

Primary Care Commissioning Committee Part 1

Wed 01 October 2025, 13:30 - 16:30

Agenda

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

0 min


Ian Wake

 2025 10 01 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (2 pages)

13:30 - 13:30 **1. Chair's Introduction Chair's Action Continuous Professional Development (CPD) Funding 2025/2026**

0 min

Information Ian Wake

 2025 10 01 Item 00 Chair's Action CPD Funding 2025 - 2026.pdf (5 pages)

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

0 min

Information Ian Wake

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

0 min

Information Ian Wake

 2025 10 01 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30 **4. Review of Minutes and Action Log from the July 2025 meeting**

0 min

Decision Ian Wake

 2025 07 08 Item 04 NWICB PCCC Minutes Part One.pdf (8 pages)

 2025 10 01 Item 04 PCCC Action Log Part One.pdf (1 pages)

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

0 min

Decision Sadie Parker

 2025 10 01 Item 05 NWICB PCCC Forward Planner 2025 2026 Part One.pdf (1 pages)

13:30 - 13:30 **6. Risk Register**

0 min

Decision Sadie Parker

 2025 10 01 Item 06 Risk Register - front sheet.pdf (6 pages)

 2025 10 01 Item 06 Risk Drawdown.pdf (10 pages)

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

0 min

13:30 - 13:30 **7. Director of Primary Care Report**

0 min

Information Sadie Parker


 2025 10 01 Item 07 Director of Primary Care Update.pdf (8 pages)

Cummins Mary
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13:30 - 13:30 **8. Primary Care Operational plan Update**

0 min

Information *Amanda Sear*

 2025 10 01 Item 08 Primary Care Operational Plan Update.pdf (6 pages)

 2025 10 01 Item 08 PCCC Operational Update - September 2025 - Appendix A.pdf (12 pages)

13:30 - 13:30 **9. Strategic Digital Update**

0 min

Information *Anne Heath*

 2025 10 01 Item 09 Strategic Digital Report.pdf (4 pages)

13:30 - 13:30 **10. 2025/2026 General Practice Contract Update**

0 min

Information *Shepherd Ncube*

 2025 10 01 Item 10 2025-26 General Practice Contractual Update.pdf (5 pages)


13:30 - 13:30 **Finance & Governance**

0 min

13:30 - 13:30 **11. ICB Transition - GP Practice Alignment**

0 min

Decision *Sadie Parker*

 2025 10 01 Item 11 ICB transition - GP practice alignment.pdf (12 pages)

13:30 - 13:30 **12. Delivery Group Reports • General Practice & Community Pharmacy • Dental Services Report – update on long term plan • Dental Development Group**

0 min

Information *Shepherd Ncube / Fiona Theadom*

 2025 10 01 Item 12 GPCP Delivery Group Report.pdf (6 pages)

 2025 10 01 Item 12 DSDG Report.pdf (7 pages)

 2025 10 01 Item 12 DDG Report.pdf (3 pages)

13:30 - 13:30 **13. Pharmaceutical and Ophthalmic Services • Report from the Pharmaceutical Services Regulations Committee • General Ophthalmic Services Quarter End Update Report**

0 min

Information *Sharon Gardner / Gregg Syder*

 2025 10 01 Item 13 PSRC Front Sheet.pdf (2 pages)


 2025 10 01 Item 13 N&W PSRC Quarterly Report.pdf (4 pages)

 2025 10 01 Item 13 General Ophthalmic Services Quarter End Update.pdf (3 pages)

13:30 - 13:30 **14. Strategic Finance Report M05**

0 min

Information *James Grainger*

 2025 10 01 Item 14 M5 Primary Care Commissioning Committee Finance Report.pdf (8 pages)

13:30 - 13:30 **15. Strategic Prescribing Report**

0 min

Information *Michael Dennis*

 2025 10 01 Item 15 Prescribing Report.pdf (11 pages)

13:30 - 13:30 **Any Other Business**

Cambridge
06/09/2025 11:43:13

0 min

13:30 - 13:30 **16. Any Other Business• Questions from the public**

0 min

Information

Ian Wake

Cummins, Mary
30/09/2025 11:43:13

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Wednesday 1 October 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's Action <ul style="list-style-type: none"> Continuous Professional Development (CPD) Funding 2025/2026 	Chair
2.		Apologies for Absence	Chair
3.		Declarations of Interest To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. <i>For Noting</i>	Chair
4.		Review of Minutes and Action Log from the July 2025 meeting <i>For Approval</i>	Chair
5.		Forward Planner <i>For Approval</i>	SP
6.	13:40	Risk Register <i>For Approval</i>	SP
Service Development			
7.	13:50	Director of Primary Care Report <i>For Noting</i>	SP
8.	14:00	Primary Care Operational Plan Update <i>For Noting</i>	AS
9.	14:10	Strategic Digital Report <i>For Noting</i>	AH
10.	14:20	2025/2026 General Practice Contract Update <i>For Noting</i>	SN
Finance & Governance			
11.	14:30	ICB transition - GP practice alignment <i>For Approval</i>	SP
12.	14:40	Delivery Group Reports <ul style="list-style-type: none"> General Practice & Community Pharmacy Dental Services Report – update on long term plan Dental Development Group <i>For Noting</i>	SN/FT
13.	14:45	Pharmaceutical and Ophthalmic Services <ul style="list-style-type: none"> Report from the Pharmaceutical Services Regulations Committee General Ophthalmic Services Quarter End Update Report <i>For Noting</i>	SG/GS
14.	14:50	Strategic Finance Report M05 <i>For Noting</i>	JG
15.	15:00	Strategic Prescribing Report <i>For Noting</i>	MD
Any Other Business			
16.	15:10	Any Other Business <ul style="list-style-type: none"> Questions from the public 	Chair
<p style="text-align: center;">Date, time and venue of next meeting Wednesday 12 November 2025 13:30 – 16:30 – ICB PCCC To be held by videoconference and You Tube</p> <p style="text-align: center;">Any queries or items for the next agenda please contact: nwicb.primarycarecommissioningcommittee@nhs.net</p>			

Cummins, Mary
 26/09/2025 11:43:13

Item	Time	Agenda Item	Lead
		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	

Cummins, Mary
30/09/2025 11:43:13

Agenda item: 00

Subject:	Continuous Professional Development (CPD) Funding 2025/2026: Primary Care
Presented by:	Jayde Robinson Head of Primary Care Workforce
Prepared by:	Jayde Robinson Head of Primary Care Workforce
Submitted to:	Primary Care Commissioning Committee – voting members by email
Date:	26 August 2025 – approved offline 1 October 2025 – Committee date

Purpose of paper:

The Committee is asked to approve the following allocations under the ICS Primary Care Educational Training Hub Contract for 2025/26:

- **Non-recurrent funding of £210,677.64** to support delivery of 20 targeted Primary Care Network CPD plans, ensuring local workforce development is responsive to identified needs. These plans will be approved and monitored by the ICB Primary Care Workforce Team, ensuring compliance across the system.
- **Non-recurrent funding of £10,533.88** to support the ICS Top Slicing Programme, reinforcing the system-wide commitment to reducing health inequalities through education and workforce development.

Governance

- Funding requests have been approved through the NHS England Triple Lock process (26 June 2025), reference: ICB-NP330.

Executive Summary:

The NHS is facing the biggest national workforce challenge to date, particularly in Primary Care. All primary care services are facing ever greater challenges due to these shortages, particularly in terms of:

- * An increasingly complex workload
- * Rising public expectations
- * Inter organisational/provider working as part of an Integrated Care System to support the ongoing development of neighbourhood health services.

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Continuous Professional Development (CPD) funding is a core requirement of the ICS Training Hub contract, supporting Registered Nursing Associates, Registered Nurses, Registered Midwives, and Registered Allied Health Professionals. Delivery of this programme is monitored by statutory bodies, ensuring accountability and alignment with system workforce priorities. The overarching aim is to build workforce capability and resilience to deliver improved patient outcomes and equitable access to general medical services.

The N&W ICS Top Slicing Programme represents a system-led initiative requiring collaboration across all partners. The 2025/26 programme is aligned to the NHS Fit for the Future: 10-Year Health Plan and will focus on the three strategic shifts: Hospital to Community, Analogue to Digital, and Sickness to Prevention.

