.**

The Committee meets on Tuesday 10 December and will consider the report alongside any clarification questions from members of the public before it makes a decision on the proposal.

## Third questioner

1. **I have read the ICB report leading to their proposal for closure of the Toftwood surgery and I have serious concerns that the report was written to satisfy a pre-judged decision to close the surgery and that presentation to your committee is intended to garner them a tick in the box.**

   **Their report conclusions are at variance with the evidence from their own surveys and data gathered at the various public and closed meetings.**

   **Examples being:**

   **ICB say that Orchard Surgery (OS) and Theatre Street (TS) Surgery can cope with current patient load and the additional patient load from Toftwood as well as that expected from known additional housing planned for the area. The surgery staff and surveys, etc contra this by saying they cannot cope with existing patient loads, never mind future loading. Each surgery has even posted on social media that patients should attend a walk in centre clinic when local appointments are declined.**

   **Folk also say that car parking at OS is inadequate and often they have to queue for a slot meaning they could miss their appointment time. Similarly TS has no dedicated parking and the adjacent public car park is tagged by Breckland council to become a pay to park facility.**

   **There are several other instances of variance between the ICB conclusions and the data gathered which worry me that the report is little more than a jargonised white-wash.**

   **Why is there scant detail in the report about the alternative sites considered and why they were rejected to replace the surgery.**

   **I note in further evidence that Toftwood surgery has not had any formal complaints lodged against it in the system, whereas the other two surgeries have including some made to an MP.**

   **Finally why after 14 years of procrastination by ICB and their predecessors has this decision been brought to a head at the eleventh hour. It seems like a 'clear that one of the books' to me.**



   **Unfortunately I may not be able to attend the Teams meeting, but would wish my thoughts to be taken into account.**

The ICB and its predecessor organisations have made every possible effort to resolve the current issues over many years. This has included seeking alternative sites and extending the current premises, however all options have been unsuccessful. This is either because the sites were unsuitable or became unavailable or, in the case of the proposed extension, we were unable to agree outstanding matters with the landlord. Following a period of public consultation as part of the review of the ICB proposal, the Primary Care Commissioning Committee, having considered the report and recommendation, agreed the proposal to close the Toftwood Medical Centre was the best way to secure stable and resilient services for registered patients.

We had not made a decision about the future of Toftwood Medical Centre before we launched the consultation. As set-out in the consultation document, we wanted to hear people's ideas before the committee made a decision, in order to see if there were other suggestions that we had not considered. We did run the consultation with an open mind, for example we engaged with the local MP and the landlady in discussions about potential solutions during the consultation period. As part of the consultation we also asked people about the potential impact of the proposal on patients and carers. We asked this to help ensure the committee had the information it needed to make an informed decision about whether or not to go ahead with the proposal.

We are grateful for the contribution of local people and stakeholders during our public consultation process. The feedback received has informed the ICB's equality impact assessment and the actions we will take to support the change of registration for patients when Toftwood Medical Centre closes.

Both Orchard and Theatre Royal Surgeries are rated Good overall by the Care Quality Commission and both have an above average patient satisfaction score with their overall experience of the surgery in the national annual GP Patient Survey run by Ipsos Mori on behalf of NHS England. Notwithstanding this, the ICB will continue to work with Toftwood Medical Centre, Orchard and Theatre Royal Surgeries to support the transition and ensure the most vulnerable patients are offered support.

Here is further information about the alternative sites considered:

**Westfield Road – favoured site and option**
This is a former Jewson outlet and yard, the buildings on which were demolished in 2020. This site is located a short distance away from the existing practice building (c. 5-8 minute walk). The landowner has had planning permission for residential dwellings refused on two occasions.

Please note we met to discuss this with the Chair of the Norfolk Health Overview and Scrutiny Committee at the time.



**South Green**
This brownfield site, in Toftwood, was granted planning permission for residential dwellings, but it was thought possible that the owners may wish to discuss a

temporary building being placed on site. This is a potential site, but further away from the existing practice building than the preferred location.

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These options are from when we were looking to site a modular unit sized to replace all of the existing surgery and add some expansion space.  For a long term solution, an updated search will be needed to reflect whatever the agreed size of a new premises ends up being.

**Norfolk and Waveney Primary Care Commissioning Committee Forward Plan – 2024/2025**

NHS
Norfolk and Waveney
Integrated Care Board

| Item | 7 May 2024 (EPCCC) | 11 June 2024 | 10 September 2024 | 20 Nov 2024 (EPCCC) | 10 December 2024 | 11 March 2025 | Lead officer | Notes |
|---|---|---|---|---|---|---|---|---|
| Risk Register | | Y | Y | | Y | Y | SP/FT | All risks scored 12 or more to be considered following ICB Governance Audit recommendations |
| Strategic Finance Report | | Y | Y | | Y | Y | JG | |
| Strategic Estates Report | | | Y | | | Y | PH | Noting/ assurance |
| Strategic Digital Report | | | Y | | | Y | AH | Noting/ assurance |
| Strategic Prescribing Report | | Y | Y | | Y | Y | MD | For March 2025 – focus on obesity drugs – moved to 25/26 |
| Strategic CQC Inspections Report | | Y | | | Y | | CG | Moved to May 2025 to allow a report on CQC activity for a full year |
| Delivery Report | | Y | Y | | Y | Y | AS/OL | A focus on long term dental plan – for December. Moved to March 2025 to align with annual reporting on LTDP.<br>Delivery Report – Primary Care Access Recovery Plan |
| General Practice & Community Pharmacy Delivery Group Report<br>Dental Services Delivery Group Report | | Y | Y | | Y | Y | SN/SG | Noting/ assurance |
| Dental Development Group Report | | Y | Y | | Y | Y | FT | Noting/ assurance |
| Contract Assurance Framework | | Y | | | Y | Y | SN | Elements of this are reported regularly to Delivery Groups |
| Delivery Plan for Recovering Access to Primary Care | | Y | | | Y | Y | AS | Moved to December PCARP – for noting (will be submitted to ICB Board November 2024). Updated paper to be submitted to March 2025 PCCC (errors in data submitted in December 2024) – now moved to 25/26 |
| Complaints and Contacts | | Y | | | Y | | JP | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Primary Care Resilience (Strategic Report) | | | Y | | | Y | SN/OL/FT/SG | |
| Terms of Reference Review | | | | | Y | Y | FT | Heard at December committee - frequency of meetings and roles and responsibilities |
| Primary Care & Workforce Recruitment and Retention Programme (strategic report) | | Y | Y | | | Y | JRo | June for approval – deferred until Sept (EMT sign off)<br>March '25 update for noting |
| Optometry Services – contractual changes and other matters | | | Y | | | Y | SG | Noting/ assurance |
| Pharmaceutical Needs Assessment | | Y | Y | | | | SG | Deferred due to Pre-Election Period |
| Reports from the Pharmaceutical Services Regulations Committee | | Y | Y | | Y | Y | SG | Noting/ assurance |
| Long Term Dental Plan | Y | | | | Y | Y | FT | Removed in September in DSDG in August. Moved to March 2025 to align with annual reporting. |
| Norwich Health Centre Procurement | | | | Y | Y | | EB/SP | EPCCC in November 2024 for this item only stood down. Rescheduled January 2025. |
| Developing our strategic framework: Primary Care Vision and Principles | | | Y | | | | AS | Added as new item September 2024 |
| Policies Review | | | | | Y | N | Nikki Bartrum | Added as new standing item December 2024 (as requested by Audit Committee) |

**SEE BELOW**

| **Proposed item (no date assigned)** | **Lead officer** | **Notes** |
|---|---|---|
| Deep Dive Ophthalmology | SG | SG to confirm |
| Dental year-end report | FT | |
| Deep Dive Community Pharmacy | SG | SG to confirm |
| Population Health Strategy | SM | |
| Health Inequalities Strategy | SA | |

| | | |
|---|---|---|
| Framework for Integrated Working | AS | To include community services review |
| Long Term Plan for Community Pharmacy | SG/AS | |
| Long Term Plan for General Practice | AS | |
| Care Homes Quality Assurance | SN | CQC inspections – care homes – quality assurance (closed action log 0187) |
| TIAA Report | LB | Submitted to October Delivery Groups, will form part of Delivery Group report. |

Agenda Item 06

Norfolk and Waveney
Integrated Care Board

| | |
|---|---|
| **Subject:** | Risk Summary Report |
| **Presented by:** | Sadie Parker, Director of Primary Care, NHS Norfolk & Waveney ICB |
| **Prepared by:** | Sadie Parker, Director of Primary Care, NHS Norfolk & Waveney ICB |
| **Submitted to:** | Primary Care Commissioning Committee |
| **Date:** | 11 March 2025 |

**Purpose of Paper:**

To provide an overview of risks held at Committee and changes in risks/risk status.

**Executive Summary:**

**New risks escalated:** Addition of Special Care Dental Services risk. Inphase 00000071 – Committee to determine whether the risk is a Board Operational Risk or an Operational Risk – RAG rated BORR.

**Changes to held risks:** No changes to held risks.

**Risks de-escalated:** No risks de-escalated.

**Other: ORR16 (Inphase 00000052)**
Michael Dennis proposed that this risk move over to the Medicines Optimisation Programme Board where the medicines risk register already sits and it is managed there in future.

**Recommendation to Committee:**

To approve risk changes.

**Governance**

| | |
|---|---|
| **Committee Approval** | Primary Care Commissioning Committee March 2025 |

| 1. Board Assurance Framework (BAF) risks | | | 2024-25 Monthly Risk Rating (April-March) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ref. | Risk Title | Tolerated | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | BAF02 - **Primary Care Resilience and Transformation** | 12 | | | | | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |

| 2. Board Operational Risk Register (BORR) and Operational Risk Register BORR/ORR risks | | | | 2024-25 Monthly Risk Rating (April-March) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ref. | Risk Title | Tolerated | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| BORR | | **BORR08 - Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services)** | 12 | | | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| | | **BORR09 Resilience of NHS General Dental Services in Norfolk and Waveney** | 12 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| | | **BORR11 The resilience of general practice** | 12 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| | | **BORR27 The resilience of Community Pharmacy** | 12 | | | | | | | 16 | 16 | 16 | 16 | 16 | 16 |
| ORR | | **ORR17 General Practice – Allied Health Professionals Workforce including PCN Additional Roles** | 8 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| | | **ORR18 General Practice – Workforce (GPs and Nurses)** | 8 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| | | **ORR19 Severe Mental Illness (SMI) Annual Physical Health Checks** | 8 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| | | **ORR16 Hypnotics and anxiolytics prescribing – propose to move to** Medicines Optimisation Programme Board | 9 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |

## Appendix 1 – Risk management structures

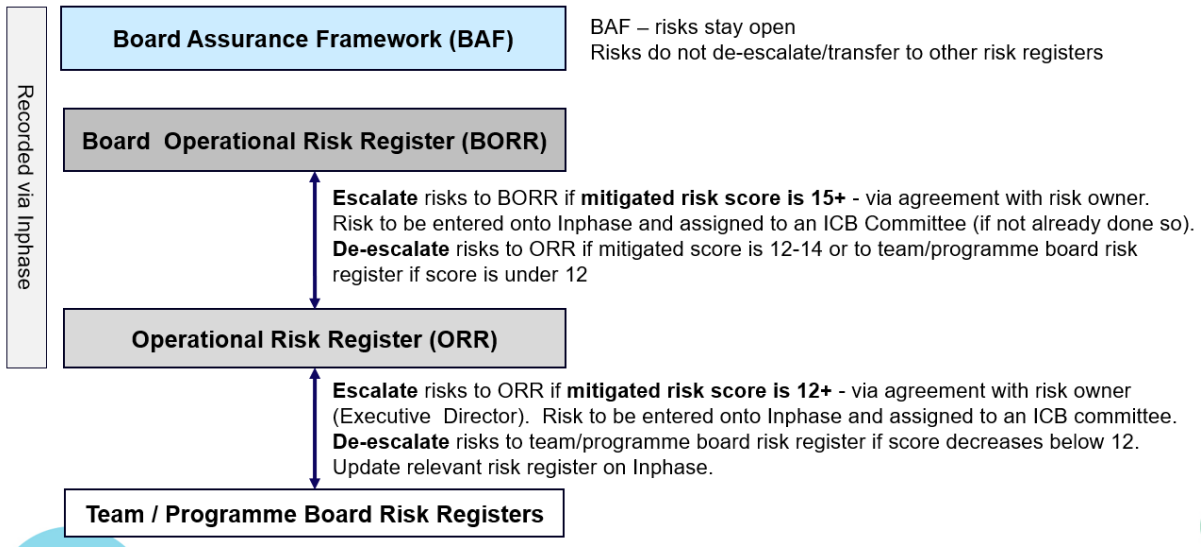
**Board Assurance Framework (BAF)**
- Strategic risks aligned to the eight ambitions within the Joint Forward Plan
- Risks stay open
- BAF is reported to the Board in public

**Board Operational Risk Register (BORR)**
- Committee risks with a mitigated risk score of 15+
- Risks reviewed and challenged by the Executive Management Team
- BORR is reported to the Board in public

**Operational Risk Register (ORR)**
- Committee risks with a mitigated risk score of 12+
- Reported to EMT & reviewed by committees

**BAF, BORR and ORR Risks are:**
- **Recorded and reported on via inphase**
- **Owned by an Executive Director**
- **Aligned to an ICB Committee**

**Team / Programme Board risk registers**
- Mitigated risk score under 12
- Risk registers should be reviewed at least monthly.
- Managed within each team.



# Inphase Ref 00000071

| | | | |
|---|---|---|---|
| **Risk Title** | **Special Care Dental Services (Community Dental Services)** | | |
| **Risk Description** | Lack of resilience and stability for Special Care Dental Services (known as Community Dental Services) | | |
| **Risk Owner** | **Responsible Committee** | **Operational Lead** | **Risk team** |
| Mark Burgis | To be confirmed | Sadie Parker | Patients & Communities |
| **Risk programme board** | **Date Risk Identified** | **Target Delivery Date** | **Date risk last reviewed** |
| | 03/01/2025 | **31/12/2025** | 03/03/2025 |
| **Risk type** | Pick one from:<br>health inequalities / transformational | | |

**Risk Scores**

| Unmitigated | | | Mitigated | | | Target | | |
|---|---|---|---|---|---|---|---|---|
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| **4** | **4** | **16** | **4** | **3** | **12** | **3** | **3** | **9** |

| | | | |
|---|---|---|---|
| **Risk appetite:** | **Medium** | **Risk tolerated:** | |

**Controls**

- ICB primary care team recruited and in place working alongside Quality Dental Nurse in Quality team, ICB Clinical Advisor - Dentistry and Finance colleagues, and Commissioning 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 Long-Term Plan and local primary care Workforce Plan agreed 7 May 2024 sets out ambitions for primary care, community dental services, Level 2 and secondary care service collaboration
- 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, MCN and Senior Clinical Fellow roles during 2024/2025 for strategic development, transformation and commissioning purposes
- Dental Data Review being updated to inform commissioning plans
- Primary care workforce and training team working closely with primary care commissioning team to ensure workforce retention programmes and training support is linked to the Dental Delivery Plans
- Quarterly contract review meetings in place with community dental services provider

**Assurances on controls**

**Internal:** EMT, Primary Care Commissioning Committee, Dental Services Delivery Group

**External:** NHS England, Norfolk and Waveney LDC, regional Chief Dental Officer Network and Managed Clinical Networks, Senior Clinical Fellows, Healthwatch Norfolk/Suffolk, NHS Business Services Authority

**Gaps in controls or assurances**

- Workforce recruitment and retention concerns, requiring specialist skills to care for and treat vulnerable children and adults, requiring patients to travel for their care
- Contract expiry September 2026 (3 year extension possible subject to approval)

- Lack of access to NHS dental services generally impacts ability for a robust shared care pathway between Special Care Dental Services and a referring general dental practitioner, discharge to a general dentist
- Extractions for vulnerable children under general anaesthetic impacted by availability of theatre space in secondary care and last minute cancellations
- Waiting lists for both children and adults to be seen and treated
- Provision of domiciliary services across a wide geographical area with a small clinical team

| Actions | | | |
|---|---|---|---|
| **Date opened** | **Action** | **BRAG** | **Target completion** |
| **3/01/2025** | Referral pathway amended 2022 to allow non-dental clinicians to refer to Special Care Dental Services (Community Dental Services) mitigating risk of limited access to NHS dental services in N&W<br>Active engagement by Community Dental Services with development of regional Paediatric vision and implementation of local pathways by the ICB<br>Supported by ICB workforce recruitment schemes<br>Mobilisation of ICB Child Focussed Dental Practice pathway in 2025 will support reduction in waiting lists enabling most vulnerable children and adults to be seen by Special Care Dental Services in future<br>Plans to review service provision, demand and contract terms during 2025 in collaboration with provider and ICBs in region to inform commissioning intentions from Oct 2026 | | **31/3/2025** |
| **3/03/2025** | Meeting held Feb 2025 with Community Dental Services, MCN Chairs, Regional Chief Dental Officer and ICB Primary Care Workforce team to look at workforce support<br>Development of Level 2 accreditation to support recruitment and retention underway within the East of England<br>ICB to assess impact of GIRFT report published Jan 2025<br>Child Focused Dental Practice pathway launches April 2025 | | **30/6/2025** |
| | | | |
| | | | |
| | | | |

| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Month** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Score** | 16 | 12 | | | | | | | | | | |
| **Change** | | ↓ | | | | | | | | | | |

| | |
|---|---|
| **Subject:** | **Primary Care Digital Update** |
| **Presented by:** | **Anne Heath, Associate Director of Digital** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **11 March 2025** |

**The Digital Strategy for Primary Care is delivered in the following pillars:**

- Infrastructure
- Digital Access
- Innovation
- Productivity

## 1. Infrastructure

### GP Practice Infrastructure Upgrade Programme

The GP Practice infrastructure upgrade programme is almost complete. There were some delays to the wi-fi roll out and some practices had issues with permissions for cabling work, but everything will be live in time for year end on 31st March. Practices are reporting increased speeds and benefits from the new infrastructure. The infrastructure upgrades attracted funding from the Future Connectivity programme of NHSE, also known as Project Gigabit, match funded by the ICB. The work has seen practices moved from siloed working models to an ICS wide infrastructure. Visiting clinicians, such as midwives, paramedics and mental health workers are all benefitting from this as their mobile devices connect seamlessly to WiFi at the practices.

### Future GPIT Support

A procurement exercise has been launched to secure GPIT support services as the contract with the current provider expires on 31st March 2025. It is likely that there will be a short extension to this contract as the procurement is likely to take until June or July, with service commencement in September.

## 2. Digital Access

### Cloud based telephony

This project is complete and will be closed at the end of March. 86 practices have been helped to implement cloud-based telephony systems.

### NHS App

Overall, 58% of eligible patients in Norfolk & Waveney have the NHS App, this is 548,093 people. In January 2025, 114,616 prescriptions were requested via the app. 44 practices now have all the contractual elements of the NHS App available.



Practices signed up to the social media managed service ran an NHS App campaign throughout January which saw excellent engagement.

NHSE has been running NHS App refresher webinars for General Practice staff, providing useful training and tools to help practice staff to run local sessions for patients. Similar training is also being provided to staff in hospitals.

Healthwatch are undertaking research into NHS App engagement, to help understand barriers to using the App and encourage people to understand the benefits to them and the wider health and care system of signing up to the app.

**Online Consultation systems**
Work continues to optimise the use of online consultation systems in delivery of the modern general practice model. Practices are encouraged to streamline workflow to a single system where possible, to maximise efficiency of the digital tools in use.

**Text Messaging**
GP Practices in Norfolk and Waveney are sending between 2 million and 3 million text messages each month. Whilst this is an efficient way to contact patients, many are unnecessary and not about appointment management. The cost to the ICB is between £55,000 and £70,000 each month, depending on the number sent. The ICB is however given only £69,000 a year to cover text messaging costs. A campaign is being run to encourage practices to use less words in text messaging, stop sending unnecessary repeat text messages and to use other forms of communication when it is appropriate to do so.

## 3. Innovation

Many practices are interested in trying ambient voice recognition technology. Unfortunately, these technologies are not yet approved for use in the live clinical setting. We are working with all parties to help to move this forward and to look for opportunities for the use of AI technology in primary care.

## 4. Productivity

**RPA**
The automation for processing repeat prescription requests has now completed 116,000 tasks and saved 130 staff working days of time. As use of the bot expanded, an issue with performance was identified whereby processing slowed. Over the past couple of months, the focus has been on increasing the processing power available to the bots so that the solution can be offered to more practices. This work has now been completed.

**Notes Digitisation**
Norfolk & Waveney ICB is working with the NHS England on a project to look at the best way to digitise patient records and have them made available on a new national platform, the National Data Repository. As patients change practices, their records will now be digitised and made available to the new practice electronically. This project is looking at how the records of patients that do not change practice can most efficiently be digitised.

## 5. System Wide Projects

### Shared Care Record

All GP Practices in Norfolk & Waveney now have access to the Shared Care Record as a contextual link from the clinical system.

On average, across the region, the record is accessed by 6,000 clinicians for 37,000 patient records each month.

The data within the record and the organisations that can access it is growing all the time. Healthwatch undertook some work with GP Practices to understand barriers to adoption and some changes in training and support have been made as a result of this, as well as changes to branding as confusion with the Summary Care Record was highlighted.

The Healthwatch work has also been making patients more aware that the record exists and is available to health and social care staff.

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

| | |
|---|---|
| Subject: | Primary Care Workforce Recruitment and Retention Programme Strategic Report |
| Presented by: | Jayde Robinson, Head of Primary Care Workforce Transformation |
| Prepared by: | Jayde Robinson, Head of Primary Care Workforce Transformation<br>Keri Robinson, Senior Workforce Special Projects Manager<br>Ben Chandler, Senior Workforce Special Projects Manager |
| Submitted to: | Primary Care Commissioning Committee |
| Date: | 11 March 2025 |

Purpose of paper:

This report aims to provide the Primary Care Commissioning Committee members with an update on the Primary Care Workforce Recruitment and Retention Programme Strategic Report. This paper also provides an update on the activity undertaken towards the operational delivery plan **(Appendix A)** and external bidding applications **(Appendix B)**.