To strengthen the health and wellbeing of our local population, we will deliver a coordinated programme of education and training, aligned to ICS priorities on reducing health inequalities. This programme will be implemented at Primary Care Network (PCN) level through 20 targeted CPD plans, ensuring alignment between local delivery and system-wide objectives. These plans will be monitored through the Primary Care Workforce Team, ensuring that full compliance is maintained as part of the ICB Training Hub Contract.

At system level, Primary Care will collaborate with partners to drive transformation across three strategic domains: Hospital to Community, Analogue to Digital, and Sickness to Prevention. The ICS Top Slicing Programme represents a system-wide commitment to addressing health inequalities through education and workforce development.

For 2025–2026, our approach will focus on strengthening clinical skill mix within the workforce, informed by quantitative evidence from the Training Needs Analysis. Targeted CPD programmes will align with the ICS Joint Forward Plan, population health management priorities, and professional development pathways set out in the ICB Primary Care Workforce Strategy.

Each PCN has developed its CPD programme in partnership with stakeholders, embedding the Integrated Care Neighbourhood model to address population health needs. These plans are designed to enhance workforce resilience, broaden skill mix, and improve access to general medical services across the population, with a specific focus on reducing inequalities for deprived communities, inclusion health groups, and rural and coastal populations.

Delivery of CPD plans will sit with each PCN, with strategic oversight provided by the Primary Care Workforce Team. This ensures sustainability of the primary care workforce through the Train, Retain, Reform approach, enabling services to meet current and future population needs.

Report

To improve NHS primary care workforce recruitment and retention supply across Norfolk and Waveney as identified in the Primary Care Workforce Strategy, NHS

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Long Term Workforce Plan, ICS Training Hub Contract and Five-Year Joint Forward Plan (Primary Care Resilience).

The strategy clearly sets out the aspirations for the workforce going forward to enable individuals to develop and progress in roles, with a clear focus on Train, Retain and Reform.

Nationally mandated targets, list below, have been strategically aligned to the key domain areas, which include:

Train

Increase the number of medical and dental placements within primary care settings by 50% by 2032. This will be delivered by:

- Fellowships offered to 100% of trainees, including NTP nurses.
- Education and training activity based on ICS plans to reduce health inequalities.
- Increase the number of clinical by and non-clinical apprenticeships by 16% through supporting primary care through levy transfers.
- Increase in Nursing Associate and Allied Health Professionals training places by across the system.
- Increase the number of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding.
- Increase in the number of approved educators, supervisors and learning organisations through the Aspiring Educators Programme.
- Ensure all clinical placements follow regulatory standards and HEE Quality Framework.
- Expand dentistry training placements across the system.
- Increase the generalist skill level of staff based in Rural & Coastal locations.

Retain

Improve leaver rates by 15% within primary care, this will be delivered by:

- Offering programmes that support staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership.
- Support PCN's and practices with equality, diversity, and inclusion (EDI) support programmes for recruiting and retainment.
- Develop a comprehensive health and wellbeing programme for primary care workforce, offering resources, tools, support forums and information to support their physical, mental and emotional wellbeing enhancing job satisfaction, morale, work-life balance and over quality of care.

Reform

Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care by 73% by '2037. This will be delivered by:

- Offering support on workforce planning, advice, and identification of needs for patients and populations.
- Support newly qualified health professionals with coaching and mentorship support through our Primary Care Ambassadors and mentorship programme.
- Support PCNs to actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.

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- Offer retention and workforce packages to attract general practice staff to the area.
- Support PCNs in utilising the Knowledge and Library Services (KLS) for utilisation of all the workforce and retention programmes.
- Increased participation by newly qualified Dentists and Nurses, contributing to increasing the overall numbers of Primary Care FTEs.

Recommendation to Committee:

The committee is asked to approve the following funding allocations under the ICS Primary Care Educational Training Hub Contract:

- **Non-recurrent funding of £210,677.64** to support delivery of 20 targeted Primary Care Network CPD plans, ensuring local workforce development is responsive to identified needs. These plans will be approved and monitored by the ICB Primary Care Workforce Team, ensuring compliance across the system.
- **Non-recurrent funding of £10,533.88** to support the ICS Top Slicing Programme, reinforcing the system-wide commitment to reducing health inequalities through education and workforce development.

These investments will enable the delivery of Continuous Professional Development (CPD) for Registered Nursing Associates, Registered Nurses, Registered Midwives, and Registered Allied Health Professionals. The focus will be on strengthening workforce capability and resilience, with the aim of improving patient outcomes and ensuring equitable access to high-quality general medical services across our population.

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Key Risks	
Clinical and Quality:	Failure to support primary care workforce continuous professional education may limit the skills and expertise of primary care services for our local population.
Finance and Performance:	Failure to invest in primary care CPD is likely to lead to higher costs in primary care and a reduction in patient access which may result in a cost pressure for the ICB in the future through secondary care services.
Impact Assessment (environmental and equalities):	N/A
Reputation:	The ICB's reputation will be negatively impacted if it is unable to deliver its commitment to primary care resilience and ICS Training Hub Contract.
Legal:	
Information Governance:	N/A
Resource Required:	Primary Care, Quality, Finance, Workforce, Local Professional Network and Managed Clinical Networks
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	Primary Care Workforce Resilience

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.
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**NHS Norfolk and Waveney Integrated Care Board (ICB)
Register of Interests**

Declared interests of the Primary Care Commissioning Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Ian Wake	Executive Director of Adult Social Services	Norfolk County Council		X		Direct	Executive Director of Adult Social Services, Norfolk County Council	14/10/2025	Present	
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X				GP and partner Attleborough Surgeries	2001	Jun-25	
		MPT Healthcare	X				Director MPT Healthcare	2020	Jun-25	
		SNHIP PCN					Clinical Director SNHIP PCN	2023	Jun-25	
		Norfolk Community Health Care					Husband is an employee of NCHC	2021	Jun-25	
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	10-Jul-25	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	01-Oct-25		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
		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 (Note: the College hosts the School of Nursing, in partnership with QEHLK 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										

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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.
Amanda Sear	Head of Primary Care Strategic Planning	Chet Valley			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
		Norfolk and Waveney Integrated Care Board			X	Indirect	Partner is an ICB Clinical Advisor and local GP	Ongoing		COI training undertaken. Advice to be sought in the event that a piece of work overlaps where a decision is made that relates to partner interest Discussion with the chair ahead of relevant meeting where a potential COI appears and agreeing action, such as stepping out of the meeting To be declared at any meetings where relevant.
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
		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. 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

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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	31-Aug-25	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	31-Aug-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	31-Aug-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	31-Aug-25	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 - 31 August 2025		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
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										

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Andrew Bell	Vice-Chairman Norfolk Local Dental Committee 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
		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 Col and withdraw from meeting if discussions take place that might benefit Harleston practice

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Norfolk and Waveney Primary Care Commissioning Committee
Part One

Minutes of the Meeting held on
Tuesday 8th July 2025 at 13:30
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 July 2025
James Grainger	JG	Head of Finance Primary Care and Corporate, Norfolk and Waveney ICB (Deputising for the Executive Director of Finance Steven Course)
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB (deputising for the Executive Director of Nursing, Tricia D’Orsi)

In attendance

Name	Initials	Position and Organisation
Colin Bright	CB	Associate Director of Financial Management, Norfolk and Waveney ICB
Sarah Buchan	SB	Practice Manager Specialty Advisor
Ben Chandler	BC	Senior Workforce Transformation Manager-Rural and Coastal, Norfolk and Waveney ICB
Michael Dennis	MD	Head of Medicines Optimisation, Norfolk and Waveney ICB
Lisa Drewry	LD	Executive Officer, Norfolk and Waveney Local Medical Committee
Sarah Elliott	SE	Finance Manager – Delegated Primary Care, Norfolk and Waveney ICB
Sharon Gardner	SG	Head of Primary Care Commissioning Community Pharmacy and Optometry, Norfolk and Waveney ICB
Carl Gosling	CG	Senior Delegated Commissioning Manager Primary Care, Norfolk and Waveney ICB
Kirsty Hockley	KH	Commissioning Support Officer, Pharmacy and Optometry, Norfolk and Waveney ICB minute taker
Sarah Johnson	SJ	Senior Primary Care Commissioning Manager (dental)
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Amanda Sear	AS	Senior Primary Care Strategic Planning Manager, Norfolk & Waveney ICB
Jason Stokes	JS	Secretary, Norfolk Local Dental Committee (LDC)
Nick Stolls	NS	Specialty Dental Advisor
Sarah Webb	SW	Primary Care Administrator, Norfolk and Waveney ICB
Ian Wilson	IW	Executive Officer, Norfolk and Waveney Local Medical Committee

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Gemma Mary

Apologies received

Name	Initials	Position and Organisation
Andrew Bell	AB	Vice Chairman Norfolk Local Dental Committee (LDC)
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk and Waveney ICB
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Deborah Daplyn	DD	Co-Chair Norfolk and Waveney Local Optical Committee (LOC)
Patricia D'Orsi	PDO	Executive Director of Nursing, Norfolk and Waveney ICB
Ian Wake	IWa	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Sally Watson	SWa	Healthwatch Suffolk – Community & Engagement Manager

No	Item	Action owner
1.	Chair's introduction The Chair welcomed attendees to the July 2025 Committee meeting.	Chair
	Matters Arising There were no matters arising.	
2.	Apologies for absence Apologies noted above.	Chair
3.	Declarations of Interest <i>For Noting</i> None declared	Chair
4.	Review of Minutes and Action Log from the May 2025 Committee <i>For Approval</i> The minutes were agreed to be an accurate record of the May 2025 Committee meeting and minutes would be sent to the Chair for signing.	Chair
	<p>Action Log</p> <p>Action 0198 – SP reported SN had linked in with finance colleagues and progress had been made on how to present the activity for LCS. An initial review of the report would be made available and presented at October PCCC. Recommend to close.</p> <p>Action 0199 SP advised Region had verbally confirmed delegation would likely still take place from April 2026 as planned and the intention was to resurrect regional meetings with systems. It was likely a different approach to delegation will be required now that ICB clusters were confirmed. Suggest to close and manage through the regional working group.</p> <p>Action 0201 SP confirmed a meeting with NHSE regional colleagues was held on 1 July 2025. While no definitive answer was provided, it was acknowledged that the measure was helpful for understanding access to non-urgent GP appointments. It was agreed that further discussion should take place at the upcoming weekly regional primary care meetings with other ICBs in the region. This action can now be closed and monitored as part of the GP Access Action Plan for 2025/26.</p> <p>Action 0202 JG and SE had worked on response to this and JG had detailed the underspend and clawback in the action log. Propose to close.</p> <p>Action 0203 SP confirmed that this was about the pharmacy budget and there was confirmed that the budget was not ringfenced therefore the underspend was not carried forward. Propose to close.</p>	SW

	The Committee agreed to the updates and closure of the actions.	
5.	Forward Planner <i>For Noting</i>	SP
	<p>SP presented the forward planner and confirmed all items listed for the month were on the agenda and did not propose adding anything else unless there were specific queries.</p> <p>No additional comments raised from the Committee.</p>	
6.	Risk Register <i>For Approval</i>	SP
	<p>SP presented the Risk Register for approval.</p> <p>SP confirmed that there had been no new risks reported or raised that met the threshold to bring to the Committee, no changes to the existing risks, and no de-escalations.</p> <p>The team continued to monitor the resilience of all primary care contractors, with a particular focus on the potential impact of the ICB's financial position on decision-making across all areas, not limited to primary care.</p> <p>SP mentioned that work was being done on options around potential commissioning changes as part of their financial recovery processes and would discuss any potential changes with local representative Committees once they had gone through the relevant internal processes.</p> <p>HW opened the floor for questions and comments. HW recalled a previous discussion about the impact of National Insurance increases on the resilience of practices. SP confirmed they were still keeping a watching brief on this issue, noting that no section 96 applications had been received from general practice and no individual approaches from practices had been made, although it remained an underlying issue discussed with local representative Committees.</p> <p>LD expressed ongoing concerns about the resilience of general practice. LD highlighted that funding limitations were impacting service availability and capacity, with demand continuing to outstrip capacity across Norfolk and Waveney. LD also noted difficulties with recruitment of both clinical and non-clinical staff.</p> <p>HW asked if the Committee were happy to approve the risk scoring and underlying argumentation, and to continue the watching brief, taking note of LD comments.</p> <p>The Committee approved.</p>	
7.	Strategic Primary Care Workforce Recruitment and Retention Programme Report <i>For Approval</i>	BC
	BC presented the paper for approval regarding the plan for funding workforce initiatives for general practice, optometry, and dentistry for the year 2025-2026.	

	<p>BC highlighted the success of the previous year, noting a 91% uptake of workforce programs in general practice and a 3% increase in GP practices approved as learning organisations. BC also emphasised the exciting developments in the dentistry workstreams, which included collaboration with the LDC and other stakeholders on various programs.</p> <p>HW mentioned that pharmacy was missing from the report, and it was clarified that a strategic workforce view on pharmacy would be brought to a future Primary Care Commissioning Committee meeting (PCCC).</p> <p>Action 0204 A strategic workforce view on pharmacy would be brought to a future Primary Care Commissioning Committee meeting (PCCC).</p> <p>LD expressed disappointment over the 12% reduction in funding for general practice recruitment and support, despite the essential need to maintain services and support staff. LD also noted the challenges in recruiting staff in rural areas. BC acknowledged these challenges and mentioned efforts to focus on rural areas and understand the barriers to program uptake.</p> <p>KW enquired about the identified hotspots and the extent of available detail. BC responded they had built a regional map and dashboards to track program uptake and would share this information in future updates.</p> <p>SB asked about non-clinical training, and BC confirmed they included non-clinical needs in their training needs analysis and exploring support options.</p> <p>LD added that JR had received additional funding through grant applications to support non-clinical training. SP clarified that the overall funding allocation had reduced due to a reduction in the national allocation, but the team had worked to identify additional funding sources.</p> <p>The Committee approved the funding and noted the information in the report and Appendix A.</p> <p>Actions:</p> <p>0205: BC to ensure the inclusion of non-clinical training needs in the training needs analysis and follow up with SB regarding specific non-clinical training programmes.</p> <p>0206: BC to provide a geographical update on workforce programme uptake at the next Committee.</p>	
8.	<p>Strategic Framework for Primary Care <i>For Approval</i></p>	AS
<p>Cummins, Mair 30/09/2025 11:43:13</p>	<p>AS presented the updated framework for approval</p> <p>AS noted that it had been revised to incorporate feedback from previous meetings. AS acknowledged the numerous recent announcements, policies, and guidance changes, and emphasised the need for a system approach to lead and working together across primary care.</p> <p>AS outlined four key focus areas for the remainder of the financial year:</p> <ul style="list-style-type: none"> • understand demand, need, and capacity; 	

	<ul style="list-style-type: none"> • address health inequalities; • ensure primary care input into planning; • decision-making; and envision the future of primary care. <p>AS highlighted the importance of recognising the varied experiences of primary care access and delivery.</p> <p>KW supported the framework but enquired about the implementation plan and how it would be socialised across primary care. AS responded that discussions would be led by FT and involve engagement with different groups and individuals, aiming for a collaborative approach.</p> <p>HW noted the planned updates throughout the financial year and suggested that the Committee approve the focus areas and planned approach.</p> <p>The Committee approved the recommendations.</p> <p>Action: 0207: AS to engage with stakeholders to socialise the framework and co-produce the implementation plan.</p>	
9.	<p>Update on Operational Planning ~ GP action plan <i>For Approval</i></p>	AS/SP
	<p>AS presented the paper for approval and provided an overview of the current status. It was noted the detailed GP action plan had been submitted and feedback was awaited.</p> <p>The plan focused on three main areas:</p> <ul style="list-style-type: none"> • improve contractual oversight, • address unwarranted variation, • commissioning and transformation. <p>AS emphasised the importance of the available data, and lead discussions to explore what the data revealed, translate insights into collective actions to leverage opportunities and address challenges.</p> <p>AS highlighted the need to align efforts with overarching objectives of improving access, experience, and health outcomes. AS noted the importance of mapping out how the GP action plan would integrate with the operational framework, neighbourhood guidance, and oversight framework. AS mentioned the anticipation of further guidance on the plan for recovering access to primary care and the red tape challenge.</p> <p>IW acknowledged the collaboration with the LMC and reiterated the importance of using dashboards and data extraction as a starting point for conversations rather than taking data at face value.</p> <p>KW emphasised the need to include patient experience and narrative alongside data.</p> <p>HW suggested making the GP action plan a standing item on the agenda to monitor progress and ensure continuous improvement.</p> <p>The Committee supported the recommendation and agreed to make it a standing item on the forward plan.</p>	