Executive Summary:

As outlined in the Norfolk and Waveney Primary Care Workforce Strategy 2024-2027, the following strategic timeline was delivered for the year of 2024/25. This report will provide an executive overview of the domain areas, including the operational delivery plan achievement. These include:

- **A system-wide approach** has been adopted for primary care workforce programs, ensuring consistency in education, workforce retention initiatives, the development of a student placement management system, and clinical leadership.
- **Business Intelligence Modelling** has been employed to analyse education, workforce supply, demand versus capacity, health and wellbeing, workforce profiling, and succession planning.

- Efforts have been made to increase the number of **Learning Organisations and Educators** across the system to expand medical and dental placements.
- **Artificial intelligence software** has been utilised to map vacancies across the primary care system.
- The **Coastal and Rural Communities program** has been expanded with the introduction of the Generalist Enhanced School and the Volunteer to Career initiative.
- **Primary Care Optometry Workforce Retention Programmes** have been introduced across the system.
- The **Dental Workforce Programmes** have been expanded to include national offerings.
- The **Norfolk and Waveney Primary Care workforce strategy** has been introduced, defining our vision and pillars for delivery.
- The **Operational Delivery Plan** provides a detailed overview of the pillar's including the link to nationally set targets.

**Report**

System Wide Approach

The Primary Care Workforce Team has been honoured with the High Commendation Award in the 2024 Health Services Journal Workforce Initiative of the Year – Newly Qualified GP programme. This prestigious recognition, as the only primary care sector represented at this national event, underscores our leadership and success in recruiting newly qualified GP's. Building on this success, we have strategically expanded our support to include newly qualified Nurses and Nursing Assistants, launching this new program in November 2024. This extension aligns with our broader workforce transformation goals and addresses critical needs across the primary care sector.

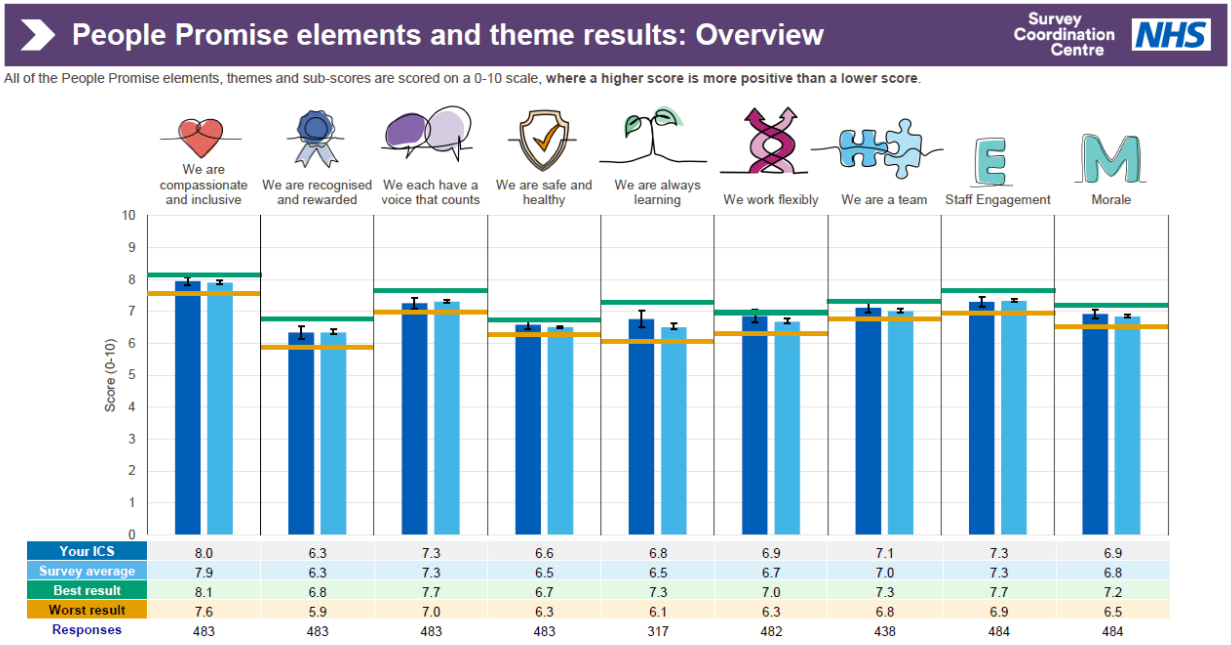
Our comprehensive health and wellbeing programme for the primary care workforce offers resources, tools, and information to support their physical, mental, and emotional wellbeing. This initiative aims to enhance job satisfaction, work-life balance, and the quality of care. Additionally, we have embedded an ICS Schwartz Rounds programme to provide a safe and confidential group reflective practice forum for staff, combating isolation within primary care, improving morale, and increasing workforce retention. We continue to elevate the profile of Equality, Diversity, and Inclusion as a core principle through comprehensive programmes established for 2025/26.



We have implemented a cohesive and consistent approach to education across the system, addressing workforce needs comprehensively. Our leadership in managing Clinical Professional Development (CPD) funding through our Training Needs

Analysis methodology has been showcased at regional education leads meetings, with local system partners adopting this approach. To date, 95% of practices have benefited from professional development support within our system. Notable examples include the successful rollout of the Oliver McGowan Mandatory Training to General Practice and our collaborative efforts with the ICB System Transformation Team to launch menopause training across primary care.

The 2024 NHS General Practice Staff Survey indicates that our system has improved in most of the people promise elements compared to the 2023 results, with the exception of “Staff Engagement,” which showed no change from the previous year’s position.




Further strategic efforts are ongoing to support our primary care workforce teams with violence and prevention programmes, as part of our commitment to health and wellbeing. We recognise the negative impact that poor staff health and wellbeing can have on patient care and are dedicated to addressing these challenges.

<u>Business Intelligence Modelling</u>

The introduction of advanced Business Intelligence platforms has revolutionised our ability to monitor workforce data, segmented by role, demographics, and locality-based roles. This strategic capability enables us to quantify workforce trends, analyse and integrate data, and respond proactively to demands. The establishment of Training Needs Analysis dashboards and Health and Wellbeing profiling across the primary care system further enhances our ability to plan training based on service needs, upscale initiatives across the system, and align resources effectively to support workforce requirements across primary care sectors.



Ongoing advancements and enhancements of our existing Business Intelligence platforms are being implemented to enable the triangulation of activity and population growth, thereby facilitating effective succession planning. This strategic

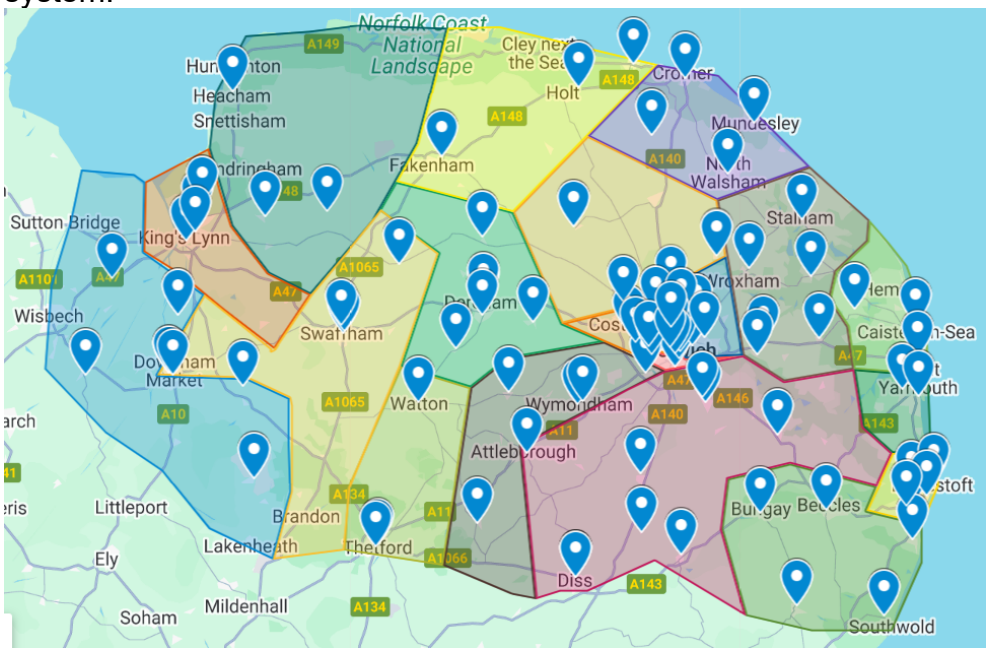
approach ensures that we remain agile and responsive to the evolving needs of our workforce.

In addition, the team has designed and shared a workforce planning tool to support practices in evaluating their future workforce needs based on area development, population growth, and long-term conditions demand. This tool aligns with QI016 & QI017 and has potential multi-purpose use across the ICB department. There is potential for expansion to other sectors, supporting succession planning, retention, and recruitment strategy review.

Learning Organisations and Educators

We have strategically collaborated with primary care learning organisations to significantly increase placement capacity across the system. This initiative is crucial for delivering a robust future primary care workforce pipeline that meets the needs of our local population.

In medical placements, 93% of general practices are now approved learning organisations, positioning us as leaders across the East of England. This strategic achievement has increased our placement capacity for medical students by 25%, and we have also expanded our approved GP educators across the system by 25%. The following graphic illustrates the current 2024/25 GP placements across the system:




The engagement and application process for dental training practices will conclude in Q4 of 2024/25. The NHSE Dental Deanery team will notify the ICB of the outcomes by Q1 of 2025/26. Following this timeline, we will be able to report on the status of learning organisations and dental placement provisions.



Artificial Intelligence

Working with the ICB Digital team, we have successfully introduced artificial intelligence software to map vacancy levels across the primary care system. This strategic initiative has enabled us to report vacancy levels from Q2 of 2024/25 on PC1 (ORR18) and PC17 (ORR17) risk registers. To date, 346 vacancies have been

advertised for primary care, with 57% of these vacancies advertised during Q3 and Q4.

This local intelligence provides a comprehensive understanding of available career options for inclusive talent management. It supports primary care with future workforce succession planning by creating or identifying opportunities within the primary care sector.

Coastal and Rural Communities programme

The Coastal and Rural Communities Programme has strategically focused on the early stages of recruitment in health and social care. Initiatives such as "Volunteer to Career" and "No CV Unanswered" are designed to support individuals through skills development and recruitment processes into primary care settings. This programme has successfully joined the national Coastal Navigators Network (CNN), collaborating with six Integrated Care Boards (ICBs) to identify best practices, engage stakeholders in Great Yarmouth, and develop a central business case for government review in April 2025.

Currently, the programme is working with the CNN to pilot a new joint sector apprenticeship and is closely collaborating with the Norfolk & Waveney Careers Faculty to ensure that these hard-to-reach areas are considered in the wider system careers strategies. The CNN is also coordinating a site visit to Great Yarmouth with senior representatives from the Department of Health and Social Care and the Department for Work and Pensions (DWP) to highlight both the innovative work ongoing and the critical issues that require national focus.

Primary Care Optometry Workforce Retention Programmes

We have strategically focused on supporting our optometry workforce through retention and continuous professional education programmes. These initiatives are designed to better support individuals throughout their careers. Notably, we introduced the newly qualified optometrist programme in December 2024, and we continue to deliver continuous professional education programmes in collaboration with the Norfolk Local Optometry Council.

Our efforts to build strong relationships with the optometry workforce community have been reinforced through workforce optimisation events, which focus on futureproofing against population demand. These events have received excellent feedback and have been instrumental in fostering a sense of community and shared purpose.

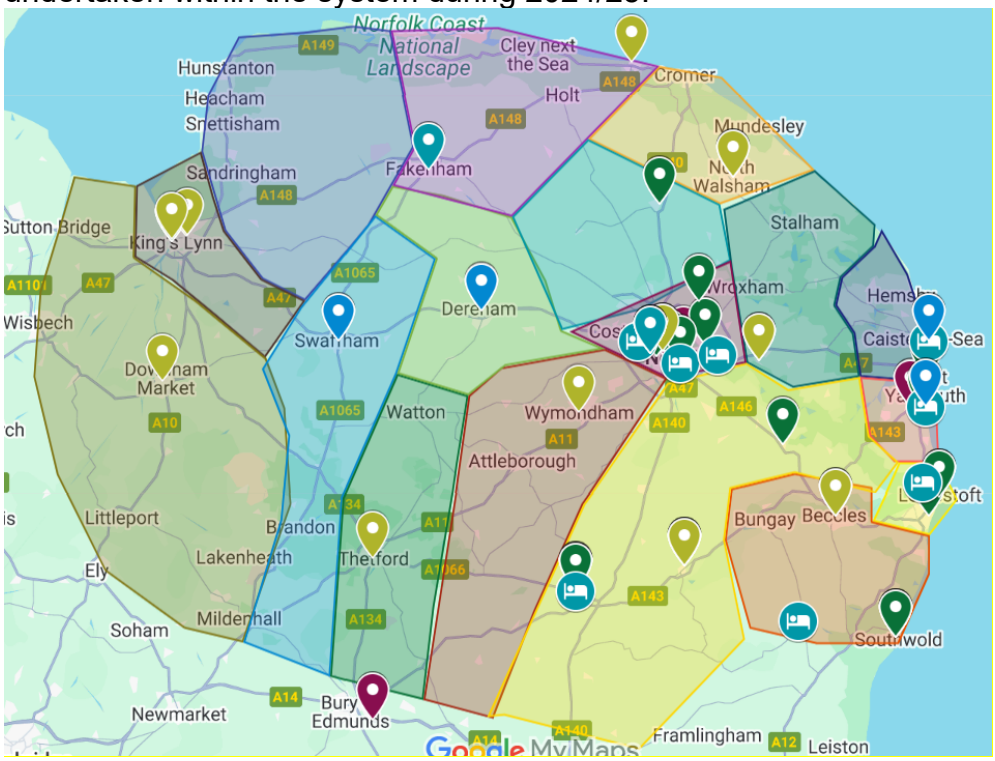
Additionally, we are scoping further programmes to support Optometry Clinical Leadership Fellowships and engaging with community groups to understand access provision for optometry services. These strategic initiatives aim to enhance the overall quality of care and ensure that our optometry workforce is well-equipped to meet future challenges.

Dental Workforce Programmes

Our Dental Workforce programme has been highly successful and well-received by dentists across Norfolk & Waveney. We have strategically recruited and retained 46 dentists, dental nurses, and dental therapists through initiatives such as golden hellos, relocation incentives, and overseas dental recruitment support. The team has demonstrated adaptability to meet dental practice needs, rapidly developing and implementing new incentives like the dental equipment grant to support new training practices.

Throughout the year, we have cultivated a close relationship with the Local Dental Council and NHS Dental Deanery Team, discussing our proposals and receiving valuable support from stakeholders. Despite some staffing gaps within the team, which impacted the full achievement of expected targets, we are now well-positioned to commence our planning cycle for 2025/26. Our focus will be on the "Retain & Reform" aspects of the NHS People Promise, alongside continued recruitment support.

The following graphic illustrates the workforce retention and training programmes undertaken within the system during 2024/25.




Norfolk and Waveney Primary Care Workforce Strategy

Throughout 2024/25, we have aligned our efforts with the strategic vision by responding to the workforce profile of primary care teams. Recognising the importance of growing our own talent, attracting skilled individuals, and supporting people to remain in our workforce across the system, we have made significant strides in workforce transformation.

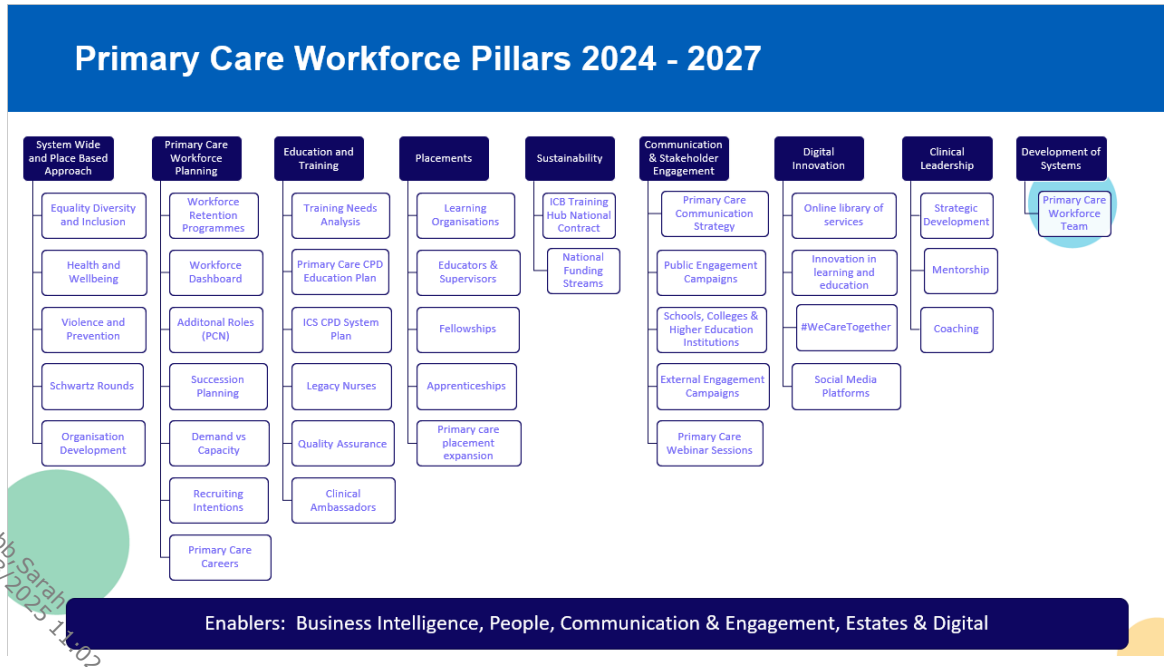


Through the mobilisation of the Norfolk and Waveney operational delivery plan **(Appendix A),** we have set out the primary care sector's workforce programmes. These programmes are structured around three key domain areas:

- **Train**: We have significantly increased education and training to record levels, as well as expanded apprenticeships and alternative routes into professional roles. This initiative aims to deliver more doctors, dentists, nurses, and other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
- **Retain**: Our focus has been on ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers. We have boosted the flexibilities we offer our staff to work in ways that suit them and work for patients, and we continue to improve the culture and leadership across NHS organisations.
- **Reform**: We are improving productivity by working and training in different ways, building broader teams with flexible skills, and changing education and training to deliver more staff in roles and services where they are needed most. We ensure that staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

We have established a 'one-stop shop' digital platform for primary care colleagues through the Primary Care Intranet. This platform provides a library of services in the areas of "Train, Retain, and Reform" for our workforce.

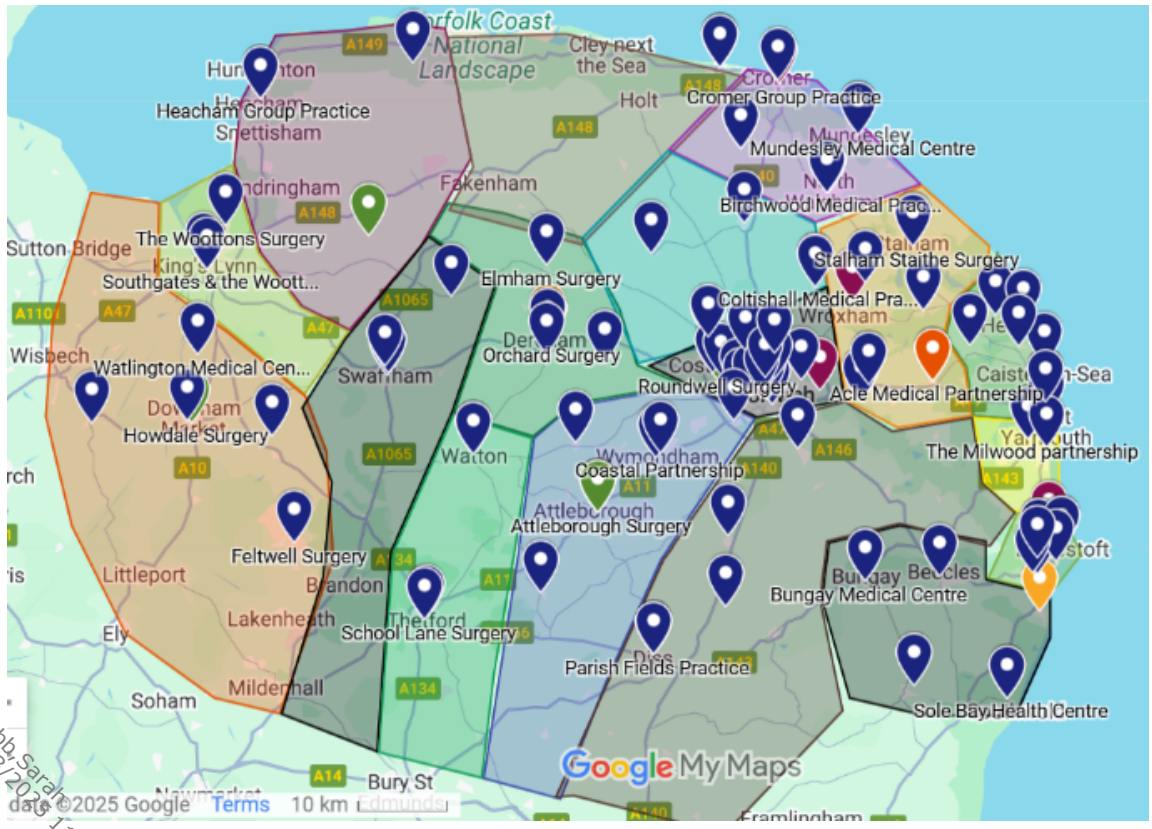
<u>Primary Care Workforce Operational Plan update</u>
The diagram below, outlines the primary care workforce pillars to support the stabilisation of primary care services in line with our ICS Joint Forward Plan, whilst delivering the objectives and aims of the contract specification and operational guidance set for 2024/25.