	<p>Action: 0208: Make the GP Action Plan a standing item on the agenda for continuous monitoring and updates.</p>	
10.	<p>Delivery Group Reports</p> <ul style="list-style-type: none"> • General Practice & Community Pharmacy • Dental Services Report • Dental Development Group <p><i>For Noting</i></p>	SG/SJ
	<p>SG summarised the General Practice and Community Pharmacy Delivery Group report.</p> <p>SG noted the meeting held on June 10th, 2025.</p> <p>Key highlights included the achievement of a 76.8% uptake in LD health checks, approval of the General Practice Improvement Programme, a six-month extension for British Sign Language Services, and the approval of August Bank Holiday commissioning for Community Pharmacy, with a move towards a recurrent model expected by winter 2025. No further items to escalation.</p> <p>SJ presented the Dental Services Delivery Group report from the June 10th 2025 meeting.</p> <p>SJ highlighted updates on the secondary care recovery programme, workforce plans, and approvals for the dental contract assurance frameworks, A GDS contract changes, governance arrangements with Norfolk County Council for the supervised toothbrushing scheme, and commissioning plans to increase unscheduled care capacity. The group also approved a six-month extension for the interpreting and translation services contract. SJ noted there were no items for escalation.</p> <p>SJ provided an update on the Dental Development Group meeting held on May 20th, 2025. Discussions were focused on year two of the long-term dental plan, care home work in other regions, and workforce recruitment and retention plans. There were no items to be raised from that meeting.</p> <p>KW acknowledged the comprehensive reports, and the progress made despite challenges, emphasised the importance of continued efforts.</p> <p>JS enquired about the engagement with service users for the interpreting and translation services.</p> <p>SP responded that efforts were being made to gather the latest data and ensure the service met the needs of both patients and clinicians.</p>	
11.	<p>Strategic Finance Report M02</p> <p><i>For Noting</i></p>	JG
	<p>JG presented the Strategic Finance Report for Month 2 for noting, highlighting that the Directorate was reported as being £3 million overspent for the full year.</p>	

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	<p>The breakdown of this variance showed immaterial overspends in LCS and Optometry, with the primary issue being the delivery of the £2.96 million efficiency requirement built into the primary care budgets.</p> <p>In Month 2, no savings had been validated against this requirement, although £500,000 forecast for work on moving APMS contracts to GMS was to be included from Month 3. This included full-year savings from the St. John's conversion and savings from the walk-in Centre and Norwich Health Centre contract price reductions. The finance team had submitted a full list of potential savings to the Financial Recovery Group, which had been RAG rated based on the ability to deliver by the commissioning team. The team had worked together to meet the overall financial target.</p> <p>The finance team were monitoring several financial risks, which included weight management drug overactivity, the risk of losing dental allocation, non-delivery of the efficiency target, GP hardware and system overspend.</p> <p>These risks were included in the Month 2 Risks and Mitigations schedule submitted to the ICB Finance Committee.</p> <p>Committee duly noted the report.</p>	
12.	<p>TIAA Report <i>For Approval</i></p>	SG
	<p>SG presented the TIAA Report for approval, which aimed to inform the Committee on the outcomes of the internal audit and seek agreement on the recommendations and actions being taken.</p> <p>The audit focused on the implementation of the April 2024 recommendations and assurance against the NHS England Primary Commissioning Assurance Framework.</p> <p>The audit identified three important risk areas requiring early action and three routine risk areas needed attention, with no urgent control issues found. The findings acknowledged the continued hard work of the primary care commissioning team in their delegated responsibilities and the embedding of primary care services into the ICB governance framework. The audit outcome provided reasonable assurance on how the risks were being managed. SG noted that the pharmacy dashboard recommendation had already been completed and mentioned the potential impact of the organisational restructure on meeting the commitments.</p> <p>HW asked about the recommendation to establish goals for the ARRS and measure value for money across PCNs and enquired whether any national guidance was available to support this. In response, SG noted that JRo was leading on this recommendation and deferred to SP for further detail. SP explained JRo had worked with PCNs on baselines and claims, emphasised that no two PCNs were the same and that they had moved towards an evidence-based claims process. SP added that this approach aligned with both regional and national practices and had been advised by auditors.</p> <p>KW asked SG whether she was confident the timelines for addressing key risks would be met. SG expressed confidence and highlighted that one recommendation related to the pharmacy dashboard had already been completed. However, acknowledged the organisational restructure might</p>	

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	<p>affect their ability to fully deliver on all commitments, though they remained on track.</p> <p>CB provided background on the ARRS audit. CB explained the initial focus had been on establishing robust processes, while the current recommendation was more about demonstrating effective use of funds. CB suggested JRo would be the most appropriate person to provide further insight.</p> <p>NS raised a question about the ongoing concern over the resilience and stability of dental services, and expressed surprise given the ICB's extensive knowledge of its contractors. NS wondered whether this concern was historical. SG suggested the concern might relate to evidencing the work undertaken and again deferred to SP. SP agreed that the issue could be a legacy concern from the point of delegation and recommended that FT reviewed and updated the risk register wording to reflect the current position.</p> <p>Action: 0209: JRo to lead the establishment of goals for the ARRS and measure value for money across PCNs.</p> <p>0210: FT to review and update the wording in the risk register regarding the resilience and stability of dental services.</p>	
13.	Any Other Business	Chair
	There was no other business.	
	Questions from the Public	Chair
	There were no further questions, and the meeting closed at 14:25 hours.	

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

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

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log
1 October 2025

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0204	08 July 2025	7	JR	Strategic Primary Care Workforce Recruitment and Retention Programme Report A strategic workforce view on pharmacy would be brought to a future Primary Care Commissioning Committee meeting (PCCC).	This will be done as part of the next workforce update in January 2026. Suggest closing the action and adding to the forward planner.	14-Jan-26	Open	
0205	08 July 2025	7	JR	Strategic Primary Care Workforce Recruitment and Retention Programme Report BC to ensure the inclusion of non-clinical training needs in the training needs analysis and follow up with SB regarding specific non-clinical training programmes.	Team has reached out to SB regarding non-clinical training programmes on the 3.9.25	01-Oct-25	Closed	04-Sep-25
0206	08 July 2025	7	JR	Strategic Primary Care Workforce Recruitment and Retention Programme Report BC to provide a geographical update on workforce programme uptake at the next meeting.	This detail will be provided as part of the Strategic Primary Care & Workforce Recruitment and Retention Programme Report using geographical visualisation mapping tools. The next report will be featured on the 14th January 2026. Suggest closing the action and adding to the forward planner.	14-Jan-26	In progress	
0207	08 July 2025	8	AS	Strategic Framework for Primary Care AS to engage with stakeholders to socialise the framework and co-produce the implementation plan.	Due to annual leave, this will need to be deferred.	01-Oct-25	Open	
0208	08 July 2025	9	AS/SW	Update on Operational Planning ~ GP action plan Make the GP Action Plan a standing item on the agenda for continuous monitoring and updates	The GP Action Plan is part of our Operational Plan standing item. Propose to close.	01-Oct-25	Open	
0209	08 July 2025	12	JR	TIAA Report JR to lead the establishment of goals for the ARRS and measure value for money across PCNs.	Our BI team has been working on data analysis to support the TIAA audit (action 5) including around appointment activity delivered by roles within a Practice, and ARRS specific roles by PCN. This work does not specifically address value for money and activity is not directly comparable for a variety of reasons. Due to the operational nature of the request the outputs of the ARRS vfm reporting work, once ready, will be taken through the delivery group for discussion before reporting back to PCCC. Propose to close and add to the Delivery Group forward planner.	14-Jan-26	In progress	
0210	08 July 2025	12	FT	TIAA Report FT to review and update the wording in the risk register regarding the resilience and stability of dental services.	The Risk Register on Inphase has been updated to reflect the improved knowledge and understanding of local NHS dental services since April 2023. Propose to close.	01-Oct-25	Closed	04-Sep-25

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NWICB Primary Care Commissioning Committee Part One 2025-2026

Item	14-May-25	08-Jul-25	01-Oct-25	12-Nov-25	14-Jan-26	11-Mar-26	Lead officer	Notes
Standing Items								
Risk Register	Y	Y	Y	Y	Y	Y	SP/SN/AS	
Service Development								
Director of Primary Care Report			Y	Y	Y	Y	AS	Standing item
Primary care operational plan report			Y	Y	Y	Y	AS	Standing item update on Operational Plan, which includes GP Action Plan
Strategic Estates Report	Y			Y			PH	Noting/assurance - bi-annual report
Strategic Digital Report			Y			Y	AH	Noting/assurance - bi-annual report
Strategic Primary Care & Workforce Recruitment and Retention Programme Report		Y			Y		JRo	Bi-annual report Pharmacy to be included - January 2026
Pharmaceutical Needs Assessment							SG	TBC once local authorities confirm timelines
Locally Enhanced Services			Y			Y	GC/SN	bi-annual report. No changes of significance to report in October - report to March 2026.
Complaints & Patient Experience								TBC
Finance and Governance								
Strategic Finance Report	Y	Y	Y	Y	Y	Y	JG	Noting/assurance
Strategic Prescribing Report	Y		Y		Y		MD	Noting/assurance quarterly
General Practice & Community Pharmacy Delivery Group Report	Y	Y	Y	Y	Y	Y	SN/SG	Noting/assurance
Dental Services Delivery Group Report	Y	Y	Y	Y	Y	Y	FT	
Dental Development Group Report		Y	Y	Y	Y	Y	FT	Noting/assurance
Terms of Reference Review						Y	FT	Annual review
Reports from the Pharmaceutical Services Regulations Committee	Y		Y	Y	Y	Y	SG	Noting/assurance. (1/4ly reporting)
Optometry Services – contractual changes and other matters						Y	SG	Noting/assurance
Freedom to Speak Up							PS	TBC
TIAA Report		Y					SG	
Strategic Framework for Primary Care		Y			Y		AS	
Any Other business								
Policies for review								Committee are responsible for the oversight of these

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Item 06

Subject:	Risk Summary Report
Presented by:	Sadie Parker, Director of Primary Care
Prepared by:	Amanda Sears- Head of Primary Care Strategic Planning and Shepherd Ncube, Associate Director of Primary Care Commissioning
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 2025

Purpose of Paper:

The purpose of this paper is to provide the committee with an update on the current position on risk management in primary care and to set out a proposed shift in emphasis for approval.

Executive Summary:

New risks escalated: No new risks escalated.

Changes to held risks: No changes to held risks.

Risks de-escalated: No risks de-escalated.

At present, risks are framed largely around resilience in service delivery, focused on providers with limited focus on what this means for patients. The commissioning team is therefore proposing that risks be reframed to focus more directly on their impact on patients and populations. This proposed approach will continue to capture risks relating to service delivery and workforce but will do so through the lens of patient safety, quality of care, and outcomes for communities.

Objective

The Committee is asked to note and support the proposed shift in emphasis and to support the commissioning team’s approach to strengthening risk management by ensuring risks are framed in terms of their impact on patients and populations.

Background and context to service risks

In Quarter 1, the Audit and Risk Committee (ARC) asked for greater assurance on how committees review and manage their risks. To support this, a timetable has

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been agreed to carry out detailed reviews (“deep dives”) of all risks on the register. These reviews will test whether risks are scored appropriately, whether actions in place are sufficient, and whether any gaps in managing risks are being identified and addressed.

For the Primary Care Commissioning Committee (PCCC), this way of working will strengthen oversight of the risk register and ensure risks are being adequately discussed, reviewed, and supported towards resolution and improvement. To date, deep dives have been held into dentistry, general practice and community pharmacy.

At present, the risks on the register are framed largely around resilience in primary care, focused on providers with limited focus on what this means for patients. With the publication of the NHS 10 Year Plan, the focus of NHS policy on developing neighbourhood health services with and for local communities and the ongoing requirement for ICBs to reduce health inequalities, we believe our risk profile should reflect that more strongly.

The commissioning team is therefore proposing a shift in emphasis: moving away from a narrow focus on organisational and service risks towards risks that directly affect patients and populations. This approach will still capture important risks relating to service delivery and workforce but will do so through the lens of their impact on patient safety, quality of care, and outcomes for communities.

The review will also place particular focus on the main drivers of risk and the key interventions needed to shift those risks. The rationale is that, once the principal risks and priority interventions have been addressed, the overall risk score is likely to reduce and move to a level suitable for standard monitoring rather than intensive oversight.

To support this, the Associate Director of Primary Care Commissioning is leading a comprehensive review of risks across primary care. The review will draw on data, insight, and stakeholder engagement to ensure risks are clearly identified, robustly assessed, and effectively managed. A key aim is to demonstrate where risks to patients and the population are being reduced, contained, or escalated as necessary.

This work also forms part of a wider effort to align risk management with the new planning framework and national guidance.

If the recommendation is approved, the review is expected to commence in October and be completed for the January Committee.

Recommendation to Committee:

Committee members are invited to:

- Approve the current risk register in its present form, and a comprehensive review of all risks.

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- Discuss and provide comments on the register and the proposed approach to strengthening risk management, including ensuring that risks are regularly reviewed, appropriately scored, and that mitigating actions are in place.

Governance

Delivery Group Approval

General Practice & Community Pharmacy Delivery
Group August 2025

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1. Board Assurance Framework (BAF) risks			2025-26 Monthly Risk Rating (April-March)											
Ref.	Risk Title	Tolerated	1	2	3	4	5	6	7	8	9	10	11	12
32	BAF02 - Primary Care Resilience and Transformation	12	20	20	20	20	20	20	20					

2. Board Operational Risk Register (BORR) and Operational Risk Register BORR/ORR risks				2025-26 Monthly Risk Rating (April-March)											
	InPhase Ref.	Risk Title	Tolerated	1	2	3	4	5	6	7	8	9	10	11	12
BORR	29	BORR08 - Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services)	12	20	20	20	20	20	20	20					
	25	BORR09 Resilience of NHS General Dental Services in Norfolk and Waveney	12	20	20	20	20	20	20	20					
	71	Inphase 0000071 Special Care Dental Services	16	16	16	16	16	16	16	16					
	23	BORR11 The resilience of general practice	12	16	16	16	16	16	16	16					
	56	BORR27 The resilience of Community Pharmacy	12	16	16	16	16	16	16	16					
ORR	53	ORR17 General Practice – Allied Health Professionals Workforce including PCN Additional Roles	8	12	12	12	12	12	12	12					
	54	ORR18 General Practice – Workforce (GPs and Nurses)	8	12	12	12	12	12	12	12					
	55	ORR19 Severe Mental Illness (SMI) Annual Physical Health Checks	8	12	12	12	12	12	12	12					
	tbc	PC06 Learning Disability Annual Physical Health Checks	9	9	9	9	9	9	9	9					

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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