Each pillar is linked to nationally set targets in relation to the operational delivery plan set out in **Appendix A**. Below is an executive summary on the 45 programmes that have been delivered at the time of writing this report:

| Status | Number of Programmes | Comments |
|---|---|---|
| Above Target | 11 | |
| Target Met | 11 | |
| On Target | 6 | Working is ongoing to meet the remaining targets by year end. These domain areas include Clinical Leadership, Placements, Communication and Workforce Planning. |
| Below Target | 14 | The ICB Organisational change and reduction in staff has impacted ability to deliver some programmes on time. However progress is now being made for delivery |
| Not Achieved | 3 | Two General Practice programmes were not delivered due to clinical lead resource being unavailable. The approval process from NHSE is after the financial year for the Foundation Dental Training Practices Programme. |

79% of practices have taken up the local retention workforce offers that have been delivered during 24/25 which is shown below.



Recommendation to the Board:

| |
|---|
| To note the Primary Care Workforce update on the Primary Care Workforce Recruitment and Retention Programme Strategic Report. Acknowledge update on the activity undertaken towards the operational delivery plan **(Appendix A)** and external bidding applications **(Appendix B)**. |

| Key Risks | |
|---|---|
| Clinical and Quality: | Function of the workforce and training function supports the delivery of clinical service |
| Finance and Performance: | Delivery of function within agreed budget |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | Delivery of Primary Care Workforce function ensures successful achievement of HEE and NHSEI objectives and development of primary care workforce |
| Legal: | Function of the workforce and training function supports the delivery of clinical service |
| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | NHS Long Term Workforce Plan (england.nhs.uk) |
| NHS Constitution: | N/A |
| Conflicts of Interest: | N/A |
| Reference to relevant risk on the Board Assurance Framework | PC1 (ORR18) and Ref PC17 (ORR17) |

Governance

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

**Appendix B – External Funding Bids**

The below section updates on funding bids that were identified in our last paper as awaiting outcome and new bids.

Unsuccessful Bids (£108k):

- **Community Employability Grant - UK Shared Prosperity Fund (UKSPF)** – Broadland and South Norfolk County Council identified that they have access to funding in 2024/25 to support Skills and Training across the two districts. This is a single year offer and no further funding will be available. Applications formally opened in February 2024. We were advised in March 2024 that we were unsuccessful as the bids did not align with the aims of the fund.

    **a.** Non-Clinical Training
        i. **£47,961.50** bid to upskill and retain non-clinical staff working in 35 x general practices that fall under these areas. We have proposed to utilise this funding, if successful, on 26 training courses which would provide education for up to 878 staff.

    **b.** Non-Clinical Apprenticeships
        i. Two expression of interest forms were submitted to bid for Council Funding to support recruitment of administrative apprentices in Practices based in two Council boundaries within Norfolk. These bids would have provided financial support to alleviate the cost of Co-Investment (5% of apprenticeship course fees) and the salary of 20 apprentices for the first 6 months of programme. The total bid was for a sum of **£23,500**. Both bids were unsuccessful. Subsequently, work has been undertaken to liaise with Apprenticeships Norfolk to ensure all Primary Care apprenticeships are funded through their Levy Support Scheme, mitigating the financial requirement for Practices to fund 5% of each apprenticeship course.

    **c.** Pharmacy Training
        i. **Accuracy Checking for Dispensers** – **£2700** bid for this course to support the implementation of 10x Pharmacy accuracy checkers in Norfolk and Waveney area to obtain a certificate which will demonstrate achievement of competence to GPhC accredited standards for accuracy checking.

        ii. **Level 2 RSPH Award in understanding health improvement** – **£820** bid to provide the above course for 10 Pharmacists to support them by enabling them to have a better understanding of health improvement strategies, enabling them to provide more informative guidance and support to patients to sustain a healthier lifestyle which in turn will decrease pharmacy attendances.

iii. **Support Staff Course for Dispensing Assistants (NVQ Level 2)** - **£1,944** bid for 10x Applications. The Support Staff Course for Dispensing Assistants offers in-depth knowledge in person-centred care, teamwork, health & safety, assembly, and supply of medicines and working with pharmaceutical stock across the community and hospital pharmacies and dispensing practice.

**d.** Ophthalmology Training

i. **Insight Level 2 training** - **£11,000** bid for 5 applicants - The Level 2 course leads to a NCFE-endorsed qualification in optics. Upon completion, individuals will possess essential skills that are applicable to their current roles, enabling them to excel in their professional endeavours.

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

**e. Diabetes Awareness & Foot Screening HCA Training** - **£16,000** bid to upskill Healthcare Support Workers and Trainee Nursing Associates, working within general practice across Norfolk and Waveney. This would enable us to train up to 60 staff.

<u>Successful Bids (£56k):</u>

- **Spirometry -** A successful funding bid secured £12k from NHSE for spirometry training, this funding enabled us to support 16 learners to complete their Spirometry training and undertake their Association for Respiratory Technology & Physiology (ARTP) assessment. As of January 2025, Norfolk & Waveney have the highest number of Primary Care ARTP registered staff in the EoE (87 active registrants).

- **Independent / Non-Medical Prescribing -** NHSE provided £44,000 of underspend to the Primary Care Workforce Team to enable 22 registered practitioners (except Pharmacists) to undertake their Level 7 Independent Prescribing training within 2024/25.

<u>Awaiting Outcome (£100k)</u>

- **InSites Net Zero Bid –** Through the NWICB Innovation InSites Team, the PCWT have submitted a bid for £100,000 to support the Greener NHS Agenda in Dentistry. The outcome of the bid is due Apr 25 and if successful will be delivered through 25/26.

**Appendix A - Operational Delivery Plan 2024-2025**

| Primary Care Workforce Strategic Pillars | Programme Name | KPI's - These are the contractual KPI's as set out by NHSE | Aims - What are the aims of your project, these can be specific or wider, you might have one overall aim and then individual aims for parts of the project | PCW Targets These are the locally set targets, they should SMART targets closely linked to the aims of the project. | Delivery Outcome | Met, Above, On Target below Target, Not Achieved |
|---|---|---|---|---|---|---|
| Primary Care Workforce Planning | Newly Qualified GP Programme | Number of newly qualified health professionals who are supported to take up a primary care role. | The aim of the ST3 Incentive is to retain GP trainees within Norfolk and Waveney General Practice, to help aid practices with recruitment of newly qualified salaried GPs and alleviate existing pressures as well as providing incentives for newly qualifies to seek employment within Norfolk and Waveney. | 1. Deliver 17 ST3 Incentives to newly qualified GP's by Dec 24.<br>2. To ensure 100% of ST3 incentive recipients are reported on NWRS by Dec 24. | A total of 45 applications received to date and 38 have been committed based on an equitable split across place. | **Above Target** |
| Primary Care Workforce Planning | GP Partnership Model Pilot | Number of newly qualified health professionals who are supported to take up a primary care role. | The aim of the GP partnership model is to help practices to recruit new or returning GP partners within Norfolk and Waveney General Practice and to alleviate existing recruitment pressures as well as providing incentives for GPs to consider partnerships within Norfolk and Waveney. | 1. Recruit 5 New or Returning GP Partners by 31st March 2025. | Lower uptake on this programme than anticipated with 4 applications approved and awarded (1 below target). | **Below Target** |
| System Wide and Place Based Approach | Coastal Communities | % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | The regional ambition for the project is to raise the voice of R&C Communities as a whole, highlighting not only the challenges faced, but also capitalising on the unique benefits of a R&C lifestyle. | 1. Establish Norfolk & Waveney as a founding member of the Coastal Navigators Network by 1 June 24<br>2. Host a Coastal Navigators Event in GY by 1 Dec 24 | 1. Complete<br>2. Event due Apr 25 - discussions ongoing with BBI & NWICB Exec | **Target Met** |
| Clinical Leadership | Fellowships | Number of newly qualified health professionals who are supported to take up a primary care role.<br><br>% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | The aim of the Fellowship programme is to support GPs, Nurses and Advanced Nurse Practitioners to transition into or retain in substantive careers within Norfolk and Waveney's Primary Care sector from structured education. | 1. Recruit to 20 New to Practice Fellowship (NTP) places by 1 April 2024<br>2. Deliver 100% of NTP GP Fellows by 31st March 2025<br>3. Provide NTP Fellowship offer to all NTP Nurses in Primary Care by 1st April 2024<br>4. Deliver 100% of NTP Nursing Fellows by 31st March 2025<br>5. Recruit 1 NTP Nurse Fellow by 1st April 2024<br>6. Deliver 10 Local Fellowships by 31 March 2025 | 1. Recruited 17 NTP Fellows<br>2. On track<br>3. Completed, offered via MS Teams channels and newsletters<br>4. 2 Nurse Fellow completed this year, 1 in second year, no NTP Nurse Fellows commenced in 24/25 financial year<br>5. In progress<br>6. In progress | **On Target** |
| Clinical Leadership | Supporting Mentors | Number of newly qualified health professionals who are supported to take up a primary care role.<br><br>% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | The aim of this programme is to upskill existing workforce with Coaching & Mentoring training to utilise their existing skills and experience by providing Mentorship to colleagues within Primary Care. | 1. Ensure at least 75% of NTP Fellows utilise mentorship within 12 months of commencing their fellowship. | 1. All NTP Fellows have got a dedicated mentor assigned | **Target Met** |

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| Primary Care Workforce Planning | Advanced Practice | % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | The aim of this project is the increase the number of staff in Primary Care to become qualified Advanced Practitioners within Norfolk and Waveney, utilising commissioned funding provided from NHSE for training, with a focus on targeting staff in "Deep-End" practices and Emerging Areas, to support population health needs. This will help to improve retention rates within general practice by upskilling workforce and helping staff reach career goals. | 1. Demonstrate we have learners engaging in the AP programme from all PCN's by 31 January 2025.<br>2. Form two local PCN Advanced Practice Networks by 31 December 2024.<br>3. Improve PCN ANP attrition rates by 15% by 31 December 24.<br>4. Provide financial incentive to 25% of PCN's to allow 5 x ANP's to undertake non-medical education supervisor training by 31 March 2025. | 1. Below target - Increased by 1 PCN. There is only NN2 & NN3 that do not have an AP student currently on programme. Can look to target again in 2025/26.<br>2. Below target - 1 network set up in Swaffham & Downham PCN.<br>3. Complete - FTE from 01/04/24 - 31/12/24 (latest data) increased by 20.85%<br>4. Not met - due to backdating Supervision Funding we did not have the funding available to achieve this. Can look to fund in 2025/26. | **Below Target** |
| Education and Training | CPD | % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding.<br><br>% increase of nurses and AHP staff take-up of CPD funding.<br><br>% of primary care workforce offered training provided by the ICS Training Hub.<br><br>Breakdown of professions undertaking training<br><br>Training Hubs to deliver education and training activity based on ICS plans to reduce health inequalities | This project oversees the utilisation of the CPD budget we receive from NHS England both from a strategic and training facilitation perspective. This project aims to ensure all Registered Nursing Associates, Registered Nurses, Registered Midwives and Registered Allied Health Professionals are offered and undertaking Quality CPD opportunities. | 1. Deliver Training Needs Analysis with practices across N&W by 30 April 2024<br>2. 100% of nurses & AHPs offered CPD funding by 31 March 2025.<br>3. 10% increase of nurses and AHP staff take up of CPD funding by 31 March 2025. | 1. Complete<br>2. Complete<br>3. Below target - as of 14.02.2024 - 1023 staff have attended training. Target was 1616 staff for 2024/25, unlikely to meet by deadline | **Below Target** |
| Communication | Virtual Careers Website | % of PCNs utilising Knowledge and Library Services (KLS) | To access a 'one stop shop' digital platform for Primary Care colleagues. This platform will provide information and guidance for: workforce staff in the following<br>1. Continuous professional development<br>2. Training and education<br>3. Recruitment and employment opportunities<br>4. Career pathways<br>5. Retention programmes and initiatives<br>6. Health and Wellbeing support<br>7. Resources<br>8. Contact details | 1. To have a fully established live Primary Care Intranet website by December 2024<br>2. Evaluate the Primary Care Intranet and monitor activity / website attendances over the next 6 months to establish whether the website is fit for purpose. | 1. Complete 2. Ongoing | **On Target** |

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| Placements | Tier 3 and LO Incentive Programme | % increase in the number of approved educators and supervisors.<br><br>Number of educators and supervisors who have attended educational update training provided by Training Hubs | The PCN LO to expand placement capacity to support multi-professional learners across their constituent practices and partners creating a rich training environment to grow and retain a skilled primary care workforce now and for the future. | 1. Increase the number of approved Primary Care GP educators and supervisors by 50% by March 2025.<br>2. Increase the number of approved General Practice learning organisations by 5% by March 2025.<br>3. Increased the number of General Practice Training Placements by 10% by March 2025. | 1. Met<br>2. Met<br>3. Met | **Target Met** |
| System Wide and Place Based Approach | Health and Wellbeing of Primary Care | Number of newly qualified health professionals who are supported to take up a primary care role.<br><br>% of primary care workforce offered training provided by the ICS Training Hub.<br><br>Number of EDI events to support the ICS EDI strategy.<br><br>Training Hubs are expected to demonstrate their process for dealing with complaints and quality concerns to include a) Number of quality concerns raised b) Number of complaints received. | Develop a comprehensive health and wellbeing website tailored to the primary care workforce, offering resources, tools, and information to support their physical, mental and emotional wellbeing ultimately enhancing job satisfaction, work-life balance and over quality of care. There will also be clear signposting to other source materials through either 3rd party websites, locally hosted events and workshops, health ambassadors which will be places within the PCN's and other suitable placements. | 1. To train and appoint 5 HWB Ambassadors by December 2024 - 17 trained and appointed by December 2024<br>2. Increase attendance to working well webinars by 50% by December 2024 - achieved. AWAITING LAURA'S UPDATE<br>3. Increase TRiM champions in NW ICB by 70% by December 2024.<br>4. Train and appoint 10 HWB Champions by December 2024 - 76 trained and appointed by December 2024 | Trained 17 Health & Wellbeing Champions & 76 Health & Wellbeing Ambassadors<br>TOTAL: 93<br>Achieved Working Well Webinars target<br>TriM Champions training undertaken - 8 trained | **Above Target** |
| Primary Care Workforce Planning | Recruitment, Succession & Rotational Roles | % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations - Region to establish a baseline date with an ambition to meet 100% coverage by April 2025 Training<br><br>% of PCNs actively engaged in promoting new roles and ways of working in Primary Care supporting population health needs<br><br>Number of newly qualified health professionals who are supported to take up a role in Primary Care | The aim of this programme is to support practices and PCNs to access, and engage with workforce planning tools, training and guidance, which will support the promotion of new ways of working, recruitment of new staff into Primary Care roles and planning a workforce based on population health needs. | 1. 100% of General Practice to have access to a range of supportive tools and guidance by June 2024.<br>2. 30% of General Practices have utilised the workforce planning support pack by Dec 2024.<br>3. To scope feasibility for roll out of tools in Dental & Optometry by Mar 25. | 1. MET - 100% of General Practice to have access to a range of supportive tools and guidance by June 2024.<br>2. MET - 30% of General Practices have utilised the workforce planning support pack by Dec 2024.<br>3. On target - To scope feasibility for roll out of tools in Dental & Optometry by Mar 25. | **On Target** |
| Primary Care Workforce Planning | Dentistry Projects - Overseas Recruitment | % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations.<br><br>All professions to be offered practice placements. | Implement Overseas process to support EU/NON-EU dentists and clinical staff to achieve their GDC certification number to be able to treat NHS patients within the Norfolk and Waveney area | 1. Support 6 overseas clinicians to achieve full NHS GDC registration with a structured incentive by December 2024 | 12 overseas clinicians awarded incentive | **Above Target** |

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| Education and Training | Dentistry Projects - Continuous Professional Development (CPD) | % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | This project oversees the utilisation of the Dental CPD budget to provide training for all dental staff (clinical & non-clinical) working within Norfolk & Waveney, who provide NHS General Dental Services (GDS), and Personal Dental Services (PDS) contracted care. This project aims to enhance dental staff skills and knowledge, which will ultimately benefit the quality of patient care and staff retention rates. | 1. Deliver Training Needs Analysis with practices across N&W by 31 July 2024.<br>2. Increase uptake of CPD by 50%, by 31 March 2025. | 1. Complete<br>2. Not delivered - project was put on hold due to capacity within team. | **Below Target** |
| System Wide and Place Based Approach | Schwartz Rounds | Number of newly qualified health professionals who are supported to take up a primary care role. | The aim of this project is to offer a safe and confidential group reflective practice forum for staff, which will help to combat isolation within Primary Care thus improving morale and increasing workforce retention. | 1. To have a minimum attendance of 10 per virtual Round by Dec 24.<br>2. Deliver two faces to face Rounds by December 2024<br>3. Deliver seven virtual Rounds to be delivered by December 2024 | Virtual Round numbers are more than 10 consistently, 5 face-to-face Rounds delivered, and 5 virtual Rounds delivered, awaiting facilitators availability for 2025 before organising further dates. | **Target Met** |
| Digital Innovation | Social media | % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | To have a presence on social media across Norfolk and Waveney and to reach Primary Care staff that we would not usually reach in other means to advertise what we do. | 1. Deliver an average of 4 posts a week by Dec 24.<br>2. Conduct analysis of post interaction and efficiency of delivery over period Apr 24 - Nov 24 with report complete by 1 Jan 25. | Posts scheduled 5 days a week consistently, started to look at data but need to finalise report. | **Above Target** |
| Placements | Non-Clinical Apprenticeships | % of primary care workforce offered training provided by the ICS Training Hub.<br><br>Number of non-clinical apprenticeships supported across primary care | To increase the number of non-clinical workforce by providing training and education and entry into non-clinical careers via apprenticeships. | 1. Secure Levy Transfers for all eligible apprenticeships by 31st March 2025<br>2. Enrol 10 Management apprentices by 31st March 2025<br>3. Enrol 6 administration apprentices by 31st March 2025 | 1. Complete<br>2. Completed and met<br>3. In progress | **On Target** |
| Placements | Nursing Apprenticeships | % of placements increase.<br>Number of clinical apprenticeships supported across primary care.<br>Number of newly qualified health professionals who are supported to take up a primary care role. | To increase the number of nursing in the primary care workforce through increasing apprenticeships. | 1. Enrol 15 Nursing Apprentices onto university programmes before 31st March 2025 | 1. In progress, 11 enrolled for this financial year, target not achieved 4 below target. | **Below Target** |

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| Primary Care Workforce Planning | Primary Care Careers | % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations. | The Aim of this project is to support Primary Care in the attraction and recruitment of new staff through procurement of a bespoke recruitment service. | 1. Increase Practice engagement to 70% of practices (63 practices) using PCC by December 2024.<br>2. Increase PCN engagement to 60% using PCC by December 2024.<br>3. To offer 10 DOP Pilot placements by October 2024.<br>4. 90% of those using the service find it beneficial compared to alternative options.<br>5. Complete a review of the core GP/PCN service by Jan 2025. | 1. Below Target - 45%.<br>2. Below Target - 30%.<br>3. Above Target - 11 Practices.<br>4. Survey closes 07/02/2025.<br>5. In progress. | **Below Target** |
| Clinical Leadership | Akeso Coaching | Number of qualified health professionals who are supported to throughout their primary care role. | To enhance the retention of healthcare professionals in the workforce by providing coaching that can help refine skills, foster leadership, and promote well-being. | 1. To fully utilise all 150 coaching sessions by March 2025<br>2. Complete a review of the service and investigate demand for continuation into 2025/26 by March 2025. | 1. 153 out of 154 coaching sessions utilised.<br>2. In progress - undertaking procurement. | **Above Target** |
| Digital Innovation | Flexible Staff Pool | Supporting the implementation of GP/GPN recruitment and retention as an integral part of ICS workforce programmes and ensuring that they are meeting the ongoing training and development needs of the primary care sector.<br><br>Increase in the number and use of flexible staff pools, increase in the number of GPs registered to and employed through flexible pooling arrangements, and increased GP FTE' | The aim of this programme is to support the LTP commitment to ensure there are enough people working in the NHS to support patients, through the procurement of innovative staff matching technology using digital solutions for deployment of sessional clinical capacity. | 1: To complete a procurement of a FSP provider for 2024/25 using the NHSE Framework by 31st May 2024<br>2: To facilitate handover to the new supplier by 14 June 24 with 100% existing users offered support to transfer onto the new system.<br>3: To expand the current baseline of unique roles from 2 to 4 utilising the platform to book locum shifts by December 2024. | 1 - Target met<br>2 - Target met<br>3 - Above target - the baseline has been expanded to 5 unique roles which are registered and approved to work. | **Above Target** |
| Clinical Leadership | FCP Supervisor Project | % of primary care workforce offered training provided by the ICS Training Hub. | To support FCP's moving towards supervisor status as we have identified a lack of accessible FCP supervisors across the locality. | 1.To support multi-professional supervisors, at least 3 professions completing the course by December 2024<br>2.To coordinate delivery of and complete 4 NHSE supervisor sessions for FCPs in Primary Care Clinical Practice by March 2025<br>3.To deliver 2 face to face FCP Training, CPD, Peer Support and Roadmap development days March 2025. | 1 - Completed<br>2 - Completed<br>3 - ongoing | **On Target** |
| Education and Training | Physician Associate MH Upskilling Project | % of primary care workforce offered training provided by the ICS Training Hub. | To upskill PAs to increase their confidence and knowledge in mental health treatment and conditions and increase multidisciplinary working | 1. To complete a review of the project by September 2024 | Review completed. Final report completed. Outcome reports success with 1 module. Bit for further fund - no further funding allocated. | **Target Met** |