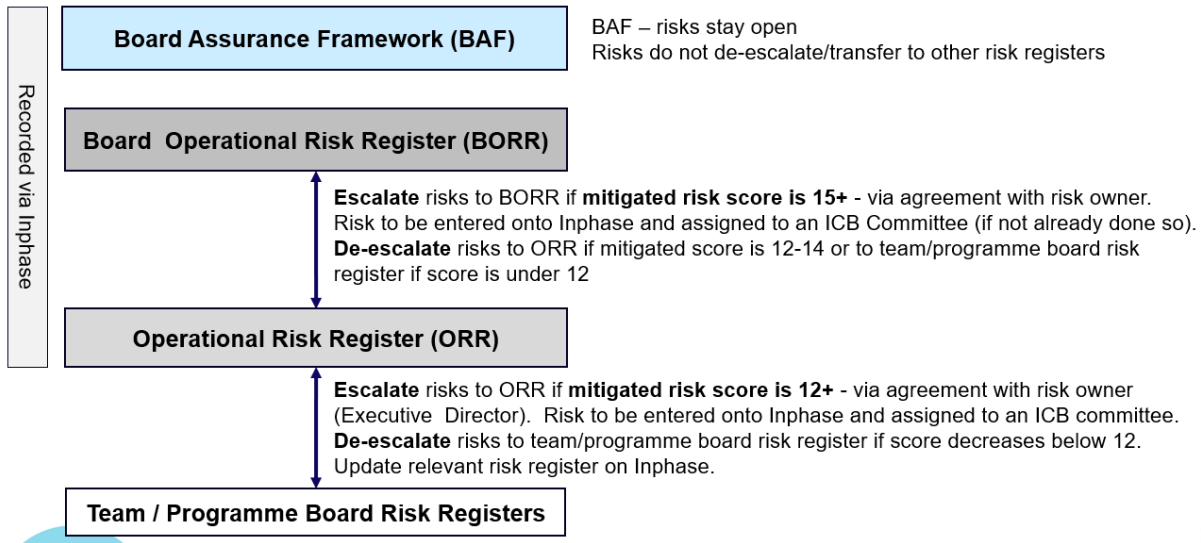
BAF, BORR and ORR Risks are:

- 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.

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Risk ID	Risk Title	Risk Description	Risk Owner	Risk Committee	Operational Lead	Risk Identified	Target Date	Unmitigated score	Mitigated score	Target Score	Controls	Action	Action Owner	Start Date	Due Date
													Amanda Sear	31 Jul 2025	30 Sep 2025
23	The resilience of general practice	<ul style="list-style-type: none"> There is a risk to the resilience of general practice due to several factors including workforce pressures and increasing workload (including workload associated with secondary care interface issues). There is also evidence of increasing poor behaviour from patients towards practice staff, leading to retention and recruitment issues. Following the GP contract agreement, the BMA campaign has been paused at a national level, however, the actions may continue at a local level. The participation of individual practices is a choice for them. The initial national GP contract price uplift does not cover the required increase in meeting the minimum wage, however global sum has since been further uplifted. The LMC wrote to practices to cease uncommissioned work. Further communications are likely. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. 	Mark Burgis	Primary Care Commissioning Committee	Amanda Sear	01 Sep 2020	31 Mar 2026	20	16	16	Commencement of LMC General Practice Alert System sitreps	Deep dive meeting led by Shepherd Ncube took place on 30 July, follow up meeting planned for 18 August - actions to be agreed and risk updated following deep dive	Amanda Sear	31 Jul 2025	30 Sep 2025
											PCN ARRS (additional roles reimbursement scheme) funding has provided additional capacity but has not grown in this contract year. GPs have been added to the scheme.				
											Locality teams and strategic primary care teams structured around supporting the resilience of general practice. All practices have previously been supported to review business continuity plans.				
											Standard contract requirements on interface - gap analysis and action plans, including monitoring being reviewed by contracts team. New national requirement for providers to self-assess using national toolkit 6-monthly.				
											Primary care workforce and training team working closely with locality teams to ensure training available to support practices and PCNs in setting up and maintaining services				
											Contractual requirement for commissioners to have a 3 year rolling programme to review service quality and contractual compliance for the agreed medical services contracts.				
											Local interface groups have been established and commenced in an informal capacity from May 25. The system leads continue to meet quarterly. This aims to support the resilience of practice by establishing firm engagement with all provider leads.				

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Resilience of NHS General Dental Services in Norfolk and Waveney

There is a risk that access to NHS dental services will not meet population need due to the critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract in attracting clinicians to work in the NHS and in Norfolk and Waveney. This could lead to dental providers ceasing to offer NHS general dental services and Level 2 services leading to reduced access to NHS services for our local population. This will result in increased demand on secondary care services, including emergency departments and waiting times for complex treatment and poorer poor oral health outcomes for the local population.

Mark Burgis

Primary Care Commissioning Committee

Sadie Parker

01 Apr 2023

31 Mar 2026

20 20 12

Clinical expertise provided by NHSE through the Regional Chief Dental Officers, MCN supported by ICB Senior Clinical Fellow roles during 2024/2025 for strategic development, transformation and commissioning purposes.

To tender for Out of Hours service in King's Lynn 12/6/2025 - interim solution being explored to start Sept 2025 31/7/2025: Tender published for new contract from December 2025. Interim solution being offered by CDS from Sept 2025 21/08/2025: no updates whilst tender live

Fiona Theadom
17 Apr 2025
31 Dec 2025

Ring fenced dental budget for investment

16/4/2025: tender published for new contract in Holt and Wells 31/7/2025: tender stopped to undertake service review. To publish new tender in August 2025 21/08/2025: Invitation to Tender documents being finalised for publishing in Sept 2025

Fiona Theadom
20 Feb 2025
31 Mar 2026

Dental Development Group established to engage with key stakeholders to to commissioning plans, including the Long Term Dental Plan.

To mobilise the Shared Care Pathway with local providers and to agree referral pathway from secondary care to primary care 30/5/2025: discussions to agree referral pathway from secondary to primary care taken place and Dental Development Group views sought. Long term solution being assessed, options for an interim solution being explored. Providers selected. Training plans being developed. Delay due to challenge finding referral pathway solution. 21/8/2025: Shared Care Pathway commenced 1/8/2025 with interim solution to manage referrals from secondary to primary care. To finalise evaluation data reporting with ICB Research & Evaluation team by end Sept

Fiona Theadom
20 Feb 2025
30 Sep 2025

Dental Services Delivery Group established reporting to PCCC

31/7/2025: ICB developing criteria to apply framework to determine eligibility for a targeted UDA uplift to support workforce recruitment and retention. Supported by Consultant in Dental Public Health team. To present to Primary Care Committee in Oct 2025. 15/09/2025: Framework agreed, to apply by end Nov 2025

Fiona Theadom
02 Jun 2025
31 Oct 2025

Active engagement is taking place with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks); A regular dental newsletter is in place

31/7/2025: To review national checklist and trajectory by end August 2025, agree action plan. 21/08/2025: Data from NHS 111, GP Front Door, OOH and ED with a dental disposition received to review. Monthly reporting template updated to request utilisation data from 1/9/25. Review target trajectory vs delivery monthly and report to NHSE 15/09/2025: monthly monitoring and scrutiny continues. Communications and Engagement plan agreed, to finalise timeline. To review NHS 111 pathway.

Fiona Theadom
21 Jul 2025
31 Mar 2026

ICB primary care team recruited and in place working alongside newly recruited Quality Dental Nurse in Quality team and Finance colleagues, and Planned Care Team (for secondary care dental services)

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.

NHS England Long Term Workforce plan published June 2023

Clinical Dental Advisor role recruited for ICB in 2024 to replace NHS England roles

Dental Data Review being updated to inform commissioning plans.

Dental Long Term Plan and local Primary Care Workforce Plan agreed 7 May 2024 sets out ambitions for primary care, Level 2 and secondary care service collaboration

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.

Cummins Mary
30/09/2025 11:43:13

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Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services)

The risk for secondary care dental services is the unknown resilience, stability and quality of secondary care dental services, with critical challenges relating to the recruitment and retention of professionals and waiting lists. There is a risk associated with a lack of resources within the ICB Primary care team to implement the recommendations from the East of England NHSE report and to regularly monitor and manage 3 secondary care contracts.