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| Placements | Foundation Dental Training Practices Programme | % increase in the number of approved educators and supervisors.<br><br>Number of educators and supervisors who have attended educational update training provided by Training Hubs | The Foundation Dental Training Practices programme is to expand N&W dental training placements by creating a rich training environment to grow and retain a skilled primary care workforce now and for the future. | 1. Increase of 8 new Foundation Dental Training Practices across Norfolk & Waveney by December 2024 - none achieved.<br>2. To ensure 1 new foundation dental training practices are based in south Norfolk and west Norfolk, by December 2024 - | No applications made for Training Practice status despite encouragement. | **Not Achieved** |
| Placements | Foundation Dental Supervisors Incentive Programme | Number of educators and supervisors who have attended educational update training provided by Training Hubs | To increase the number of approved Dental Supervisors across Norfolk and Waveney to build resilience and capacity within primary care. | 1. Increase Dental Supervisors by 50% (9) across Norfolk and Waveney by December 2024. | 1 dental supervisor application and incentive awarded. | **Below Target** |
| Placements | Dental Nursing Apprenticeships | % of placements increase.<br>Number of clinical apprenticeships supported across primary care.<br>Number of newly qualified health professionals who are supported to take up a primary care role. | To increase the number of nursing dental apprenticeships in the primary care | 1. Enrol 8 Dental Nurse Apprentices by 31st March 2025<br>2. Secure Levy Transfers for all Dental Nurse Apprentices by 31st March 2025 | 1. One enrolled, further recruitment for March cohort<br>2. Pending | **Below Target** |
| Primary Care Workforce Planning | Post Foundation Years Dental Professional Incentive | Number of newly qualified health professionals who are supported to take up a primary care role. | The aim of the Foundation Dental Professional incentive is to support the uptake of substantive roles within Norfolk and Waveney Primary Care, to help aid practices with recruitment of foundation dental professionals. | 1. Establish a dataset of foundation dental students (inc nursing) in NW ICB boundaries for 24/25 by Dec 24.<br>2. Place 10 dental students in a 2-Year practice placement by December 2024. | 1. Dataset created for 13 FDs in N&W<br>2. Not achieved | **Below Target** |
| Primary Care Workforce Planning | N&W Golden Hello Dental Professional Incentive | Number of newly qualified health professionals who are supported to take up a primary care role. | The aim of the Golden Hello Dental Professional incentive is to support the uptake of substantive roles within Norfolk and Waveney Primary Care, to help aid practices with recruitment of dental professionals. | 1. Support the recruitment of 16 dental professionals by December 2024. | 1. Recruitment for local incentives:<br>6 Post Foundation<br>6 Relocation incentives<br>3 Local Dentist<br>4 Local Dental Nurses<br>5 Local Dental Therapists | **Above Target** |
| Primary Care Workforce Planning | Primary Care Dental Fellowship | Number of newly qualified health professionals who are supported to take up a primary care role.<br><br>% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | The aim of the Dental Fellowship programme is to support newly qualified Foundation Dentists transition into substantive careers within Norfolk and Waveney's Primary Care sector from structure education. | 1. To support two dental fellowships within N&W until 31st March 2025. | 1. Recruitment for 3 fellows in place until September 2025 | **Above Target** |
| Clinical Leadership | Coaching and Mentoring Support for dental teams | Number of qualified health professionals who are supported to throughout their primary care role. | The aim of this programme is to upskill existing workforce with Coaching & Mentoring skills to support dental teams. This cohort would then have an opportunity to upskill this to an ILM level 3 qualification as part of the long-term dental workforce plan | 1. Procure 2 coaching and mentoring training sessions, provided by NHSE and hosted by Norfolk and Norwich hospital to train 20 members of staff by December 2024 | 1. 1 Coaching & Mentoring session delivered. | **Below Target** |

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| Education and Training | ENHANCE Generalist School | % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. | To deliver the national ENHANCED generalist programme to cohorts based in Rural & Coastal locations. | 1. To deliver two cohorts of 30 participants each by 1 Mar 25<br>2. To establish a Rural & Coastal alumni mentors programme by 1 Mar 25 | 1. Programme re-launching Jan 25, moving away from cohort based and onto a rolling programme. 20 EOIs for involvement currently recorded. New targets for relaunch required<br>2. Not complete. | **Below Target** |
| Education and Training | Women's Health Programme | 1. Engage with training providers.<br>2. Work with procurement and contracting.<br>3. Support a managed training plan for Primary Care by promoting, monitoring uptake and completion of training.<br>4. Improved numbers of clinical and non-clinical staff trained in menopause awareness. | To deliver the Women's Health Programme in the area of menopause within Norfolk and Waveney and increase number of clinical and non-clinical staff trained in Menopause Awareness. | 1. Complete a training needs analysis by 30 April 2024.<br>2. Source training provider for Menopause Awareness Training by 31 July 2024.<br>3. Deliver 100 Menopause Awareness training places by 31 March 25. | 1. Complete<br>2. Complete<br>3. On track - 100 licences were agreed to be purchased. We are extending current contract by 50 additional licences = 150 in total. We have a waiting list so have assurance we will fill these. | **Above Target** |
| Placements | Aspiring Educators Programme | Number of educators and supervisors who have attended educational update training provided by Training Hubs | To increase the number of approved Primary Care General Practice educators across Norfolk and Waveney during 24/25 in the areas of: Tier 2a - Out of Hours Supervisors - who can provide Clinical Supervision to GP Trainees in Out of Hours Settings<br>Tier 2b - Associate Trainers - who can provide Clinical Supervision to GP Trainees (up to ST2) and Foundation Doctors in GP practices.<br>Tier 3 - GP Trainers - who can provide Clinical and Educational Supervision to all stages of GP Trainees and Foundation Doctors in GP practices. | 1. To increase the number of approved Primary Care GP educators across by 50% by March 2025. | 1. increased by 25%, target was not achievable, currently above other Training Hubs in terms of activities and successes. | **Below Target** |
| Primary Care Workforce Planning | GP Next Gen | Number of newly qualified health professionals who are supported to take up a primary care role. | Next Generation GP is a programme for emerging leaders and future change-makers in general practice. The aim is to inspire GP trainees and newly qualified GPs to be informed leaders as well as excellent clinicians, with the insight and connections they need to make changes in the system. | 1. To deliver NextGen for a minimum cohort of 30 Primary Care Individuals from multidisciplinary roles by December 2024.<br>2. Feedback from 60% of attendees shows a positive increase to their confidence in their leadership role. | Not Delivered - resourcing capacity | **Not Achieved** |

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| Primary Care Workforce Planning | General Practice International Pilot | 1. Number of newly qualified health professionals who are supported to take up a primary care role. | To support international recruitment within North Norfolk and Norwich, addressing General Practice Resilience Workforce Challenges. | 1. Fill general practice clinical vacancies by increasing appointment of overseas applicants by at least 10% by March 2025.<br>2. Work with X% practices to achieve Tier 2 International Visa Certification by March 2025. | 1 - From an average of last year's vacancies the target to be achieved would be 10% of a baseline of 8 appointed overseas applicants. NPC have met this by supporting practices to fill 4 clinical vacancies throughout the pilot as of February 25.<br>2 - NPC have supported 2 practices with achieving Tier 2 International Visa Certification for 4 applicants. | **Target Met** |
| Digital Innovation | Coastal Community Digital Fellowships | Training Hubs to deliver education and training activity based on ICS plans to reduce health inequalities | To pilot new ways to increase access and use of the NHS app within Coastal Communities with a focus on supporting GPs & Community Pharmacies. | 1. Increase the uptake of NHS app in Clacton on sea by 3% by Dec 24.<br>2. Increased use of NHS app within an individual Pilot practice by 5% by Dec 24.<br>3. Pilot NHS app use within a community pharmacy with feedback on effectiveness of delivery from Pharmacy manager by Dec 24.<br>4. Complete the Atrial Fibrillation and Wearable Integration for Screening and Early detection (AFWISE) digital research project with at least 500 participant readings by 1 Jan 25. | 1. AFWISE Project Manager left prior to implementation<br>2. Procuring IT equipment for NHS App Access Programme. Programme discussion for next steps underway | **Below Target** |
| Primary Care Workforce Planning | Volunteer to Career | % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations.<br><br>Training Hubs to deliver education and training activity based on ICS plans to reduce health inequalities<br><br>% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | To create a new pipeline of volunteers in primary care and create a support structure and pathway for volunteers to join the workforce | 1. Recruit 10 Volunteers into the VTC Programme by Dec 24<br>2. Onboard 10 primary care health & social care employers on the VtC programme by Dec 24<br>3. Work with NNUH to implement VtC within the diagnostics Volunteering team by Dec 24. | 1. 37 potential volunteers engaged with; 8 Volunteers recruited through VtC<br>2. 26 practices engaged with, 10 practices actively recruiting volunteers<br>3. Process established with NNUH | **Target Met** |
| Primary Care Workforce Planning | Primary Care Network Induction Programme | Number of newly qualified health professionals who are supported to take up a primary care role.<br><br>% of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs. | To deliver a Primary care Induction Programme to attract and retain Additional Roles Reimbursement Scheme clinical professionals within Norfolk and Waveney Primary Care Networks. | 1. Design a programme of Pilot Inductions tailored to Primary Care by Dec 24.<br>2. Complete the First Pilot induction session by November 2024. | 1. Complete<br>2. successfully completed the first pilot session and a second cohort was delivered in February. | **Above Target** |

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| Education and Training | Optometry CPD | Training Hubs to deliver education and training activity based on ICS plans to reduce health inequalities | This project oversees the utilisation of the Optometry CPD budget to provide training for all optometry staff (clinical & non-clinical) working within Norfolk & Waveney, who provide NHS General Ophthalmic Services (GOS) contracted services. This project aims to enhance optometry staff skills and knowledge, which will ultimately benefit the quality of patient care and staff retention rates. | 1. Complete 2024-25 Optometry Training Needs Analysis by 31 August 2024.<br>2. Increase Optometry TNA responses to 60 responses, by 31 August 2024.<br>3. 100% of optometry workforce offered training by 31 March 2025. | 1. Complete<br>2. Below target - 37 responses received for 2024/25 Optometry TNA.<br>3. Complete - all optometry workforce have been offered Glaucoma OSCE's and Foreign Body Removal training by March deadline - 10 staff attended Glaucoma OSCE and 13 on Foreign Body Removal training. | **Below Target** |
| Primary Care Workforce Planning | Optometry Workforce Retention Programme | Number of newly qualified health professionals who are supported to take up a primary care role. | To deliver a workforce Retention Programme with the aim of attracting and retaining clinical professionals within Norfolk and Waveney Optometry Medical Services. | 1. To deliver 5 'Golden Hello' package to practices by December 2024 | 5 x newly qualified incentives taken up<br>2 Fellowship Opportunity | **Target Met** |
| System Wide and Place Based Approach | Equality, Diversity and Inclusion Programme | Number of newly qualified health professionals who are supported to take up a primary care role. | To deliver an EDI programme with the aim of improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to Norfolk and Waveney primary care services. | 1. Lead an online health and equality webinar for all primary care sectors by March 2024<br>2. To increase the EDI monitoring form responses by December 2024<br>- Training increase by 50% (90 Additional Responses from 179)<br>- Retention increase by 50% (42 Additional Reponses from 84)<br>3. To create and generate a long-term reporting mechanism for EDI reporting for Primary care practices by December 2024<br>4. To appoint an EDI fellow by September 2024<br>5. To create a programme to improve the EDI benchmark from GP staff survey by March 2025 | 1. EDI Event delivered Oct 24, further session to be delivered Mar 25.<br>2. EDI monitoring process requires further development<br>3. ongoing EDI fellow recruited Aug 2024 to deliver<br>4. Complete<br>5. Ongoing | **On Target** |
| Primary Care Workforce Planning | Pre-Partnership Model | Number of newly qualified health professionals who are supported to take up a primary care role. | The aim of the pre-GP partnership model is supporting the resilience of GP partnership working within Norfolk and Waveney General Medical Services | 1. Deliver a Pre-Partnership training programme for a cohort of 10 GPs by Dec 24.<br>2. Establish a Pre-Partnership Network by Dec 24. | Not Delivered - resourcing capacity | **Not Achieved** |
| Primary Care Workforce Planning | GP Visa Reimbursement | Number of newly qualified health professionals who are supported to take up a primary care role. | Support GP with Tier 2 Level Sponsorship support to continue to work within the United Kingdom. | 1. To establish effective pathways for directing GPs and Practices to relevant Visa support resources by 31 May 2024.<br>2. Support Tier 2 Sponsorship licence fees, and Certificate of sponsorship costs of 8 Practice<br>3. Support T2 Visa application costs for 14 Sponsored GPs and their families | 1 - Complete - A Visa process guide with links to the relevant Government guides and websites has been created to support with visa applications.<br>2 - Complete - 12 Practices have been supported with Tier 2 Sponsorship licence fees and Certificate of Sponsorship costs. | **Above Target** |

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| | | | | | 3 - Complete - 18 GPs supported with Visa and Sponsorship fees. | |
| Primary Care Workforce Planning | National GP Retention Scheme | Number of newly qualified health professionals who are supported to take up a primary care role. | To deliver the National GP Retention scheme with the aim of supporting GP's who might otherwise leave the profession, remain in clinical general practice. | 1. Establish a welcome pack for new and existing scheme members throughout Norfolk and Waveney by October 2024.<br>2. Establish a governance process for existing scheme members to ensure compliance of mentoring and practice commitments within the scheme by December 2024. | 1 - Target was not met by October 2024 due to team vacancy. Welcome Pack has now been created by February 2025.<br>2 - A governance process has been established with the Primary Care Finance Team and a SOP has been created to ensure compliance with scheme members. | **Target Met** |
| Placements | New GP Educator Programme | % increase in the number of approved educators and supervisors.<br><br>Number of educators and supervisors who have attended educational update training provided by Training Hubs | To support new GP Educators who have completed the aspiring educator training in the last 12 months. This will be done through interactive forums and education days organised by the PCW quality team and supported by the local training programme directors and central quality team and local associate dean in the primary care school. The aim is to create a community of new GP educators, peers and networks to provide support for those embarking on the journey as educators so they can thrive and remain successful in educating trainees and reapprove in the 2-year window. | To deliver by the 31st of December 2024:<br>2 x New GP educator days Face to Face Sessions<br>2 x New GP educator virtual forums sessions | Met all targets | **Target Met** |
| Education and Training | PA Support Project | % of staff offered continuing professional development (CPD) funding.<br>Number of newly qualified health professionals who are supported to take up a primary care role. | To Help PAs reach their annual CPD targets as outlined by the national faculty and upskill | 1. Offer 100% of CPD requirements mandated by the FPA via monthly CPD Sessions & available on YouTube by Dec 24<br>2. Offer 2 Face to face CPD days by Dec 24. | Successfully delivered month CPD webinars on all core clinical competency subjects to PAs in N&W. Ongoing project. Successfully offered 3x F2F events in 2024 Locations - Suffolk, NNUH and for primary care: showground (Norfolk). 1x Further f2f event held at the Showground for primary care in Jan 25. | **Target Met** |

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# NHSE 2025/26 Priorities and Operational Planning Guidance

Update on guidance and submission timetable
Primary Care Committee – March 2025 – Part One



**Primary Care Directorate**
**February 2025**

# Overview

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The NHS published its national planning guidance for 2025/26 later than usual this year, less than nine weeks ahead of the start of the new financial year. The guidance is an annual suite of documents that set out the national priorities and targets for local systems, alongside funding and financial planning assumptions.

The focus this year is on performance recovery – bringing down the hospital waiting list, cutting long A&E wait times, and enabling more people to access GPs. NHS service providers are being asked to increase productivity by 4%, with a 1% reduction in cost base

The four priorities are detailed on the next slide. The review emphasised the need to meet these objectives while staying within budget and a required shift towards **preventative care** and **digital workflow**s, as well as **local prioritisation and planning** to improve the service.

A headline submission was required by 27 February 2025. This has been completed and the timetable for the next stage can be found later at the end of these slides.

# NHS Planning Guidance Four Priorities

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- **Reduce the time people wait for elective care**, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026

- **Improve A&E waiting times and ambulance response times compared to 2024/25**, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26

- **Improve patients' access to general practice, improving patient experience, and improve access to urgent dental care**, providing 700,000 additional urgent dental appointments

- **Improve patient flow through mental health crisis and acute pathways**, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019

# Neighbourhood Health Guidelines

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The **central role of primary care** in delivering **accessible, proactive, and integrated** healthcare at a **neighbourhood level** can be seen throughout the guidance, including the Neighbourhood Health Guidelines 2025/26 which you can read here

The newly published guidance builds on existing local and national ambitions, including:

- Norfolk and Waveney Joint Forward Plan – Primary Care Resilience and Transformation JFP Primary Care
- Delivery plan for recovering access to primary care PCARP
- Next steps for integrating primary care: Fuller stocktake report Fuller Stocktake

The primary care directorate will continue to work together as part of the wider system submission team to ensure deadlines for planning guidance are met, with a focus on building on current work programmes across all four pillars in a co-ordinated way to reflect the ambitions set out in our Joint Forward Plan

# Key areas of focus for Primary Care planning

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The overall aim of the guidance for primary care is to **improve access, efficiency, and integration** within the broader healthcare system.

**Enhancing Access to General Practice**

- Improving patient experience and ease of access to GP services
- Ongoing expansion of **digital tools** to streamline appointment booking, including better use of the **NHS App** and online consultation platforms
- Supporting the implementation of **Modern General Practice** to manage patient demand effectively and optimisation of **Pharmacy First**
- Encouraging **Neighbourhood Health Service models** to provide **integrated, proactive, and personalised care**
- Improving contract oversight, commissioning and transformation and tackling unwarranted variation

**Expanding Urgent and Preventive Dental Care**

- Increasing the availability of **urgent dental care** with an additional **700,000 unscheduled care appointments** to address access issues.
- Supporting **dental workforce expansion** and contract reforms to improve care delivery

# Submission Timetable

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| Key Dates – March Final Submission | |
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| Headline Submission Feedback Pack | 6th March |
| Workforce, Activity and Financial High Level Final Submission to be provided to the ICB ahead of the 14/03/25 ICS EMT Review Meeting | 12th March |
| Planning Review Meetings with NHSE | 13th March (11am – 12:30 pm) |
| **ICS EMT Review of Full Plan** | **14th March (9am – 12pm)** |
| Final ICB Check, Challenge and Triangulation | 17th – 21st March (5 working days) |
| **Final ICB and Providers Complete Internal Sign-Off Governance (including Board Assurance Statements)** | **17th – 26th March (8 working days)** |
| **Final Submission Templates returned to ICB** | **20th March** |
| Final Review by ICB Commissioning & Performance Committee | 20th March |
| Final Review by REMCO (Workforce) | 21st March |
| Final Review by Finance Committee | 25th March |
| ICB Board Sign-Off and Assurance Statement | 26th March |
| Final Plan Submissions by 12 noon | 27th March |
| Better Care Fund Submissions by 12 noon | 31st March |

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

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| **Subject:** | **New Disease Monitoring Henoch-Schönlein purpura (HSP) Local Enhanced Service – for approval** |
| **Presented by:** | **Gemma Claridge<br>Primary Care Commissioning Manager** |
| **Prepared by:** | **Gemma Claridge<br>Primary Care Commissioning Manager** |
| **Submitted to:** | **NHS Norfolk and Waveney ICB Primary Care Commissioning Committee** |
| **Date:** | **11 March 2025** |

**Purpose of paper:**

This paper is for approval.

For this paper, we recommend to the group to approve commissioning of a new Disease Monitoring HSP Local Enhanced service (LES).

**Executive Summary:**

HSP Monitoring has been identified as a clinical priority area by the System Interface Group, with no funded capacity in general practice or clear pathways in place. To address this, we proposed introducing an enhanced service to improve standards, guided by local and national guidance recommendations and delivered through general practice.

This proposal has been approved for funding through the Prioritisation panel, Quality Impact Assessment (QIA) and Equality and Health Inequalities Impact Assessment (EHIA) Panel and Triple Lock process. We are now progressing through the provider selection regime (PSR) to modify the contract accordingly.

Our goal is to ensure consistent service provision for all patients across Norfolk and Waveney while supporting resilience of general practice.

**Report**

- The purpose of this paper is to seek approval to commission the new HSP LES from 1 April 2025.

- Henoch-Schönlein purpura (HSP) is an uncommon form of vasculitis which largely affects children. Incidence is approx. 20 in 100,000 with a peak incidence between 4-7 years. Uncommon but significant renal complications including end-stage renal failure, require clinical monitoring for 6 months. Children are diagnosed in secondary care, in some cases the family are given a letter to take to their GP with instructions about monitoring the child, however, there has been no consultation with GPs and no agreed pathway or funding. The LMC has repeatedly raised this with the ICB.

- GPs/ the LMC were concerned practices did not have capacity to deliver this service, this was causing disagreement at the Interface with families and vulnerable children caught in the middle and not receiving the monitoring that they need. Practices reported they did not have the expertise or equipment (paediatric BP cuffs) to do this work within their core provision and the care being given may well be inconsistent.

- Each hospital had a different pathway with different expectations from local GP practices. The ICB have worked with the 3 acutes to unify the pathway so all 3 now agree to use the Nottingham Children's Hospital guidance. Paediatricians accept that younger children should be followed up in secondary care but believe that older/ school-age children would find it easier to attend their GP or another location closer to home.

- We continue to liaise with the LMC to finalise the specification for this LES, this proposal has been approved for funding through the Prioritisation panel, Quality Impact Assessment (QIA) and Equality and Health Inequalities Impact Assessment (EHIA) Panel and Triple Lock process. We are now progressing through the provider selection regime (PSR) to modify the contract to complete the final governance of commissioning this service, following the decision of Committee.

- The full year cost of commissioning this service recurrently is expected to be in the region of £20k, assuming all practices sign up.

- It is our intention this service will move to fall within an overall disease monitoring LES, which will eventually incorporate a number of other service specifications, once they have been developed.

**Recommendation to the Board:**

To confirm support and approval to commission the Disease Monitoring HSP local enhanced service from 1st April 2025.

| Key Risks | |
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| **Clinical and Quality:** | Delays in confirming arrangements with a risk of patients' clinical needs not being met in a timely manner. |
| **Finance and Performance:** | There is a small cost pressure for the ICB in commissioning this service from 1 April, which has been approved through the Triple Lock process. |
| **Impact Assessment (environmental and equalities):** | Concern children already experiencing health inequalities may be more affected. |
| **Reputation:** | ICB at risk of failing to commission appropriate pathways for its local population. |
| **Legal:** | N/A |
| **Information Governance:** | N/A |
| **Resource Required:** | N/A |
| **Reference document(s):** | N/A |
| **NHS Constitution:** | N/A |
| **Conflicts of Interest:** | PCCC attendees from general practice may be conflicted. |
| **Reference to relevant risk on the Board Assurance Framework** | The resilience of general practice. |

**Governance**

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| **Process/Committee approval with date(s)** (as appropriate) | **Prioritisation Panel:**<br>Moderation Panel 14th November 2024<br>Deliberation Panel 3rd December 2024<br><br>**Triple Lock**<br>ICS Panel 27th January 2025<br>Regional Panel 30th January 2025<br><br>**QIA and EHIA Panel** 14th February 2025 |

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

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| **Subject:** | **General Practice & Community Pharmacy Delivery Group Report** |
| **Presented by:** | **Shepherd Ncube, Associate Director of Primary Care Commissioning** |
| **Prepared by:** | **Shepherd Ncube, Associate Director of Primary Care Commissioning**<br>**Mary Cummins- Primary Care Commissioning Officer** |
| **Submitted to:** | **Primary Care Commissioning Committee (PCCC)** |
| **Meeting Date:** | **11 March 2025** |

**Purpose of paper:**

To provide the committee with a report of the General Practice & Community Pharmacy Delivery Group meetings held on 14th January 2025 and 11th February 2025.

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| **Group:** | General Practice & Community Pharmacy Delivery Group |
| **Chair:** | Mark Burgis, Executive Director of Patients and Communities for January 2025 and February 2025. |
| **Meetings since the previous update:** | 14th January 2025 and 11th February 2025. |
| **Overall objectives of the GPCPDG:** | 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:** | **General Practice Resilience:** The committee discussed and noted the risks to services arising from changes to National Insurance contributions, the APMS review project, and the ongoing potential for GP collective action.<br><br>**Community Pharmacy Resilience:** Concerns were raised about the financial viability of contractors and the potential impact of collective action on service delivery. |

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| **Key items for assurance/noting:** | **<u>14th January 2025</u>**<br><br>The **Operational Risk Register** was presented to the group for discussion and was approved by voting members. No significant changes in risk scores were reported since the last update. **Resilience risks across all primary care services** were highlighted and discussed, with a focus on potential challenges and mitigation strategies.<br><br>A **practice boundary change proposal** for **The Park Surgery** in **Great Yarmouth and Waveney Place** was presented and approved, subject to further assurance that current families and newborns would not be separated due to the changes.<br><br>**Locally Commissioned Services (LCS)**: A follow up paper from August last year was presented seeking approval to recommission six LCSs due to expire to be commissioned as enhanced services through a contract variation to the national contract. The ICB also indicated its intention to encourage practices to work together as a PCN if this is clinically appropriate and confirmed a collaborative approach will be followed.<br><br>**PCN DES monitoring approach**: A paper setting out our approach for monitoring the Primary Care Network DES was shared and discussed. Regular performance and assurance reports will be provided to the group and the frequency of these reports is yet to be agreed.<br><br>**Finance Update**: The forecast overspends increased to £8.8m against the budget driven partly with efficiency targets and prescribing costs.<br><br>**<u>11th February 2025</u>**<br><br>The group reviewed the progress made so far on the first step of the Strategic Framework for Primary Care, namely the development of a **vision and a set of principles for primary care**. This would go to PCCC for approval.<br><br>**Pharmacy workforce and recruitment and retention plan:** A paper was presented by the newly appointed pharmacy workforce lead and presented data relating to community pharmacy workforce. An outline workplan in relation to attraction, recruitment, retention and reform was also introduced.<br><br>The group reviewed the latest **finance report** and the ongoing challenges in meeting our challenging financial plans.<br><br>**Pharmacy Emergency Supply Service:** A contract review paper was presented for noting. |

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| **Items for escalation to Committee:** | There were no items requiring escalation at either meeting. |
| **Items requiring approval:** | **<u>14th January 2025</u>**<br><br>The group reviewed, noted, and approved the update report on the **Operational Risk Register**.<br><br>A practice **boundary change proposal for The Park Surgery** in Great Yarmouth and Waveney Place was presented and approved.<br><br>Recommissioning of **Locally Commissioned Services** due to expire at the end of this financial year as enhanced services was approved.<br><br>**<u>11th February 2025</u>**<br><br>**Key Decisions and Approvals:**<br><br>**Operational Risk Register:** The group reviewed, noted, and approved the update report. No changes to the risk score since the last meeting.<br><br>**Practice Boundary Changes:**<br><br>**Fleggburgh Surgery:** Approved to accommodate local population growth, supporting general practice access for at least 400 people.<br><br>**GP Additional Reimbursement Roles (ARRS):** Approved a proposal to recruit newly qualified GPs for a PCN in South Norfolk, pending further clarification with NHS England.<br><br>**APMS Review Working Group Terms of Reference:** Reviewed, noted, commented on, and endorsed as requested.<br><br>**Updates and Discussions:**<br><br>**Learning Disability & Serious Mental Illness (SMI) Annual Health Checks:**<br><br>A new BI dashboard for SMI has been launched for performance tracking. By the end of December 2024, 52.45% of patients with a learning disability had received full health checks.<br><br>47% of people on the LD register had completed checks, with the ICB on track to meet national targets despite challenges in uptake.<br><br>**Finance Report:**<br>Forecast overspend increased to £9.4m, a slight rise from last month. |

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| | Key financial pressures include efficiency savings, prescribing costs, and locally commissioned services. Complex Dressing commissioning challenges and financial risks were briefly highlighted for members' attention. |
| **Confirmation that the meeting was quorate:** | The meetings in January and February were confirmed quorate.<br><br>Attendance at the meeting is set out below:<br><br>**14th January 2025**<br><br>**Voting members**<br>Mark Burgis, Executive Director of Patients and Communities, NWICB - Chair<br>Sadie Parker, Director of Primary Care, NWICB<br>Shepherd Ncube, Associate Director, Primary Care Commissioning, NWICB<br>Rashmi Balakrishnan, Primary Care Finance Manager, NWICB (deputising for James Grainger)<br>Marie McDermott Senior Lead Quality Nurse, NWICB (deputising for Karen Watts)<br><br>**11th February 2025**<br><br>**Voting members**<br>Mark Burgis, Executive Director of Patients and Communities, NWICB - Chair<br>Sadie Parker, Director of Primary Care, NWICB<br>Shepherd Ncube, Associate Director, Primary Care Commissioning, NWICB<br>Karen Watts, Director of Nursing and Quality. NWICB<br>Rashmi Balakrishnan, Primary Care Finance Manager, NWICB (deputising for James Grainger) |

| **Key Risks** | |
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| **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 group, 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 are part of the group. |
| **Legal:** | Terms of reference, primary medical services contracts, premises directions and policy guidance manual |
| **Information Governance:** | No risks identified. |
| **Resource Required:** | Primary care commissioning, locality, quality, finance, BI, medicines management teams |
| **Reference document(s):** | Primary medical services regulations, statement of financial entitlements, premises directions and policy |

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| | guidance manual, delegation agreement with NHS England |
| **NHS Constitution:** | No risks identified. |
| **Conflicts of Interest:** | Arrangements are in place to manage conflicts of interest |

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

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| **Subject:** | **Dental Services Delivery Group Report** |
| **Presented by:** | **Fiona Theadom – Head of Primary Care Commissioning (Dental and General Practice)** |
| **Prepared by:** | **Fiona Theadom – Head of Primary Care Commissioning (Dental and General Practice)** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **11 March 2025** |

**Purpose of paper:**

To provide the Committee with an update on the work of the Dental Services Delivery Group for the period January to end February 2025.

Appendix A provides an update on year 1 progress of the Long Term Dental Plan.

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| **Committee:** | Dental Services Delivery Group (DSDG) |
| **Committee Chair** | Mark Burgis chaired both meetings of Dental Services Delivery Group |
| **Meetings since the previous update to PCCC on 10 December 2024** | 14 January 2025<br><br>11 February 2025 |
| **Overall objectives of the committee:** | 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 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. |

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| **BAF and any Board Operational risks relevant / aligned to this Committee:** | BAF02 – Primary Care Resilience and Transformation<br>BORR08 – Secondary Care Dental Services<br>BORR09 – Resilience of Primary Care Dental Services<br>Each BORR risk was updated at the DSDG meetings in January and February for approval. Updated risks are presented to this Committee on 11 March 2025 under a separate agenda item.<br><br>A new risk has been created relating to the resilience of Special Care Dental Services which is subject to approval at Committee on 11 March 2025.<br><br>It was noted that the BAF risk had not been shared with DSDG for information previously and this would be remedied at future meetings. |
| **Key items for Committee to take note of** | 14 January 2025<br><br>Finance report highlighted the improved forecast position for year end 2024/2025 and included a list of practices and percentage activity achieved to date. DSDG members requested a total contracted activity report at next meeting.<br><br>Quality report provided an overview of quality improvement initiatives currently being progressed by Nursing and Quality team. Key areas of focus include:<br><br>• Matrix working with the acute Trusts to support the dietetics collaboration and oral health care<br>• Review of complaints, concerns and enquiries data filtered by postcode to identify themes and trends to assist stratification of quality assurance priorities<br>• Identification of health inequalities by locality in terms of both access to and quality of care.<br>• Training sessions for green impact sustainability within dentistry<br><br>A progress report on the Long Term Dental Plan for year 1 was noted. An update for Committee is provided as Appendix A to this report.<br><br>**11 February 2025**<br><br>Conflicts of Interest were noted in relation to two items and it was agreed that attendees could join the discussion relating to those matters.<br><br>Finance Report |

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| | • As at Month 9 (December 24), the Year to Date (YTD) spend was £38.7m against a plan of 39.0m. The Forecast Outturn is currently in line with budget.<br>• £6m of local investments funded by underperformance<br><br>SE gave a detailed overview of the report. It was noted that whilst 5 providers were under delivering, 34 providers are forecast to over-deliver and 46 to achieve between 76 – 100% which is a much improved picture for the ICB. Overperformance payments have been agreed based on forecast activity at end of March.<br><br>**Contract Assurance Framework**<br>A draft Contract Assurance Framework to ensure compliance with the Delegation Agreement was agreed. DSDG acknowledged the amount of work that had taken place. Members asked for further information relating to the proposed practice visits framework and that the CAF be brought back to the next meeting in April for approval. It was also agreed to share with the ICB's Dental Advisor to DSDG for further feedback.<br><br>**Workforce update**<br>A report was presented to DSDG who expressed their thanks for the hard work undertaken by the ICB's Workforce team.<br>• All projects currently "below target" will have increased resources re-directed to push this agenda forward.<br>• Review of Training Needs Analysis 2024 has been published by BI team<br>• Dental Workforce Dashboard linking UDA activity and professionals<br>• New Dental Fellow to support workforce and retention programmes within local area<br>• Piloting a Social Media Campaign to target potential Foundation Dentists (at current dental schools), to entice them to choose their Foundation placement year within the ICB area.<br><br>DSDG discussed why Norfolk and Waveney might not be attractive to trainees when selecting their area of choice for training. It was noted that the pilot social media campaign would help understand this better.<br><br>**Urgent Treatment Service** |

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| | DSDG noted that ICB's intention to continue the service from April 2025 pending national guidance that may result in some amendments to the pathway. |
| **Items receiving formal approval from Dental Services Delivery Group** | **14 January 2025**<br><br>**Mid Year** report for 2024/2025 presented to DSDG noting that the outcomes and report had been delayed due to delay in the year end process in 2024. 31 practices had been subject to review and action plans requested by NHS BSA. It was noted that 7 practices had underperformed for previous three years and mitigating action to enter into discussion with providers to rebase the contracts were approved. DSDG requested that the individual plans be brought back for approval once individual contractor discussions had taken place. To action by end of June 2025.<br><br>**Support and Improvement Register**<br>A new report was presented to DSDG for approval highlighting individual practices at potential risk and supportive action being taken by the ICB working with the individual practices concerned to improve resilience and stability. Comments were received from members of DSDG and will be incorporated in future reports to DSDG.<br><br>**Child Focused Dental Practices (CFDP)**<br>Paper to request approval of the selected providers and for DSDG to note the selection process and outcomes. Six practices were approved and next steps to mobilise the pathway noted, including the approach to monitoring and evaluation methodology being supported by the ICB's Research and Evaluation team.<br><br>DSDG Voting members agreed to consider a paper relating to conversion of Units of Dental Activity to Units of Orthodontic Activity for 2024/2025 only outside of meeting.<br><br>**11 February 2025**<br><br>**Request for 24 hour retirement**<br>DSDG members approved the contractual arrangements to support a sole practitioner to take 24 hour retirement noting that the ICB would need to be careful about how to share the process outlined in the NHS England Dental Policy Services Handbook with individual providers and not be seen to offer advice. |

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| | **Sedation services**<br>DSDG approved a one year contract extension from April 2025 (modification under the Provider Selection Regime) for provision of sedation services in Norwich.<br><br>**Referral Management System**<br>DSDG approved a one year contract extension from April 2025 (under Provider Selection Regime) for the provision of a referral management system for oral surgery. It was noted that a clinical audit had been undertaken to inform the recommendation. The ICB acknowledged the clinical concerns raised in 2024 when considering the extension of the contract from April 2024 however a lack of capacity within the ICB had not allowed a long term solution to be found from April 2025. Concerns were again raised by clinical colleagues at the meeting in February 2025 about the current triage system, the difficulties in using the system, number of referral rejections and inappropriate referrals into secondary care. DSDG voting members gave careful consideration to the concerns raised but noted the timeframe and reality of being able to undertake further work before April 2025. Approval was given subject to the ICB seeking assurance from the provider that the concerns would be addressed and that a long term solution would be explored by the ICB during 2025.<br><br>**Trauma pathway pilot**<br>A one year contract extension was agreed subject to confirmation of the financial model across the region in calculating payments in 2025/2026. Costs are anticipated to be within the ICB's existing budgetary envelope. Enhanced monitoring and governance arrangements will be in place. The extension will enable ICBs in the region to determine commissioning intentions from April 2026 with data to inform decision. |
| **Items for escalation to PCCC** | No items from meeting held on 14 January 2025 to be escalated to Committee<br><br>**11 February 2025**<br>DSDG members wish to highlight the concerns highlighted above in relation to the extension of the referral management system contract and mitigating actions to be taken. |
| **Confirmation that the meeting was quorate** | 14 January 2025 – meeting was quorate.<br><br>**Voting Members** |

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| | Mark Burgis - Executive Director of Patients & Communities, Norfolk and Waveney ICB – Chair<br>Sadie Parker – Director of Primary Care, Norfolk and Waveney ICB<br>Shepherd Ncube – Associate Director – Primary Care Commissioning, Norfolk and Waveney ICB<br>Marie McDermott - Senior Nurse for POD Services, Small Contracts and Specialist Commissioning, Norfolk and Waveney ICB (deputising for Karen Watts)<br>Sarah Elliott - Finance Manager – Delegated Primary Care, Norfolk and Waveney ICB (deputising for James Grainger)<br><br>**Attendees**<br>Dr Andrew Bell, Vice-Chair, Norfolk Local Dental Committee<br>Ben Chandler, Senior Workforce Transformation Manager - Rural and Coastal, Norfolk and Waveney ICB<br>Rachel Hayes, Senior Commissioning Officer, Norfolk and Waveney ICB<br>Sarah Johnson, Senior Primary Care Commissioning Manager – Dental, Norfolk and Waveney ICB<br>Dr Tom Norfolk, Chief Regional Dental Officer, NHS England<br>Ben Oakenfold, Commissioning Officer - Dental, Norfolk and Waveney ICB<br>Rashmi Purkayastha, Commissioning Manager (Dental), Norfolk and Waveney ICB<br>Alex Stewart, Chief Executive, Healthwatch Norfolk<br>Jason Stokes, Secretary - Norfolk Local Dental Committee<br>Nick Stolls, ICB Dental Advisor to Primary Care Commissioning Committee and Dental Services Delivery Group Members<br>Fiona Theadom, Head of Primary Care Commissioning (Dental and General Practice), Norfolk and Waveney ICB<br>Sarah Webb, Commissioning Support Officer – Dental, Norfolk and Waveney ICB<br>Sally Weston-Price, Consultant in Dental Public Health, NHS England – East of England<br>Louise Wilson, Quality Improvement Dental Nurse, Norfolk and Waveney ICB |
| | 11 February 2025 – meeting was quorate<br><br>**Voting Members**<br>Mark Burgis - Executive Director of Patients & Communities, Norfolk and Waveney ICB – Chair |

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| | Sadie Parker – Director of Primary Care, Norfolk and Waveney ICB<br>Shepherd Ncube – Associate Director – Primary Care Commissioning, Norfolk and Waveney ICB<br>Karen Watts, Director of Nursing and Quality, Norfolk and Waveney ICB<br>Sarah Elliott - Finance Manager – Delegated Primary Care, Norfolk and Waveney ICB (deputising for James Grainger)<br><br>**Attendees**<br>Dr Andrew Bell, Vice-Chair, Norfolk Local Dental Committee<br>Ben Chandler, Senior Workforce Transformation Manager - Rural and Coastal, Norfolk and Waveney ICB<br>Rachel Hayes, Senior Commissioning Officer, Norfolk and Waveney ICB<br>Sarah Johnson, Senior Primary Care Commissioning Manager – Dental, Norfolk and Waveney ICB<br>Jo Maule, Clinical Programmes Senior Manager, Norfolk and Waveney ICB (shadowing Mark Burgis)<br>Dr Tom Norfolk, Chief Regional Dental Officer, NHS England<br>Ben Oakenfold, Commissioning Officer - Dental, Norfolk and Waveney ICB<br>Rashmi Purkayastha, Commissioning Manager (Dental), Norfolk and Waveney ICB<br>Jason Stokes, Secretary - Norfolk Local Dental Committee<br>Nick Stolls, ICB Dental Advisor to Primary Care Commissioning Committee and Dental Services Delivery Group Members<br>Fiona Theadom, Head of Primary Care Commissioning (Dental and General Practice), Norfolk and Waveney ICB<br>Sarah Webb, Commissioning Support Officer – Dental, Norfolk and Waveney ICB<br>Sally Weston-Price, Consultant in Dental Public Health, NHS England – East of England<br>Louise Wilson, Quality Improvement Dental Nurse, Norfolk and Waveney ICB |

**Recommendation to the Committee:**

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| To note the report for assurance purposes |

| Key Risks | |
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| **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 equalities impact assessment to inform the Group's decision making.<br>Papers to DSDG seek to identify potential impact on equalities and mitigating actions required. Action will be taken to draw up Equality Impact Assessments and Clinical Quality Risk Assessments for new projects and proposals. |
| **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** | BAF02, BORR08 and BORR09 |

Paper 11
Appendix A

| Subject: | ICB Long Term Dental Plan – Progress Report |
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**Purpose**

To update the Committee on progress in mobilising the ICB's Long Term Dental Plan. This paper is a summary of that presented to the Dental Services Delivery Group in January 2025.

There will be a separate update on the Primary Care Workforce plan at the PCCC meeting in March 2025.

A more detailed update will be presented to Committee in May 2025 alongside the proposals to mobilise Year 2 plans in 2025/2026.

## 1 Report

The ICB's Long Term Dental Plan (LTDP) was approved in May 2024 alongside the ICB's Primary Care Workforce Plan for dentistry. The LTDP set out the ICB's ambitions for the next five years with a focus on reducing health inequalities and improving access for children and young people in the first two years.

A summary can be found on the ICS website at Dental Services in Norfolk and Waveney - Norfolk & Waveney Integrated Care System (ICS (improvinglivesnw.org.uk).

The LTDP sets out our vision linking to the ICB's Joint Forward Plan:

- To build stability and resilience across our NHS dental services
- To improve access to oral health care for Norfolk and Waveney's population
- To reduce health inequalities

It was agreed that the ICB would report annually to the Primary Care Commissioning Committee (PCCC) on progress and achievement. An interim report was presented to DSDG in January 2025.

The national Dental Recovery Plan was published in February 2024 (Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK (www.gov.uk)) aimed at improving access to NHS dental services. Many of the proposals such as a minimum UDA value, Golden Hello and new patient premium have either been implemented or are included in ICB plans.



In May 2024, the ICB committed to delivering the following actions:


The above actions marked amber are not yet finalised but are in progress.

## 2 Progress to date

The Long Term Dental Plan set out the following ambitions for completion by March 2025 and a timeline for delivery by March 2026.

### Improving Access

By March 2025, the ICB will:

- Agree continuing provision and metrics for Urgent Treatment from April 2025 with access within 48 hours of contact with NHS 111 or a dental practice
- Meet Core20plus5 ambition to support reduction in health inequalities. Invest to reduce health inequalities by improving access for most vulnerable patients and in areas of high deprivation and need
- Improve access for children and young people
- Agree and mobilise new Out of Hours arrangements across Norfolk and Waveney by December 2024
- Improve access to domiciliary care services for the housebound and those in care homes
- Deliver the national Dental Recovery Plan for 2024/2025
- Put in place a pathway for individuals with Medical Needs to stabilise their oral health

From March 2025, the ICB will continue to:

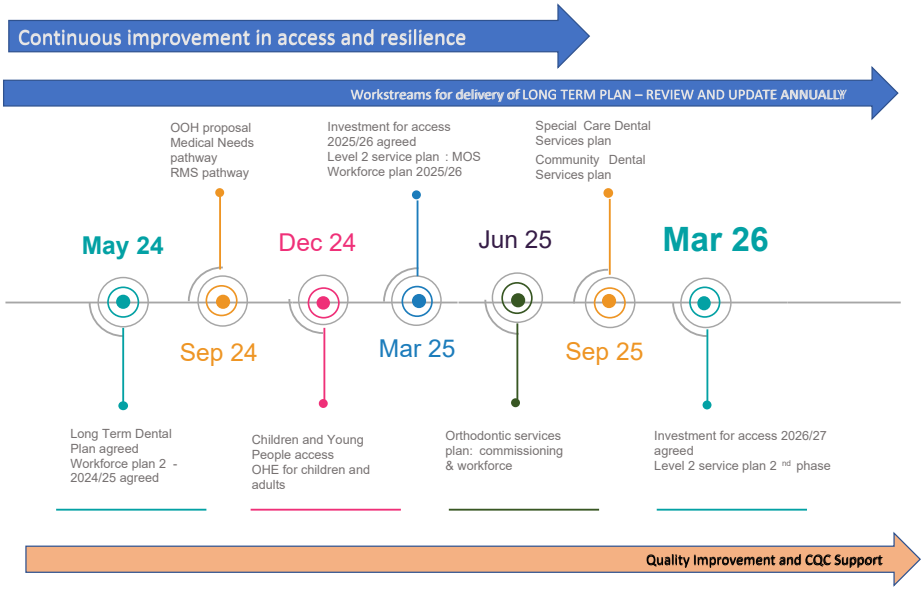
- Use evidence based commissioning to build and improve access year on year for our population through continued investment and building the workforce

**Benefits and outcomes**

- Rapid access to urgent treatment in primary care within 48 hours of contact
- Improve oral health outcomes for our population
- Improving access to NHS dental services for people in areas of need and for vulnerable patients
- Access for pregnant women
- Provide access to NHS dental services for our population
- Access to urgent treatment services for adults and children
- Reduction in referrals to secondary care

Working in collaboration with all system partners and the dental profession

## Timeline in summary




Since the LTDP was approved in May, work to progress plans during 2024/2025 is summarised below. New pathway development and mobilisation has taken longer than originally envisaged however they are supported by robust monitoring and evaluation plans.