Mark Burgis

Primary Care Commissioning Committee

Sadie Parker

01 Feb2024

31 Mar 2026

20 16 12

Active engagement with dental contractors, secondary care, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place

16/4/2025: Trauma service extended into 2025/2026. Task and Finish Group established with all ICBs in region to monitor and agree outcome from April 2026 MOU in draft form 12/6/2025: new reporting form in use by providers, claims validated by MCN Chairs prior to payment authorisation by ICB. T&F Group meets weekly to review data, discuss concerns and agree remedial action plan. 31/7/2025: ICBs have developed a Standard Operating Procedure for all trauma providers to comply with and contract variation to be signed. Plan for ICBs to go through governance processes Q3 2025/26 for service continuation decision from April 2026 21/08/2025: work underway to reaccredit existing performers and finalise SOP/Clinical guidance 15/09/2025: Clinical advisory group established reporting to the ICB Steering Group to complete clinical guidance and SOP and other related tasks by 15/10/25 to inform commissioning plans

Fiona Theadom

01 Apr 2025

31 Mar 2026

Clinical expertise provided by NHSE through the Regional Chief Dental Officers and Managed Clinical Networks extended for 2024/2025 for strategic development, transformation and commissioning purposes.

Shared Cared pathway under development by ICB. 02/20/2025 service specification finalised. Small number of providers (3 - 4) selected to participate. Working with NHSE WTE to agree training for provider dental teams. Considering options for referral pathway from secondary care to provider. 20/03/2025 Options for referral pathway discussed with Digital team 12/6/2025: delay in finding solution to referral pathway, approval for interim solution being sought. Training for providers being planned. 31/7/2025: Interim solution for referrals from secondary care to primary care agreed with increase in sessions for clinical advisor to end Oct 2025. To mobilise service start in early August. 15/9/2025: service started Aug 2025 supported by clinical advisor. Interim solution in place to manage referrals

Sadie Parker

01 May 2024

31 Oct 2025

Dental Long Term Plan and local primary care Workforce Plan agreed 7 May 2024 sets out ambitions for primary care, Level 2 and secondary care service collaboration

31/7/2025: Solution for referrals from secondary care to primary care by end Oct 2025 continue to be explored. There is a risk no value for money solution found in time. Update 21/08/2025 - interim solution in place to end Oct. 15/09/2025: options being explored

Fiona Theadom

01 Jul 2025

31 Oct 2025

Dental Development Group established to engage with key stakeholders to input to commissioning plans

Suffolk and North East Essex ICB (SNEE) lead for East of England (EoE) ICBs in relation to secondary care matters that rely on collaboration and wider impact across EoE and for escalation., MOU agreed by Primary Care Directors. 02/20/2025 MOU work programme and resource need under review for 2025/2026. ICB requesting baseline data from N&W acutes by end March to inform next steps and support. SNEE project team reviewing oral surgery data (L2 and L3) with MCN Chair support 20/03/2025 SNEE programme team have requested oral surgery data from Referral Management system provider. ICB reviewing request with IG team. SNEE programme to continue into 2025/2026, no additional resource required - completion date extended to 30/9/2025 16/4/2025 update: Programme report progress to date published to ICBs, to present to Dental Services Delivery Group in June 2025(for noting) and to Dental Development Group for discussion 30/5/2025 - report to DSDG in June

Sadie Parker

01 May 2024

31 Mar 2026

Dental Services Delivery Group established reporting to PCCC

Baseline data requested from 3 secondary care providers, received from NNUH 04/03/2025 and JPUH 12/6/25. QEH data response chased. Unable to review data until all three reports received. Update 21/8/2025: situation updates received from all three providers for ICB to review

Fiona Theadom

20 Feb 2025

22 Aug 2025

NHS England Long Term Workforce plan published June 2023

31/7/2025: Additional funding agreed to support SNEE Programme team to end March 2026. 21/8/2025: projects continue to progress - Oral Surgery review to inform commissioning intentions from April 2026, TMJ pathway and sedation training programme. Analysis of oral surgery data underway

Fiona Theadom

20 Feb 2025

31 Mar 2026

Cummins Mary
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Primary Care Resilience and Transformation

Under the Joint Forward Plan we have committed to integrating primary care services to deliver improved access (including digital tools and remote monitoring offers, etc.) to a wider range of services from multi-professional teams, focused on preventing illness and improving outcomes for our population within their communities. Our high-level outputs include: • Developing a vision for providing accessible enhanced primary care services • Improving patient outcomes and experience • Stabilise dental services and setting a strategic direction for the next five years Primary Care Services are the responsibility of the Integrated Care Board, including the recruitment and retention of healthcare professionals. There are particular risks to the resilience of general practice, access to NHS dentistry treatment and Level 2 dental services which are reflected in the risk scores. The community pharmacy and optometry landscape is less defined at the time of writing, but workforce and

Mark Burgis

Primary Care Commissioning Committee

Amanda Sear

29 Aug 2024

31 Mar 2027

20 20 20

Operational readiness work is seeking to align the Primary Care Team with colleagues from Workforce, Estates, Digital, Place, Quality, Planned Care and Finance, etc. to support joined up primary care; including access to sustainable dentistry and general practice services.

Clinical expertise provided by Clinical and Care Professional and Clinical Fellow roles across primary care.

Local LMC General Practice Alert System established which informs improvement and support work monitored through the PCCC.

A long-term dental plan has been published, with delivery monitored through PCCC.
 ICB organisational change programme has seen a reduction in vacancies within the Primary Care Commissioning and Strategic teams.
 Performance/quality management and reporting in place.
 Primary Care Access Recovery Plan delivery reported regularly to ICB Board and NHS assurance meetings. 2024/25 plan has now been completed, many objectives transferred to GP Action Plan and Operational Planning submission for primary care - delivery being monitored through PCCC.
 Ring-fenced budgets and commissioning targeted to simultaneously support population need and resilience.
 An overarching strategic vision and principles for primary care and a strategic framework for primary care have been agreed by PCCC and are posted on Connect NoW and are included in the relevant meeting packs/notes
 System Interface Group and matrix working in place to support national requirements for self-assessment.
 Strong relationships in place with local representative committees across all primary care services

10 June - all previous actions completed, risk to be reviewed and updated by end of August

The national DDRB uplift for dental contractors has yet to be confirmed and applied adding to the concerns about the impact on practice incomes in April 2025. There may be an increased risk of contract terminations. Long Term Plan 24/25 individual pathways will be fully mobilised by end March 2025. Planning for implementing 2025/26 plans has commenced to agree project plans, resources and financial impact (where relevant) for approval. 20/03/2025 To obtain approval for Phase 2 Long Term Dental Plans 2025/2026 from Operational Management Board in April and Primary Care Commissioning Committee in May 30/05/2025 Dental investment and Year 2 commissioning plans approved by Primary Care Commissioning Committee and through Triple Lock in May 2025 10 June - all actions complete, update will be given and risk reviewed by end of August

awaiting publication of PCARP 25/26 and Red Tape Challenge, the expectation is that these will be incorporated into the GP Action Plan/Operational Plan delivery and monitored through PCCC. See comments - PCARP not published on 26 August when reviewed. Red Tape Challenge published - will be discussed at September SIM to agree where oversight will come from.

Sadie Parker	28 Oct 2024	31 Aug 2025
Sadie Parker	28 Oct 2024	31 Aug 2025
Amanda Sear	31 Jul 2025	30 Sep 2025

Cummins Mary
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53	General Practice - Allied Health Professionals Workforce including PCN Additional Roles	Lack of general practice (GP) Additional Roles (ARRS) and Direct Patient Care roles in the workforce due to vacancies and recruitment and retention challenges. The impact on the service delivery to patients.	Mark Burgis	Primary Care Commissioning Committee	Jayde Robinson	27 Dec2024	31 Mar 2026	16	12	12	Advanced Practice Forum established.	Latest NHSE workforce data illustrates the following: • 0.1% growth in Direct Patient Care workforce roles across N&W during the period of June 2024 vs June 2025 (642 WTE). • 1.0% growth in non-clinical roles (1765 WTE)	Jayde Robinson	19 Aug 2025	31 Mar 2026
											AI software mapping and reports provided for vacancy levels for primary care.	As of 21st August 2025, there were zero positions currently advertised for recruitment within general practice.	Jayde Robinson	21 Aug 2025	31 Mar 2026
											Coastal and Rural project to support geographical areas facing greater challenges in recruitment, e.g. West and East				
											Communication Engagement strategies updated to reflect PCN development updates and post pandemic environment.				
											Workforce data to measure trajectory levels against actual recruitment.				
											Workforce team recruited in ICB structure.				
											Wide range of initiatives in place to support GP retention.				
											National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES).				
											PCN ARRS Workforce - online portal for 2024/25 for PCNs to update and draw national funding down to NHSE to inform Training Hub spending.				
											Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS).				
											Primary Care Equality, Diversity and Inclusion Fellow recruited.				
											Primary Care Health & Wellbeing Fellow recruited.				
											Primary Care Workforce Transformation Team supported by Clinical Fellowships and Secondments				
											Primary Care Workforce Strategy 2024-2027				
											Succession planning led recruitment to support practice and PCN with demand vs capacity requirements.				
											Training Needs Analysis completed for 24/25.				