- **Engagement**

Active engagement with the profession and key stakeholders is a priority for the ICB teams engaged with commissioning NHS dental services:

  - Clinical Fellows to support pathway development (fortnightly)
  - Appointment of ICB Clinical Advisor for Dentistry
  - Regional Chief Dental Officers (monthly) and Managed Clinical Network Chairs meetings.
  - Monthly meetings with Local Dental Committee, also attendees at PCCC and DSDG. ICB representatives also attend the bi-monthly Local Dental Committee meeting by invitation.
  - All opportunities to actively engage with individual providers – visits, Teams calls etc
  - Monthly newsletter and new primary care intranet
  - Dental Development Group to inform commissioning plans and development of the wider primary care strategy. From January 2025, meetings moved to bi-monthly to allow the ICB time to develop detailed plans for discussion.
  - Monthly Healthwatch meetings about all primary care services.
  - Briefings to MPs and local councillors throughout 2024/2025



- **Access Improvement Scheme**

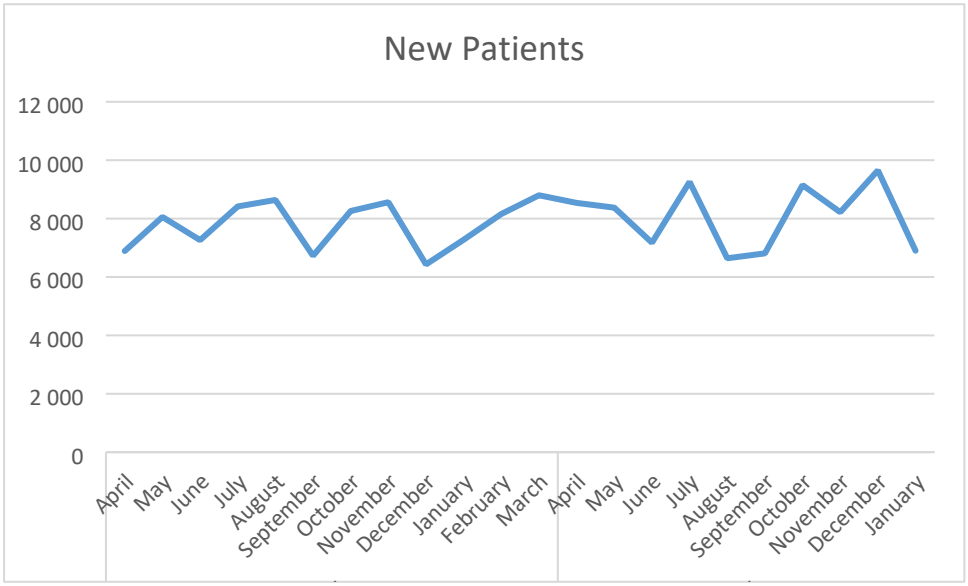
Local dental providers were invited to expand capacity to treat new patients with a focus on replacing lost provision in Norwich and South Norfolk and in reducing health inequalities by increasing capacity in areas of high deprivation. Providers were asked to provide workforce plans to demonstrate how they will achieve their activity and increase access for new patients.

The annual investment is £1.5m and is recurrent funding. Providers could opt for flexible commissioning to provide sessions with an agreed number of new patients (5 – 6) per session averaged over the course of a month or simply increase their UDA activity. The flexible commissioning arrangement will be reviewed by March 2027 to inform how contracted activity will be provided from April 2027 onwards.

The closing date for Expressions of Interest was early September 2024. The ICB received a mix of bids as to their preference for flexible commissioning or an increase in UDA activity. An initial list of successful bids to the value of £1.5m were selected taking account of their bids, preparedness and workforce and also performance to date. A number of other bids are on hold pending a further commissioning needs assessment in 2025/2026.

**New patient activity in 2024/2025**

The graph below shows the number of new patients, not seen in previous 24 months, who have been seen since April 2023. It should be noted that 4193 more new patients seen in 2024/2025 than in same period in the previous year.




| | |
|---|---|
| 2023/2024 | |
| April - Jan | 76,518 |
| | |
| 2024/2025 | |
| April - Jan | 80,711 |

Data from the Access Improvement scheme has only just begun to be received as practices begin to mobilise their services and will be included in future updates to DSDG and Committee.

- **Child Focused Dental Practices**

In 2022/2023, a pilot was undertaken involving practices in London, the Southwest and in Norfolk to consider the benefits of introducing Child Focused Dental Practices (CFDP) to work in collaboration with Community Dental Services (CDS). Based on the evaluation of the pilot, it was felt that mobilising a network of CFDPs in Norfolk and Waveney would be beneficial in supporting vulnerable children and young people normally be seen by CDS but who could be seen by a trained CFDP.

A Task and Finish Group was established earlier in 2024 comprising representation from Public Health, patient/carer voice, dental clinicians from Special Care Dental Services (SCDS) and general dentists, and ICB staff from Primary Care Commissioning, Quality and Children and Young People teams. The project is led by a Senior Clinical Dental Fellow. The Group have developed the service specification and provider guide and patient information leaflets have been provided by CDS.

The pilot will run until end March 2027 during which time a full evaluation will be undertaken to inform future commissioning strategy. Payment will be based on flexible commissioning, i.e. a sessional rate that includes training time, mandatory attendance at peer review sessions, purchase of materials outside of normal practice, administration, and comprehensive data collection as well as treatment.

NHS England Workforce, Training & Education are funding a senior dental clinical leadership role with paediatric qualifications, skills and experience to support this scheme and recruitment is underway. This role will oversee the program, provide support, and ensure the program runs effectively. This role is recruited to.

Local practices were invited to submit an Expression of Interest and there was a focus on areas of deprivation in the selection process. The ICB is onboarding six practices initially across Norfolk and Waveney, with the aim of expanding capacity in the future. The practice teams are completing training and a launch is planned for early March.

The evaluation plan is being developed with the ICB's Research and Evaluation Team using the Logic Model. They are providing guidance on monthly data collection and evaluation methods to ensure a robust evaluation process and patient feedback. A report will be produced in October/November 2026 to inform ICB commissioning intentions from April 2027.

Annual investment of £550k has been identified to fund the pilot. This will be reviewed in 2025/2026 once the level of patient activity is better understood and governance processes followed if additional funding required. It is anticipated that over time, demand for general anaesthetic procedures in secondary care will reduce. However, improving access generally (ICB's Access Improvement Scheme) may initially identify more vulnerable children and young people requiring access to CFDP or CDS.

- **Shared Care Pathway**

Development of a Shared Care Pathway is well advanced with a final service specification agreed by clinical colleagues in primary and secondary care. The pathway will enable individuals without a regular dentist and with medical needs, e.g., prior to receiving cardiac surgery, or cancer treatment, to be referred to a dentist who will stabilise their oral health prior to treatment start and to manage their oral health post treatment to reduce the risk of complications post-surgery or treatment. This service is for adults only as children under the age of 18 years will be seen through CFDP if they meet the access criteria.

Payment is based on a sessional rate that includes training, peer support attendance and data collection as well as treatment. Local providers were invited to submit an Expression of Interest and a small number of practices have been selected. The ICB is working with NHS England Workforce, Training and Education team to organise training for all members of the dental practice team, setting up the patient referral process and the monitoring and evaluation plan.

Based on limited data collection and clinical evidence it is anticipated that approximately 750 – 1000 patients could be referred into the pathway. Once the pilot scheme commences in April/May 2025, monthly monitoring will enable the ICB to assess the actual patient demand.

Investment of £850k annually has been identified for the pilot which will run until end March 2027.

- **Unscheduled Care**

The Urgent Treatment Service Pilot commenced in October 2023 starting with five practices rapidly building up to 23 providers across Norfolk and Waveney. Recently two other providers have agreed to offer urgent treatment slots through flexible commissioning arrangements in West, North and Norwich expanding the number of appointments available to 2500 per month (30,000 per year) from early 2025.

The aim of the scheme is to provide the local population who need urgent dental care and don't have a regular dentist to be able to access urgent treatment if they meet the criteria under NHS England's Clinical Standard for Urgent Dental Care ( NHS England » Clinical Standard for Urgent Dental Care )

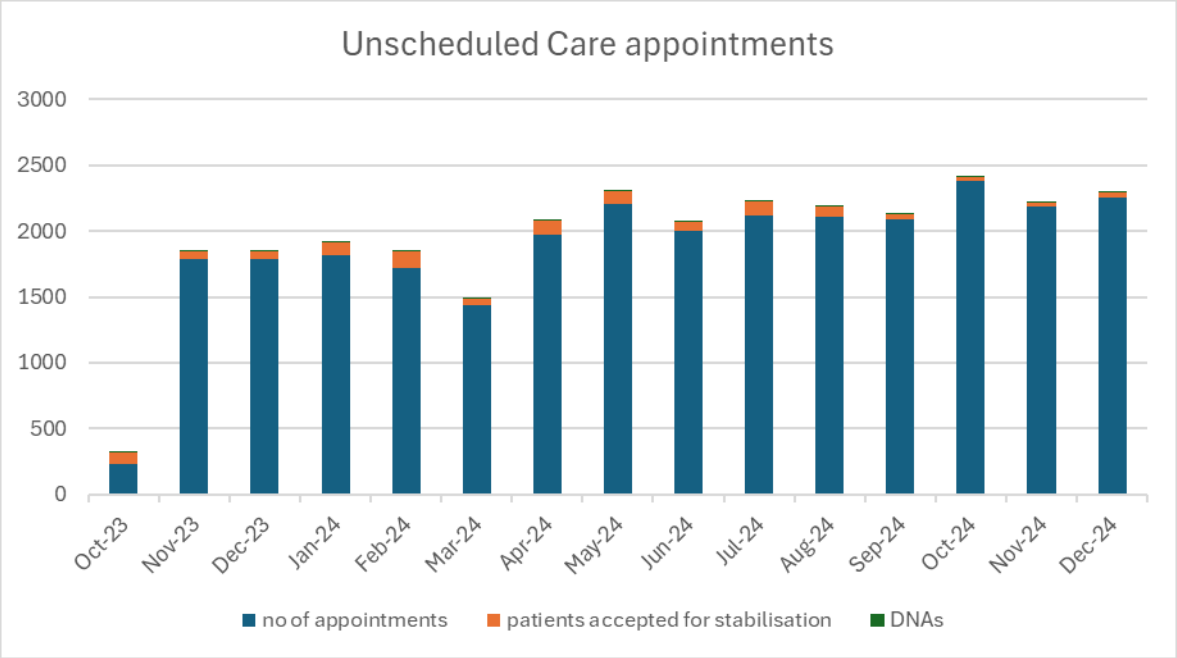
Patients in pain contact NHS 111 who triage their need for an urgent appointment and refer to a local practice if appropriate where they will be clinically triaged as to whether they meet the NHS England clinical standard for urgent care. Approximately 7.9% of NHS 111 activity relates to dental matters and 0.7% of Out of Hours activity.

GP Front Door data for period 1/4/24 – 31/1/2025 is also shown below:

| Acute setting | Number of dental attendances | Total attendances | % |
|---|---|---|---|
| JPUH | 978 | 14,202 | 6.9 |
| NNUH | 654 | 14,097 | 4.6 |
| QEH | 571 | 12,587 | 4.5 |

The ICB manages patient demand for the appointments so as not to place pressure on providers or raise unrealistic expectations for patients and this is the reason for signposting into the service via NHS 111.
Practices on the scheme may see patients who contact a provider directly and fit the criteria for urgent treatment.

Providers report their activity monthly to the ICB for payment purposes. The number of people being treated by the service continues to increase. Since October 2023, more than 28,000 appointments have been delivered with 19,304 delivered since April 2024. The bar chart below showcases the data from October 2023 to December 2024 which shows the number of patients being seen and upward trend in patients being accepted for stabilisation (1100) and a consistently low Did Not Attend rate (0.2%).




A service review undertaken during 2024 and a report presented to DSDG in August 2024 set out recommendations to inform plans from April 2025. Feedback at the time indicated there may be a gap in demand versus need of approximately 900 appointments per month underscoring the potential need for increased provision and the additional service provision from January 2025 will help address this potential gap. The review also identified a shift to a sessional payment model and improved communications between providers and NHS 111 call handlers, the latter is being addressed.

IC24 have suggested that a dental triage specialist within 111 might help avoid patients being signposted to providers who do not fit the profile of a patient for this pilot, thus avoiding patients being denied treatment by the provider. This option has been discussed with the MCN Chairs and IC24 and a business case is being prepared about possible implementation subject to funding approval.

The ICB agreed an annual investment of £1.2m for this service for 2024/2025 and has agreed to extend the scheme beyond April 2025. The recent use of flexible commissioning is cost neutral for the ICB but effectively increases the investment by £413k per year to over £1.6m.

Urgent treatment is one of the national priorities in 2025/2026 as set out in the NHS England Operational Planning Guidance and the ICB has recently received guidance as to how unscheduled care is expected to be delivered from April 2025. The ICB has a local target to increase urgent care appointments by 21,520 with a baseline of June 2024 and plans to achieve this are being developed building on current provision.

- **Out of Hours Services**

A tender is currently underway to secure new provision in three key areas: East Norfolk (Gt Yarmouth or Lowestoft), West (King's Lynn) and Central (Norwich) from April 2025. The new provider(s) will be required to report activity monthly to the ICB.

## 3 Investment 2024/2025

The ICB agreed investment plans for 2024/2025 to support delivery of our priorities for this financial year, as shown below:

| Scheme | Actual start date | Investment commitment |
|---|---|---|
| Access Improvement Scheme: improving access for new patients with a focus on reducing health inequalities | Nov 2024 | £1.5m |
| Child Focused Dental Practices to offer treatment to vulnerable children and young people | Feb 2025 | £550k |
| Workforce recruitment and retention | May 2024 | £1.2m |
| Uplift in UDA activity rates to support recruitment & retention (local and national access recovery plan) | March 2024 | £901k |
| Shared Care Pathway (previously known as Medical Needs pathway) | April 2025 | £850k |
| Overperformance for year end 2024/2025 (final spend known July 2025) | n/a | £750k |
| Commissioning of a dental van to support rural and coastal communities (national Dental Recovery Plan Feb 2024) | Paused | n/a |
| Urgent Treatment pilot | Oct 2023 | £1.6m* |

**includes additional flexible commissioning from 2025, cost neutral to ICB.*

## 4 Other service updates

- **Secondary Care Dental Services**

NHS England published a series of recommendations to support the sustainability for secondary care services across the region. Suffolk and North East Essex ICB agreed to lead the regional work programme and have recruited a small team jointly funded by all ICBs in the region. Monthly meetings take place to discuss progress and agree next steps and any risks. Inter-relationship between all service areas means that the work programme crosses over into primary and community care as well.

Current agenda items include commissioning of TMJ services in secondary care and sedation services in primary care. Paediatric pathways also form part of the workplan, including commissioning of CFDPs and development of tertiary services.

The ICB is currently collating baseline information, including waiting lists, risks and concerns from secondary care dental services providers to help inform the support and actions to be taken in relation to monitoring and supporting secondary care services. It is expected to have this information by mid March 2025. Pressures on secondary care theatre space often result in children waiting for extractions under general anaesthetic to be delayed (the service is provided by CDS).

## 5 National Dental Access Recovery Plan

The national Dental Access recovery Plan was published in February 2024 however with a change in government, some of the plans not yet implemented have now been paused pending new guidance.

- **UDA uplift**

The ICB agreed to uplift contracts to a minimum UDA rate of £30 which is higher than the national recommendation of £28.

- **New patient premium**

The national dental access recovery plan introduced a new patient premium in March 2024 to encourage practices to see new patients.

Providers benefit from additional UDA activity towards their year end achievement which is having the effect of some practices achieving their annual contracted activity earlier in the financial year than planned. Between April 2024 – end January 2025, the New Patient Premium (NPP) generated 58,115 forms submitted to BSA in Norfolk and Waveney.



NHS England are actively engaging with providers and commissioners whether the NPP should continue beyond April 2025.

- **Dental mobile van**

The ICB was identified nationally as one of the ICBs advised to commission a dental mobile van to address health inequalities in rural and coastal areas offering the full range of dental treatment to patients. Development of a service specification and provider engagement was led by NHS England. The ICB has received guidance recently that responsibility for commissioning a dental van will now fall to ICBs which will enable the ICB to consider how and if to commission a dental van and what services should be offered within the wider context of our commissioning plans to reduce health inequalities.

- **Oral health prevention**

No guidance has yet been received from NHS England about oral health prevention however it is expected that toothbrushing schemes will be included in national priorities. The ICB has been working with Norfolk County Council Public Health team over the past year to understand current activity and to undertake a gap analysis to inform future commissioning plans. Oral health prevention is anticipated to form part of the ICB's plans for 2025/2026 for both children and older adults.

- **Screening in SEN schools**

A dental, eye and hearing health screening programme into Special Educational Needs schools is mandated for all ICBs. Market engagement with potential providers is being led nationally and will determine how individual ICBs will commission services locally. Dental funding is provided with ICB's SDF budget which is not confirmed beyond 2024/2025 so there is a potential risk as services are unlikely to start until April 2025.

## 6 LTDP - What does success look like?

The LTDP identifies the following drivers for change and these continue to inform the ICB's discussions around commissioning plans across primary, community and secondary care services.

## Drivers for change

- Lack of access to general dental services for new patients
- Increasing pressure from patients to access NHS dental services
- Increasing pressure on the dental workforce, including reception teams
- Limitations of national dental contract for primary care services
- Workforce recruitment and retention challenges
- Low morale reported by some in the dental profession due to the pressures (recent ICB health and wellbeing survey)
- Contract terminations and move towards private dentistry
- Oral health needs of the public and patients not being met
- Poor oral health outcomes for some children and young people
- Limited access to urgent treatment for individuals in pain
- Lack of Access to Level 2 services for oral surgery, endodontics and restorative services at local level
- Waiting lists for access to some services, e.g. community dental services and secondary care – limited capacity

The following success factors were identified in the LTDP.

## What does success look like?

- New patient access
- Patient and public satisfaction
- Individuals in pain can access urgent treatment within 48 hours of initial contact
- Workforce morale improving
- Number of dentists and dental care professionals coming to work, and remaining, in Norfolk and Waveney
- Sustainable Out of Hours service model to meet population need
- Access to enhanced Level 2 services locally within Norfolk and Waveney and hospital care when needed
- Improving oral health in children and adults

- Shift to private dental practice
- Number of dentists and dental care professionals leaving
- Reduced referrals to secondary care for extractions in children
- Urgent treatment activity down as a result of improved access
- Waiting lists down
- Oral cancer rates down

Early evidence is that the LTDP is making a difference with small improvements being made:

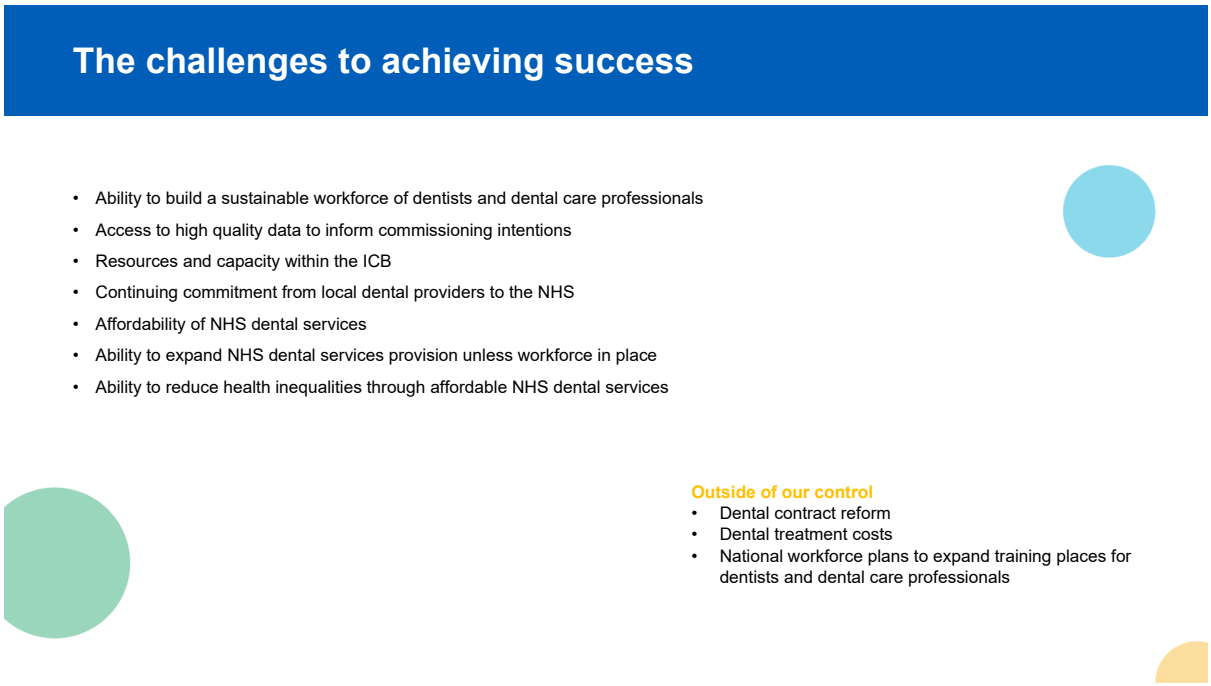
- new patients are being seen
- number of contracts terminated reduced to one in 2024/25 compared to four in 2023/2024 and 6 in 2022/23.
- ICB staff engagement with providers is positive and welcomed

- Workforce plans are having a positive impact
- Individuals in pain can see a dentist.

The ICB is committed to continuing to make a difference for the local population, reducing health inequalities and supporting all local providers to remain within the NHS and to develop their workforce.

## 7 Risks and Challenges

The risks and significant challenges in achieving the LTDP have not changed since the ICB took on responsibility in April 2023.




If anything, there is an increased risk as payment of the DDRB uplift 2024/2025 was delayed until March 2025 and together with the increased national insurance contributions and minimum wage increase from April 2025, the dental profession is raising further concerns about sustainability of NHS dental services.

Publication of the government's 10 year plan for the NHS in the spring 2025 is likely to determine the sustainability of services and commitment of providers to offering NHS services in the future.

## 8 Next Steps



To present a paper to Committee in May 2025 that sets out the following:

- To agree performance outcome measures from April 2025 for approval by PCCC, including health inequality data / outcomes.

- To set out the ICB plans for Year 2 mobilisation in 2025/2026 that focus on agreed priorities to reduce health inequalities and focus on children and young people, including pathways for development and mobilisation:
    - Improve oral health education and prevention for all
    - Level 2 services commissioning and workforce plans – minor oral surgery, endodontics and periodontics
    - Expansion of Access Improvement scheme
    - UDA uplift in areas of high deprivation, rural and coastal area,
    - Sustainability of orthodontic services from March 2027, and
    - Special Care Dental Services (from Oct 2026).

To implement national dental recovery plans as required in line with the new NHS 10 year health plan, Operational Planning Guidance and Neighbourhood health Guidelines for 2025/2026.

Investment for individual pathways and service development will be subject to approval through ICB governance processes. The ICB recognises that new pathways have placed a higher reporting burden on practices and one of the projects for next year will be to find a digital solution that simplifies reporting for providers and data collation for the ICB.

**Recommendation to Committee:**

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| To note progress on development and implementation of the LTDP and next steps to further progress the Plan. |

| **Key Risks** | |
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| **Clinical and Quality:** | Mobilisation of the LTDP will improve the quality and availability of dental care for the N&W ICB population and support local dental providers in quality improvement |
| **Finance and Performance:** | LTDP has been delivered within the agreed investment of £6.2m for 2024/2025 |
| **Impact Assessment (environmental and equalities):** | Mobilisation of the LTDP aims to reduce health inequalities |
| **Reputation:** | Inability to implement the LTDP and improve access and oral health of the local population will negatively impact the ICB's reputation |
| **Legal:** | Not applicable |
| **Information Governance:** | Not applicable |
| **Resource Required:** | Primary Care, Finance, Quality, Commissioning & Performance, Clinical Advisor for Dentistry |
| **Reference document(s):** | ICB's Long Term Dental Plan, ICB Joint Forward Plan, National Dental Access Recovery Plan |
| **NHS Constitution:** | Not applicable |

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| **Conflicts of Interest:** | None identified |
| **Reference to relevant risk on the Board Assurance Framework** | BORR09 / BORR08 / BAF02 |

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

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| **Subject:** | **Dental Development Group report** |
| **Presented by:** | **Fiona Theadom, Head of Primary Care Commissioning (Dental and GP)** |
| **Prepared by:** | **Sarah Johnson, Senior Primary Care Commissioning Manager – Dental** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **11 March 2025** |

**Purpose of paper:**

To provide the Committee with a report of the meetings of the Dental Development Group ("DDG") held on 21st January 2025. The meeting scheduled for 17th December 2024 was cancelled.

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| **Group:** | **Dental Development Group** |
| **Chair** | **21st January 2024**: Sadie Parker, Director of Primary Care, Norfolk, and Waveney ICB |
| **Purpose of the Group** | The purpose of the group is to:<br>1. provide a 'safe space' for key stakeholders across the Norfolk and Waveney system to come together to discuss and drive delivery of the systems dental ambitions.<br>2. share information, soft intelligence and agree actions as how to best work together to keep the dental transformation and support for Norfolk and Waveney (N&W)<br>3. work together to agree a 3 – 5-year strategy by March 2024<br>4. enable a joined-up approach to solution finding and decision making, ensuring that we utilise all aspects of our system in the initial scoping of decisions and outcomes for N&W.<br>5. To inform decision making by the ICB from 1 April 2023<br><br>Engagement planning in the co-production of services going forward including those from |

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| | secondary care, community care, urgent and emergency care and Patients.<br><br>Terms of Reference are in place however there is no formal quoracy for the meeting. |
| **Meetings** | **21st January 2025** |
| **Key items for assurance / noting** | **21st January 2025:**<br><br>The following items were discussed by DDG:<br><br>• **Greener Sustainability** – Stella Cockerill from NHS England presented on greener sustainability in dentistry, focusing on sustainable healthcare design and reducing carbon footprint. She highlighted the importance of commissioning in driving change. Stella also discussed the NHS Net Zero targets and the challenges to achieving them; Social Value and Sustainability as a broader concept including tackling health inequalities, supporting education and employment and improving community assets; and the Green Impact Toolkit, a behaviour change toolkit designed to help dental practices engage in sustainable practices. Ben Chandler followed on from this discussion by explaining that the Workforce team have submitted a Net Zero bid which has 2 focuses, workforce behaviour change and building emission reduction into dental practices.<br><br>• **Special Care Dental Services** – Following the previous meeting and sharing of her presentation as MCN Chair, Yee Lee provided an overview of special care dentistry, distinguishing it from paediatric dentistry. The focus is on adolescents and adults with additional needs and medical complexities. Glen Taylor and Tom Norfolk raised the workforce challenges in special care dentistry and raised the need for education and training to assist with recruitment and retention.<br><br>• **Urgent Treatment Service Proposal** – Fiona Theadom provided an update on the urgent treatment service proposal, noting that the service will be extended into 2025-2026 |

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| | pending further guidance from the national team.<br><br>• **Long Term Dental Plan 2025/26** – Fiona Theadom outlined high level proposals for Year 2 of the ICB's Long-Term Plan for 2025-2026, which includes various initiatives such as special care dental services, orthodontic services, oral health prevention, and workforce recruitment and retention. Sally Weston-Price offered to provide public health expertise to support, particularly in areas such as oral health prevention and addressing health inequalities.<br><br>• **All Age Oral Health Promotion** - Cindy Marsh informed the group about a new Members Group on all age oral health promotion, which will focus on primary prevention approaches. The group is being set up following the positive reception of a paper presented to the County Council. |

**Recommendation to the Committee:**

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| To note the report for assurance purposes |

| **Key Risks** | |
|---|---|
| **Clinical and Quality:** | The Group contributes to the development of ICB plans and projects aimed at ensuring and improving the quality of NHS dental care in Norfolk and Waveney.<br>The Group's membership includes a wide range of clinicians to inform ICB plans from a clinical perspective. |
| **Finance and Performance:** | Finance is part of the membership to consider if schemes offer value for money opportunities and to keep informed about potential developments |
| **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** | BORR08 BORR09 |

Improving lives **together**

Norfolk and Waveney Integrated Care System

# 2024/25 Primary Care Commissioning Committee

# Finance Report Norfolk & Waveney ICB

# March 2025

Primary Care Commissioning Committee 11th March 2025

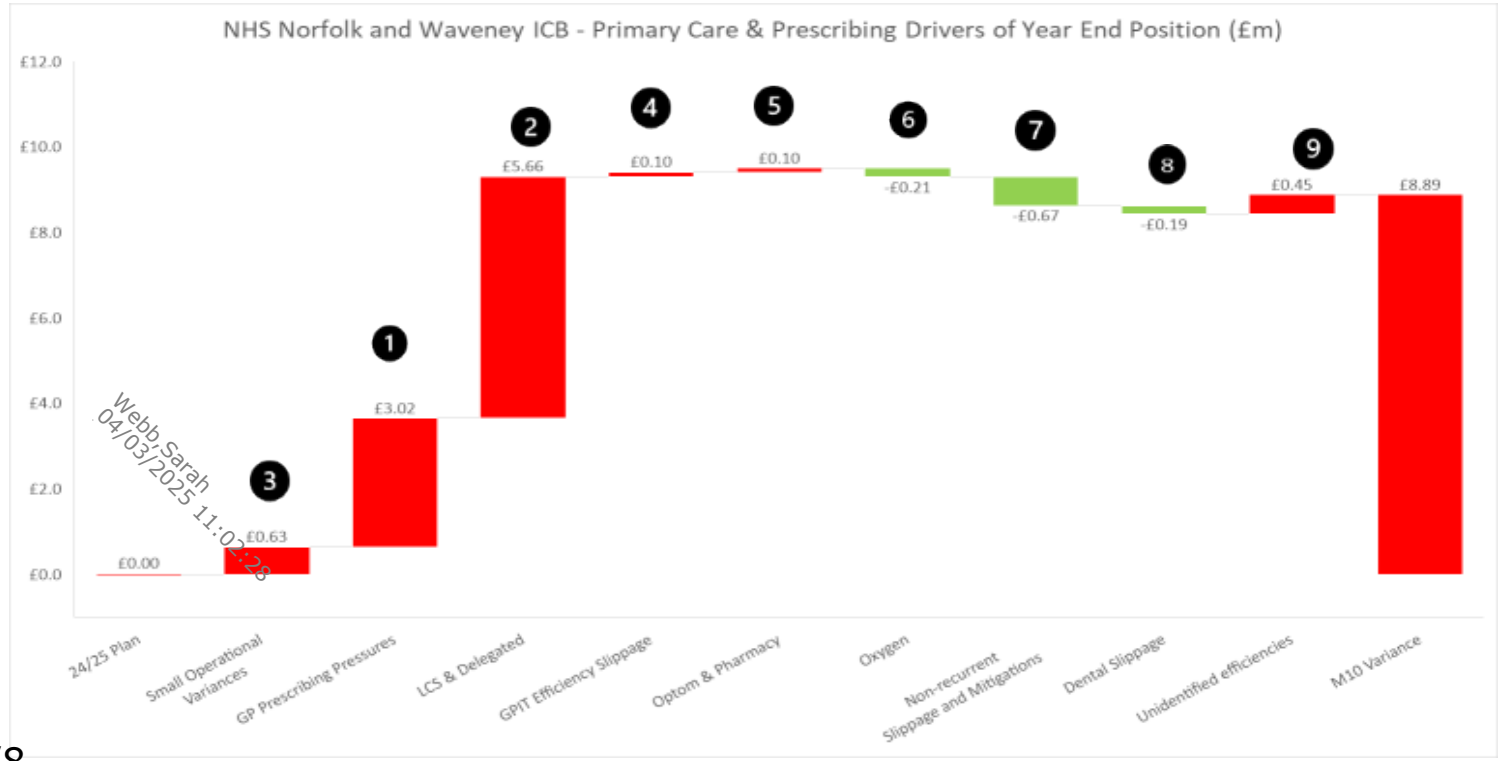
# Contents

# 1.0 Executive summary – Reporting

**Reported Financial Position:** As of January 2024 (M10), the Primary Care & Prescribing reported position is £8.9m overspent.

| | Annual Budget | Budget | Actual | Variance | Forecast | FOT Variance |
|---|---|---|---|---|---|---|
| | £m | £m | £m | £m | £m | £m |
| Reported | 584.6 | 478.0 | 482.7 | 4.7 | 593.5 | 8.9 |

**Variances:**
The key operational variances are shown below:




The GP & Prescribing position is a £8.9m overspend noting the following variances.

- Unidentified Efficiencies in GP Prescribing is the reason for the overspend. The original stretch target was circa £4m which has been reducing due to DOAC switch benefits. 1
- LCS and Delegated budgets overspent because of ARRS allocation £3.75m due and prior year cost pressures on LCS. 2
- Small operational variance in other primary care eg MLL Data line increased costs, and delay in efficiencies in GPIT contract moving to new provider. 3
- Small slippage in GPIT efficiency 4
- Increased Optom activity visits and eye tests. 5
- Backdated Home Oxygen VAT reclaim (4 years due to change in VAT rules) resulting in net Oxygen costs lower than plan 6
- Non recurrent Prior Year mitigations and slippage. 7
- Dental contract hand back and activity change 8
- Unidentified Efficiencies in Primary Care has led to overspend. 9

**Managing In-Year Risks:**

- **Efficiencies**

The 24/25 plan required an ambitious efficiency target in order to balance the financial position at both ICB and ICS level which led to an Efficiency target of 6.25%. Whilst many schemes are still being worked , this gap is shown in ICB finance and also declared in the Financial Risk register.

# 2. Primary Care and Prescribing reporting M10

| Sub-Directorate (£m) | | Full Year Variance (underspend) / overspend | Variance – significant items |
|---|---|---|---|
| GP Prescribing | | £2.81 | The adverse variance is due to Unidentified Efficiencies £4.2m mitigated by Prior Year benefit crystallised and over delivery of identified efficiencies eg Apixaban |
| Budget | £202 | 1.4% | |
| Other Prescribing costs | | £0.64 | Mental Health drugs prescribing as a result of Right to Choose |
| Budget | £18 | 3.5% | |
| Delegated Primary Care | | £4.08 | Additional Roles Reimbursement Scheme(ARRS) Forecast Outturn is shown as per NHSE Guidelines and allocation of £3.75m to follow in Month 11. Balance due to cost pressure is due to rent reviews. |
| Budget | £233 | 1.7% | |
| Local Enhanced Services(LES) | | £1.58 | Prior Year actuals came in higher than estimate in Treatment Rooms (Complex Dressings) and Phlebetomy and also some in year adverse variance for the same areas |
| Budget | £12 | 13.0% | |
| Other Primary Care | | £(0.57) | Cost Pressures due to termination of MLL contract and deferral of GPIT contract efficiency beyond 24/25 mitigated by Prior Year benefits and Non recurrent income |
| Budget | £14 | -4.0% | |
| Dental | | £(0.19) | Slight underspend |
| Budget | £69 | -0.3% | |
| Optom | | £0.10 | There have been increased home visits, NHS funded sight test and NHS funded glasses which is driving the adverse variance in this area. |
| Budget | £11 | 0.9% | |
| Pharmacy | | £0.00 | Reported on Plan |
| Budget | £24 | 0.0% | |
| Unidentified efficiencies | | £0.45 | Efficiencies still being worked on |
| Budget | £0 | -100.0% | |
| **Total** | **£585** | **£8.89** | |



*Please note the £3.75m ARRS allocation due is reported as a variance currently but expected to be paid in future months*

# 3. ICB Financial Position M10

| Directorate Full Year Budget (£m) | M10 Full year Variance (underspend) / overspend | Variance – significant items |
|---|---|---|
| Acute<br>Budget £1,312 | £10.78<br>0.8% | Increase in activity in Independent sector providers (some offset in 'other' for additional ERF & SCC staff costs). |
| Spec Comm<br>Budget £199 | £(3.36)<br>-1.7% | Underspend on GPFP10s and other reserve balances |
| Community and Better Care Fund (BCF)<br>Budget £263 | £3.79<br>1.4% | Underspend in ICES and Shared Care Record |
| Continuing Healthcare<br>Budget £164 | £0.54<br>0.3% | Continued demand in Fast track, Adult LD and 5 new children's packages |
| Mental Health MHIS<br>Budget £200 | £(0.42)<br>-0.2% | Underspend due IPP LDA & CYP packages less activity pressures in patient choice. |
| Mental Health Non MHIS<br>Budget £81 | £(0.11)<br>-0.1% | On plan |
| Prescribing<br>Budget £221 | £3.44<br>1.6% | NCSO overspend and weight management drugs |
| Primary Care<br>Budget £364 | £5.44<br>1.5% | ARRS allocation due , LCS Overspends in Complex Dressings and Phlebotomy and MLL Data lines, partially offset by dental hand backs |
| Other - Combined areas<br>Budget £25 | £(1.72)<br>-6.9% | Dilapidations and other minor variances. |
| Planning<br>Budget -£23 | £(17.11)<br>74.3% | Extra ERF for ISP and funding for SCC , Wave 4b reduction and RF profile and PY |
| Running Costs<br>Budget £21 | £(1.30)<br>-6.3% | provision release for reorganisation costs and over achievement of vacancy factor |
| **Total £2,827** | **£0.00** | |

# 4.0 Prescribing Efficiencies M10

| Prescribing Efficiencies Top 10 by value<br>Budget (£000's) | | Actual (£000's) | Var (£000's) Fav (Adv) | Variance – significant items |
|---|---|---|---|---|
| OptimiseRx | | | £112 | Increased savings than plan as more surgeries use Optimise Rx |
| Budget | £2,400 | £2,512 | 4.7% | |
| DT Windfall( Apixaban savings) | | | £400 | Increased savings than plan as more patients prescribed Apixaban. |
| Budget | £2,310 | £2,710 | 17.3% | |
| BOC VAT Rebate | | | £348 | Increased savings than plan due to additional VAT recovery due |
| Budget | £867 | £1,215 | 40.1% | |
| Low Risk, cost effective switching programme | | | £0 | On Plan. |
| Budget | £600 | £600 | 0.0% | |
| New Rebate opportunities | | | £(300) | Savings lower than expected |
| Budget | £600 | £300 | -50.0% | |
| Rivaroxaban windfall | | | £1,649 | Increased savings than plan as more patients patients prescribed Rivoraxaban |
| Budget | £600 | £2,249 | 274.8% | |
| Low Priority Prescribing | | | £648 | Increased savings than plan |
| Budget | £500 | £1,148 | 129.6% | |
| Fostair Rebates | | | £108 | Increased savings than plan |
| Budget | £475 | £583 | 22.7% | |
| Greener/lower cost inhalers (supported by PQS/rebates) - 5% | | | £(9) | Marginally under plan |
| Budget | £394 | £385 | -2.3% | |
| Opioid costs (supported by PQS/rebates) - 10% | | | £(111) | Under plan mainly due to elective surgery waiting times |
| Budget | £360 | £249 | -30.8% | |
| Other Efficiencies | | | £(204) | Slightly under plan |
| Budget | £1,630 | £1,426 | -12.5% | |
| **Sub-Total** | £10,736 | £13,377 | £2,845 | |
| | | | | |
| Unidentified Savings | | | £(4,223.00) | Gap still being worked out |
| Budget | £4,223 | £0 | -100.0% | |
| **Grand Total** | **£14,959** | **£13,377** | **£(1,582)** | Net under delivery against plan |

# 5.0 LCS Activity Tracker

| Locally Commissioned Service | YTD Budget (£) | Qtr 1 Claimed (£) | Qtr 2 Claimed (£) | Qtr 3 Assessing (£) | Utilisation % | Comment |
|---|---|---|---|---|---|---|
| Care Homes | 291,126 | 79,476 | 75,275 | - | 53% | Q3 claims being assessed |
| Diabetes | 396,906 | 176,671 | 159,194 | 105,834 | 111% | Q3 claims being assessed |
| Eating Disorders | 220,189 | 50,091 | 43,456 | 31,081 | 57% | Q3 claims being assessed |
| Inclusion Health | 396,438 | 96,879 | 90,309 | 79,487 | 67% | Q3 claims being assessed |
| Mental Health SMI Health Checks | 245,817 | 61,002 | 71,971 | 57,136 | 77% | Q3 claims being assessed |
| Phlebotomy | 4,301,741 | 1,480,520 | 1,499,626 | 1,287,252 | 99% | Q3 claims being assessed |
| Proactive Healthcare | 3,483,528 | 1,039,809 | 1,039,809 | 687,307 | 79% | Q3 claims being assessed |
| PSA | 258,697 | 107,536 | 106,004 | 93,912 | 119% | Q3 claims being assessed |
| Shared Care | 1,153,771 | 355,196 | 355,242 | 261,860 | 84% | Q3 claims being assessed |
| Spirometry | 330,250 | 109,703 | 97,240 | 72,058 | 84% | Q3 claims being assessed |
| Treatment Room | 1,827,472 | 534,180 | 553,524 | 289,364 | 75% | Q3 claims being assessed |
| Warfarin | 611,708 | 171,858 | 131,531 | 101,208 | 66% | Q3 claims being assessed |
| MGUS | - | - | - | 23,265 | | |
| | | | | | | |
| **Total** | **13,517,642** | **4,262,920** | **4,223,181** | **3,089,764** | 86% | Qtr 1 window closed 31 Jul (14th Aug for some schemes as problems with Ardens searches), Q2 window closed and Q3 claims closed on 31st Jan but Finance team assessing any underclaims |

- Quarter 1 window closed on the 31st July (14th Aug for some schemes as problems with Ardens searches). Claims all processed for payment in August for all schemes.
- Quarter 2 window closed on the 31st October.
- Quarter 3 window closed on 31st Jan and Finance Team assessing underclaims.

# Appendix A – Detailed Financial Position

| Norfolk and Waveney ICB | | N&W ICB | N&W ICB Position at Month 10 £000s | | | N&W ICB Forecast £000s | |
|---|---|---|---|---|---|---|---|
| Service Line | Description | Annual Budget | Budget | Actual | Variance | Forecast | FOT Variance |
| Prescribing | Central Drugs | 5,690,725 | 4,742,270 | 4,805,812 | 63,542 | 5,820,812 | 130,087 |
| | Gp Prescribing | 202,373,123 | 168,283,875 | 171,039,885 | 2,756,010 | 205,180,474 | 2,807,351 |
| | Medicines Management - Clinical | 3,528,469 | 2,946,648 | 3,026,343 | 79,695 | 3,609,933 | 81,464 |
| | Other Prescribing | 5,979,898 | 4,989,250 | 5,440,436 | 451,186 | 6,613,586 | 633,688 |
| | Oxygen | 1,810,788 | 1,508,980 | 1,331,811 | (177,169) | 1,600,559 | (210,229) |
| | Prescribing Incentives | 1,291,118 | 1,075,930 | 1,075,931 | 1 | 1,291,117 | (1) |
| **Prescribing Total** | | **220,674,121** | **183,546,953** | **186,720,218** | **3,173,265** | **224,116,481** | **3,442,360** |
| Primary Care | Gp Forward View | 2,235,780 | 1,579,542 | 1,435,344 | (144,199) | 1,929,967 | (305,813) |
| | Local Enhanced Services | 12,199,953 | 10,125,781 | 10,661,376 | 535,596 | 13,780,284 | 1,580,331 |
| | Other Primary Care | 3,861,938 | 3,048,664 | 2,677,749 | (370,915) | 3,497,847 | (364,091) |
| | PMS to GMS Transition | | | | | | |
| | Primary Care Delegated Co-Commissioning | 233,302,110 | 189,183,009 | 190,404,178 | 1,221,170 | 237,383,758 | 4,081,648 |
| | Primary Care IT | 8,362,487 | 5,639,467 | 5,644,890 | 5,423 | 8,458,452 | 95,965 |
| | DOP Delegated pay | 503,442 | 413,112 | 366,345 | (46,767) | 455,017 | (48,425) |
| | Ophthalmology Services | 11,230,489 | 9,358,741 | 9,442,420 | 83,679 | 11,330,416 | 99,927 |
| | Community Pharmacy | 23,957,198 | 20,019,063 | 20,019,063 | 0 | 23,957,198 | 0 |
| | Community Dental | 3,470,928 | 2,892,440 | 2,775,092 | (117,348) | 3,353,580 | (117,348) |
| | Primary Dental Services | 50,401,007 | 40,197,506 | 40,156,917 | (40,589) | 50,373,097 | (27,910) |
| | Secondary (Acute) Dental | 14,845,014 | 12,370,846 | 12,370,846 | 0 | 14,845,014 | 0 |
| | Unidentified efficiencies | (449,712) | (374,760) | 0 | 374,760 | 0 | 449,712 |
| **Primary Care Total** | | **363,920,634** | **294,453,411** | **295,954,220** | **1,500,810** | **369,364,630** | **5,443,996** |
| **Prescribing & Primary Care Total** | | **584,594,755** | **478,000,364** | **482,674,438** | **4,674,075** | **593,481,111** | **8,886,356** |

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*Please note the £3.75m ARRS allocation due is reported as a variance currently but expected to be paid in future months*

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 13

| | |
|---|---|
| **Subject:** | **Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made 01 October 2024 to 31 December 2024** |
| **Presented by:** | **Gregg Syder – Commissioning Manager – Pharmacy and Optometry** |
| **Prepared by:** | **Gregg Syder – Commissioning Manager – Pharmacy and Optometry in conjunction with ICB contracting team hosted by Herts and West Essex ICB** |
| **Submitted to:** | **Primary Care Commissioning Committee Part 1** |
| **Date:** | **11th March 2025** |

## 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 1st October 2024 to 31st December 2024 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 1st October 2024 to 31st December 2024.

| **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<br>**Agenda item: 13** |
|---|

| | |
|---|---|
| **Meeting/Committee:** | **Primary Care Commissioning Committee Part 1** |
| **Venue:** | **Teams Meeting** |
| **Date:** | **11th March 2025** |

| | | |
|---|---|---|
| **Title of Report** | **Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (October 2024 – December 2024)** | |
| **Presented by** | Gregg Syder – Commissioning Manager – Pharmacy and Optometry | |
| **Author** | Katie Donohue, Commissioning Support Officer<br>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 01st October 2024 to 31st December 2024. | Outcome of Discussion:<br>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.<br><br>The meetings are governed by Terms of Reference (TOR) as set out in the Pharmacy Manual and have been ratified by PSRC. | |

**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 October 2024 – December 2024:

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

| Application | Health and Wellbeing Board | Decision |
|---|---|---|
| **Inclusion in a pharmaceutical list: routine application offering to secure unforeseen benefits:** Hurn Chemists Ltd, Retail Unit, 1 Chaston Place, High Street, Watton, Norfolk, IP25 6XE | Norfolk | Refused |
| **Inclusion in a pharmaceutical list: routine application offering to secure unforeseen benefits:** Foschell Ltd, Wessex Drive, Vulcan Place Shops, Watton, Thetford, IP25 6XU | Norfolk | Refused |
| **UB Application for inclusion in a pharmaceutical list: routine application offering to secure unforeseen benefits:** Sarracare Ltd, Cannerby Lane Shops, Norwich NR7 8NG | Norfolk | Refused |
| **Application for inclusion in a pharmaceutical list: no significant change relocation application within Suffolk HWB's area:** Superdrug Stores PLC, 14 The Britten Centre, Lowestoft, Suffolk, NR32 1LR | Suffolk | Granted |

## Market Entry - Decisions made (outside scheduled PSRC meetings):

| Application | Health and Wellbeing Board | Decision |
|---|---|---|
| None | | |

## 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. |
|---|---|---|---|---|
| Magdalen Medical Supplies Ltd | Norfolk | PSRC Refused Application | TBC | SHA/26408 |
| Foschell Ltd | Norfolk | PSRC Refused Application | TBC | SHA/26415 |
| Hurn Chemist Ltd | Norfolk | PSRC Refused Application | TBC | SHA/26412 |

## Fitness Decisions (within scheduled PSRC meetings):

| Fitness Notifications / Concerns | Health and Wellbeing Board | Decision |
|---|---|---|
| **Fitness Review for Sarracare Ltd – New Inclusion Pending Unforeseen Benefits Application (UB)** | Norfolk | The Committee agreed that Sarracare Ltd is a fit and proper person to be included on the Norfolk HWB pharmaceutical list pending a successful UB application. |
| **Fitness Review Ark Pharm Ltd – New Inclusion Pending Change of Ownership (COO)** | Norfolk | The Committee agreed that Ark Pharm Ltd is a fit and proper person to be included on the Norfolk HWB pharmaceutical list. |
| **Fitness Review Watlington Health Ltd – COSI** | Norfolk | The Committee agreed that Watlington Health Ltd remains a fit and proper person to be included on the Norfolk HWB pharmaceutical list. |
| **Fitness Review Nowruz Enterprise Ltd – COSI** | Norfolk | The Committee agreed that Nowruz Enterprise Ltd remains a fit and proper person to be included on the Norfolk HWB pharmaceutical list. |
| **Fitness Review Citrus Fruit Ltd – New Inclusion Pending COO** | Norfolk | The Committee agreed that Citrus Fruit Ltd is a fit and proper person to be included on the Norfolk HWB pharmaceutical list. |
| **Multiple Bodies Corporate – COSI;** | Norfolk | The Committee agreed that the Corporate Bodies remain a fit and |

| | | |
|---|---|---|
| • East Anglia Pharma Ltd<br>• T & C Hunt Ltd<br>• Medsio Ltd | | proper person to be included on the Norfolk HWB pharmaceutical lists. |
| **Fitness Review Birchwood EA Ltd – New Inclusion Pending NSCR and COO** | Norfolk | The Committee agreed that Birchwood EA Ltd is a fit and proper person to be included on the Norfolk HWB pharmaceutical list. |

## Fitness Decisions (outside scheduled PSRC meetings):

| Fitness Notifications / Concerns | Health and Wellbeing Board | Decision |
|---|---|---|
| None | | |

## 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.

| Application | HWB Area | Commissioner Decision | First Tier Tribunal Decision | Appeal Ref. |
|---|---|---|---|---|
| None | | | | |

## Regulatory Timescales:

The 2013 regulations set out timescales by which the ICB should process and determine applications. The Pharmacy and Optometry Contracting Team constantly strive to meet timescales however there are occasions when timescales are exceeded. The timescales vary depending on the type of application, for example, a change of ownership application should be determined within 30 days, an unforeseen benefits application should be determined within 4 months. Consideration is therefore required as to how this can accurately be reflected in a quarterly report.

For this report and future reporting, the ICB will be informed of the number of applications completed within the relevant quarter that have exceeded the timescales. Where timescales have not been met, a brief reason and mitigations will be provided.

| Application delayed | Reason for delay | Mitigation |
|---|---|---|
| CAS-316919-F8N0Y7 (COO) | Fitness was required and missing information had to be sought from the applicant. | COO applications that require fitness cannot normally be determined in 30 days. It is difficult to mitigate a situation where the applicant has not provided the required information. |

**Recommendation(s):**

| |
|---|
| Note the decisions made at the PSRC meetings between October 2024 and December 2024. |

**Next Steps:**

| |
|---|
| • Reporting will occur on a quarterly basis. |

Norfolk and Waveney
Integrated Care Board

Agenda item: 14

| | |
|---|---|
| **Subject:** | **Terms of Reference for Primary Care Commissioning Committee** |
| **Presented by:** | **Fiona Theadom, Head of Primary Care Commissioning (Dental and GP)** |
| **Prepared by:** | **Fiona Theadom, Head of Primary Care Commissioning (Dental and GP)** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **11 March 2025** |

**Purpose of paper:**

Members of the Committee are asked to agree and recommend the proposed amendments to the Terms of Reference to the ICB Board for approval.

**Executive Summary:**

The Primary Care Commissioning Committee (Committee) is responsible for direct oversight and assurance of activity relating to delivery of the ICB's Delegation Agreement relating to primary care services (medical, dental, optometry and pharmaceutical services) with NHS England. The Committee reports directly to the ICB Board on all matters relating to primary care.

The proposed minor amendments to the Terms of Reference are designed to ensure flexibility for Local Authority representatives from Norfolk and Suffolk respectively and to clarify the wider strategic primary care responsibilities and assurance role of the Committee.

A copy of the Terms of Reference with tracked changes attached as Appendix A.

**Report**

The following amendments to the sections indicated below in the Committee Terms of Reference are proposed, amendments highlighted in red:



**Attendees**

4.6 Only members of the Committee have the right to attend Committee meetings.

The following individuals, who are attendees and not members of the Committee, will be invited to attend Part 1 and Part 2 meetings subject to s.4.7:

- ICB Board Partner Member – Providers of Primary Medical Services
- Local Representative Committee members – Local Medical Committee, Local Dental Committee, Local Pharmacy Committee and Local Optical Committee
- Executive Director of Patients and Communities
- Director of Primary Care
- One practice manager (or other suitably experienced individual) from primary medical services and one individual from (NHS) primary dental services
- Representatives from Local Authority Public Health teams in Norfolk and Suffolk
- Healthwatch Norfolk
- Healthwatch Suffolk
- Local Authority representative – Norfolk
- Local Authority representative – Suffolk

**Section 6.1**

…..NHS England has delegated to the ICB authority to exercise the primary care commissioning functions in accordance with section 13Z of the NHS Act with specific obligations set out in Schedule 2 of the Delegation Agreement and general obligations set out below:

In delivering its responsibilities set out below, the Committee is responsible for delivery and oversight of the following

- The primary care strategic framework,
- Joint Forward Plan for primary care aims;
- annual NHS England Operational Plan relating to primary care; and
- assurance with NHS England Primary Care Commissioning Assurance Framework.

**Schedule 2D: Pharmaceutical services and local pharmaceutical services**

Norfolk and Waveney ICB remains responsible and accountable for the provision of this service and for the direct commissioning, management and quality of local pharmaceutical services and commissioning of Pharmacy First services in Norfolk and Waveney.



**Recommendation to the Committee:**

| |
|---|
| To agree and recommend the amendments to the Board for approval |

| **Key Risks** | |
|---|---|
| **Clinical and Quality:** | Primary Care Commissioning Committee has responsibility for quality in primary care and through the appropriate voting member |
| **Finance and Performance:** | Failure to have robust Terms of Reference in place for decision making risks decisions not being made with financial controls and oversight in place.<br><br>Strong governance and oversight through the updated Terms of Reference, finance voting member and regular reporting and oversight of the primary care budget which is the responsibility of PCCC. |
| **Impact Assessment (environmental and equalities):** | Failure to have robust Terms of Reference for Committee to adhere to risks the ICB not meeting its obligations in regards to its duties to reduce inequalities (14T), in the exercise of its functions, the Committee will have regard to the need to:<br><br>a) Reduce inequalities between patients with respect to their ability to access health services, and<br>b) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services |
| **Reputation:** | The Terms of Reference for the Primary Care Commissioning Committee are designed to set out the responsibilities of the Committee in relation to primary care matters to ensure strong governance, transparency, assurance and robust decision making processes to ensure the ICB fulfils its responsibilities under the Delegation Agreement |
| **Legal:** | |
| **Information Governance:** | None identified |
| **Resource Required:** | Primary Care and Corporate Affairs teams |
| **Reference document(s):** | Delegation Agreement with NHS England 2023, NHS England Primary Care Policy Manuals |
| **NHS Constitution:** | N/A |

| | |
|---|---|
| **Conflicts of Interest:** | None identified for this item. The Committee and both Delivery Groups have formal arrangements in place to manage conflicts of interest |
| **Reference to relevant risk on the Board Assurance Framework** | BAF02 |

~~Item No 5~~

# APPENDIX AF

## Norfolk and Waveney Integrated Care Board
## Primary Care Commissioning Committee
## Terms of Reference

**Revision History**

| Revision Date | Summary of changes | Author(s) | Version Number |
|---|---|---|---|
| January 2023 | Changes made to reflect transition of responsibility for pharmacy, dental and ophthalmic from NHS England to ICB | FT | 2.0 |
| March 2024 | Changes made to update the Terms of Reference to improve effectiveness | FT | 3.0 |
| March 2025 | Changes to update local authority representation, include Pharmacy First and strategic plans | FT | 4.0 |
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**Approvals**
This document has been approved by:

| Approval Date | Approval Body | Author(s) | Version Number |
|---|---|---|---|
| 1 July 2022 | ICB Board | | 1 |
| 28 March 2024 | ICB Board | | 2 |
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# 1 Constitution

1.1 The Primary Care Commissioning Committee (the Committee) is established by the Norfolk and Waveney Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.2 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

# 2 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its terms of reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
- Create a Primary Medical Services Delivery Group and a Dental Services Delivery Group that will undertake specific agreed tasks and decision making as set out in the ICB Governance. The Committee shall appoint the Chair and agree the membership and terms of reference of these groups in accordance with the ICB's constitution, standing orders and SoRD.

2.2 For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the SoRD.

# 3 Purpose

3.1 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 ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.

The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year, however this will be flexible to new and emerging priorities and risks.

3.2 The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

# 4 Membership and attendance

*Membership*

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than 4 members of the Committee based on their specific knowledge, skills and experience.

4.2 The members of the Committee who will attend Part 1 and Part 2 meetings are:

- A Local Authority Partner Member from the ICB Board (Chair)
- Non-Executive Member from the ICB Board (Deputy Chair)
- Executive Director of Nursing or their nominated deputy
- Executive Director of Finance or their nominated deputy

4.3 Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The nominated deputy will count in the quorum for the meeting and be able to cast a vote if required.

*Chair and Vice Chair*

4.4 The Chair of the ICB will appoint a Chair of the Committee who has the specific knowledge, skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair from amongst the members.

4.5 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

*Attendees*

4.6 Only members of the Committee have the right to attend Committee meetings. The following individuals, who are attendees and not members of the Committee, will be invited to attend Part 1 and Part 2 meetings subject to s.4.7:

- ICB Board Partner Member – Providers of Primary Medical Services
- Local Representative Committee members – Local Medical Committee, Local Dental Committee, Local Pharmacy Committee and Local Optical Committee
- Executive Director of Patients and Communities
- Director of Primary Care
- One practice manager (or other suitably experienced individual) from primary medical services and one individual from (NHS) primary dental services
- Representatives from Local Authority Public Health teams in Norfolk and Suffolk
- Healthwatch Norfolk
- Healthwatch Suffolk
- ~~Health and Wellbeing Board~~ Local Authority representative – Norfolk
- ~~Health and Wellbeing Board~~ Local Authority representative – Suffolk



4.7 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Boards, Secondary and Community Providers.

*Attendance*

4.8 Where an attendee of the Committee who is not a member of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

# 5 Meetings Quoracy and Decisions

5.1 The Committee will meet at least 4 times a year in public subject to the application of 5.4 below. The Committee will operate in accordance with the ICB's Standing Orders. The Secretary to the Committee will be responsible (or delegate where appropriate) for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each voting member and non-voting attendee at least 7 calendar days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he/they shall specify. Additional meetings may take place as required in public or private as appropriate for the nature of the business to be transacted.

The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

5.2 In accordance with the Standing Orders, the Committee will normally meet virtually unless a face to face meeting is deemed necessary.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

*Quorum*

5.3 For a meeting to be quorate a minimum of 3 Members of the Committee are required, including the Chair or Vice Chair of the Committee.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out at 5.7 and 5.8 may be followed.



*Decision making and voting*

5.5 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee or nominated deputy may vote. Each member is

allowed one vote and a majority will be conclusive on any matter.

5.6 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote or in their absence the Vice Chair.

*Urgent Decisions*

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

In the event that an urgent decision is required, if it is not possible for the Committee to meet virtually an urgent decision may be exercised by the Committee Chair (or Deputy Chair if the Committee Chair is conflicted) and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).

5.8 The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification and noted in the minutes.

# 6 Responsibilities of the Committee

6.1 NHS England has delegated to the ICB authority to exercise the primary care commissioning functions in accordance with section 13Z of the NHS Act with specific obligations set out in Schedule 2 of the Delegation Agreement and general obligations set out below.

~~6.1~~ In providing assurance and oversight of its responsibilities set out below, the Committee is responsible for delivery and oversight of the following~~:~~

~~Delivery and oversight of t~~The primary care strategic framework;
Joint Forward Plan for primary care aims;
Annual NHS England Operational Plan relating to primary care; and
Assurance with NHS England Primary Care Commissioning Assurance Framework.

**Schedule 2A: Primary medical services**

- decisions in relation to the commissioning, management and quality of Primary Medical Services;
- planning Primary Medical Services in the Area, including carrying out needs assessments;
- undertaking reviews of Primary Medical Services in respect of the Area;
- management of the Delegated Funds in the Area;
- co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

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**Schedule 2B: Primary dental services and prescribed dental services**

- decisions in relation to the commissioning, management and quality of Dental Services; for clarity this includes primary care, community care/special care dental services and secondary care dental services;

- planning Dental Services in the Area, including carrying out needs assessments;
- undertaking reviews of Primary Dental Services in the Area;
- management of the Delegated Funds in the Area;
- co-ordinating a common approach to the commissioning and delivery of Primary Dental Services with other health and social care bodies in respect of the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

**Schedule 2C: Primary ophthalmic services**

The contracting of Ophthalmic services are hosted by Hertfordshire and West Essex Integrated Care Board (HWE ICB) on behalf of the ICB. In accordance with the Memorandum of Understanding with HWE ICB and other ICBs in the East of England region, HWE ICB will report general optometry services matters to the Committee including information to support decision making as and when matters arise. The Norfolk and Waveney ICB remains responsible and accountable for the provision of this service.

- decisions in relation to the management and quality of Primary Ophthalmic Services;
- undertaking reviews of Primary Ophthalmic Services in the Area;
- management of the Delegated Funds in the Area;
- co-ordinating a common approach to the commissioning of Primary Ophthalmic Services with other commissioners in the Area where appropriate; and
- such other ancillary activities that are necessary in order to exercise the Delegated Functions.

**Schedule 2D: Pharmaceutical services and local pharmaceutical services**

The contracting of Pharmaceutical services are hosted by HWE ICB on behalf of the ICB.

NHS England has established a mandated local committee to be known as the Pharmaceutical Services Regulations Committees (PSRC). The PSRC is an ICB committee with representatives from all East of England ICBs attending. NHS England has delegated decision making to each PSRC in relation to matters under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended.

HWE ICB will coordinate and host the PSRC to agreed Terms of Reference as set out in the NHS England Pharmacy Manual (**https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-manual/**).

In accordance with the Memorandum of Understanding with HWE ICB and other ICBs in the East of England region HWE ICB will provide quarterly reports to the Committee on decisions made at the PSRC.

Applications and Notifications will be made by HWE ICB on behalf of the Norfolk and Waveney ICB to the PSRC for determination.

Norfolk and Waveney ICB remains responsible and accountable for the provision of this service and for the direct commissioning, management and quality of local pharmaceutical services and commissioning of Pharmacy First services in Norfolk and Waveney.

6.2 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the ICB acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary care services. The Committee has the remit for reviewing primary care quality. Due to the interface with other services, however, the Quality and Safety Committee will maintain oversight of issues which may require more system wide assurance and support.;
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

6.3 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the Committee shall be to carry out the functions relating to the commissioning of primary care services under the NHS Act and detailed in the Delegation Agreement with NHS England.

6.4 In performing its role, and in particular when exercising its commissioning responsibilities, the Committee shall take account of:

a) The recommendations of the executive management team, the relevant Delivery Group and other Board committees;

b) The needs assessment and plan for primary care services in the areas covered by the ICB including the resilience of all primary care providers;

c) The co-ordination of a common strategic and operational approach to the commissioning of primary care services generally including supporting developments in respect of integration with providers and local authority services including co-location of services;

d) The management of the budget for commissioning of primary care services in the area covered by the ICB;

e) How it discharges its duties under the Delegation Agreement for quality matters relating to primary care services. The Executive Director of Nursing or their nominated deputy (Quality lead) is a Voting Member to ensure there is a joined up approach to managing quality matters between this Committee and the ICB's Quality and Safety Committee (QSC). The Quality Lead and Director of Primary Care will ensure collaborative working to avoid duplication. There will be a standing item on the Committee's agenda to report on pertinent matters relating to primary care from QSC by exception.

f) In accordance with its duties to reduce inequalities,14T, in the exercise of its functions, the Committee will have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services, and
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services

# 7 Behaviours and Conduct

*ICB values*

7.1 Members will be expected to conduct business in line with the ICB values, objectives and follow the seven principles of public life (the Nolan Principles), comply with the standards set out in the Professional Standards Authority guidance.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy and Conflicts of Interest Policy.

*Equality and diversity*

7.2 Members must demonstrably consider the equality and diversity implications of decisions they make.

*Conflicts of Interest*

7.3 Members and those attending a meeting of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.

A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Conflicts of Interest Policy.

*Confidentiality*

7.4 Issues discussed at Committee meetings held in private, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

# 8 Accountability and reporting

8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Chair of the Committee, if not a member of the ICB Board, may be invited to attend Board meetings at the request of the Chair of the ICB.

8.2 The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the Committee.

The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary. A report of the Committee's work will be submitted to the Board following each meeting.

8.3 The Committee Chair shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

# 9 Secretariat and Administration



9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Committee Chair with the support of

the relevant executive lead.

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- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10 Review

10.1 The Committee will review its effectiveness annually.

These terms of reference will be reviewed annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Date of approval: XX March 2024

Version 3