Cummins Mary
30/09/2025 11:43:13

54	General Practice - Workforce (GPs and Nurses)	Lack of general practice GPs and Nurse workforce due to vacancies and impending staff retirements. The impact on the service delivery to patients.	Mark Burgis	Primary Care Commissioning Committee	Jayde Robinson	27 Dec2024	31 Mar 2026	16	12	12	Advanced Practice Forum established.	Latest NHSE workforce data illustrates the following: • 2.5% decrease in Nursing workforce roles across N&W during the period of June 24 vs June 25. 426 WTE are in place across the system. • 0.3% growth in GP workforce roles (excluding training GPs) during the same period. 523 WTE are in place across the system. • 5.5% growth in GP Trainees across N&W during the same period. 142 FTE are in place across the system.	Jayde Robinson	19 Aug 2025	31 Mar 2026
											AI software mapping and reports provided for vacancy levels for primary care.	As of 21st August 2025, the following positions currently advertised for recruitment within general practice, linked to this risk are: • 2 x ARRS GPs • 1 x GP Partnership • 5 x GP salaried	Jayde Robinson	21 Aug 2025	31 Mar 2026
											Coastal and Rural project to support geographical areas facing greater challenges in recruitment, e.g. West and East				
											Communication Engagement strategies updated to reflect PCN development updates and post pandemic environment.				
											Workforce data to measure trajectory levels against actual recruitment.				
											Wide range of initiatives in place to support GP retention.				
											National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES).				
											PCN ARRS Workforce - online portal for 2024/25 for PCNs to update and draw national funding down to NHSE to inform Training Hub spending.				
											Primary Care Equality, Diversity and Inclusion Fellow recruited.				
											Primary Care Health & Wellbeing Fellow recruited.				
											Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS).				
											Primary Care Workforce Transformation Team supported by Clinical Fellowships and Secondments				
											Primary Care Workforce Strategy 2024-2027				
											Succession planning led recruitment to support practice and PCN with demand vs capacity requirements.				
Training Needs Analysis completed for 24/25.															
Workforce team recruited in ICB structure.															
55	Severe Mental Illness (SMI) Annual Physical Health Checks	1. The ICB is at risk of failing to meet its commissioning commitment to meet the needs of its SMI population which leads to a clinical risk that patients with SMI will experience significant health inequalities and a 15-20% higher mortality when compared to their peers. 2. There is a risk that the ICB may not meet the committed national target of 75% annual health checks delivered. 3. There is a level of risk to practice resilience if the minimum threshold, and therefore payment, is not reached.	Mark BurgisCorporate	Primary Care Commissioning Committee	Sadie Parker	27 Dec2024	31 Mar 2026	16	9	9	A 2-year improvement trajectory has been agreed with NHS England taking into account the revised national target	Investigate and identify the cause of difference within the National data, and the ICB data. Initial discoveries have been made. Contact between NHSE and ICB colleagues ongoing. Action has been taken to reduce the difference (a change to the included codes to ensure alignment). This continues to be investigated.	Charles Morrow	13 Aug 2025	01 Oct 2025
											Increase SMI uptake and engagement via established communication channels, including but not limited to the GP Bulletin, Place colleagues, Intranet and Together for Mental Wellbeing channels.	Conduct quarterly SMI working group with appropriate stakeholders.	Charles Morrow	13 Aug 2025	11 Sep 2025
											Plan in place to increase uptake of SMI checks across N&W and regularly reviewed by PCCC and MH boards.				
											Quarterly steering group has been established with input from Mental Health and Locality colleagues to review performance, risk and to discuss any challenges or service improvements.				
		Regular assurance reports to NHSE/I & PCCC.													
		Practice sign up to the SMI LES. This provides payment for enhanced checks (An additional payment for 3 extra checks).													

Cummins Mary
30/09/2025 11:43:13

56	The resilience of Community Pharmacy	The resilience of Community pharmacy is at risk due to several factors contained within this report, including workforce pressures which although workforce is led through a different directorate is incorporated within this risk due to its relevance The risk could ultimately lead to an increase in the number of permanent closures of pharmacies within our ICB which would reduce the accessibility of pharmacy services to our population. It could also lead to reduction to service provision including both core and advanced. The rurality of Norfolk and Waveney does mean that this risk is significantly projected due to geographical distance between existing providers.	Mark Burgis	Primary Care Commissioning Committee	Sharon Gardner	27 Dec2024	01 Sep 2027	20	16	12	Engagement with all stakeholders to support uptake in Pharmacy services including locality teams, CPNS and the LMC	Deep dive of the current referral information for Pharmacy first clinical pathways from external stakeholders such as GPs and NHS 111 to enable us to track trends and improvement. Lack of digital integration does encourage verbal signposting rather than electronic referral so the data may not provide an accurate local picture will give us a current baseline and trend	Sharon Gardner	19 Aug 2025	20 Aug 2025
											Establishment of Head of Pharmacy Workforce role within the ICB reporting into the Chief Pharmacist				
											Procurement of provider to manage a project focussing on the integration of community pharmacy with other healthcare providers, show case good practice, identify areas of improvement and facilitate better working relationships				
											MoU in place with HWE ICB for the delivery of contractual services on the behalf of the East of England. Ability through this team to monitor contractual activity including closures but also market entry applications.				
											Integration Lead Role to continue in line with the Integration project to support local PCN support between community pharmacy and general practice to ensure opportunities available to pharmacies within clinical service additional funding is maximised				
											Quality assurance collaboration with QA ICB team in developing and maintaining the community Pharmacy risk register which outputs the pharmacy visit plan				
											Strong engagement with CPNS provides a foundation of support for contractors in maximising opportunities available both nationally and those provided locally				
											Inclusion of Community Pharmacy in the operational delivery group and also regular reporting around Pharmacy matters to PCCC				

Cummins Mary
30/09/2025 11:43:13

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Special Care Dental Services

There is a risk that Special Care Dental Services (known as Community Dental Services) may not be able to deliver all of their contractual responsibilities in a timely manner due to workforce vacancies. This could lead to increased waiting times for vulnerable children and adults receiving care.

Mark Burgis

Primary Care Commissioning Committee

Fiona Theadom

20 Feb 2025

31 Mar 2026

16 12 12

Active engagement with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place

To review GIRFT report for community dental services with provider, assess impact and next steps 20/3/2025 meeting arranged with community dental services 2/4/2025 to discuss report and impact 16/4/25 update: Agreed to use GIRFT report outcomes indicators for reporting on a bi-monthly basis. 12/6/25: provider undertaking gap analysis of service provision and GIRFT recommendations to review with ICB and agree action plan. Bi-monthly meetings established with ICB and provider to review data collection, KPIs and gap analysis 31/7/2025: GIRFT report key performance indicators in development, reviewed at bi-monthly on 30/7/2025

Fiona Theadom

01 Feb 2025

30 Sep 2025

Clinical expertise provided by NHSE through the LPN, MCN and Senior Clinical Fellow roles during 2024/2025 for strategic development, transformation and commissioning purposes

CDS to work collaboratively with CFDP practices to increase the number of referrals from CDS into CFDP practices. Activity monitored on a bi-monthly basis by ICB. 21/8/2025: pathway under monthly review with data collection in place, referrals lower than expected therefore discussions taking place with all parties about how to increase referral activity 15/09/2025: steps to agree increase in CFDP referrals discussed and agreed with SPCD/CDS

Fiona Theadom

01 Apr 2025

31 Mar 2026

Dental Data Review being updated to inform commissioning plans

31/7/2025: Bi-monthly meetings in place to review data and key performance indicators. Meeting on 31/7/2025 highlighted workforce gaps in recruitment for 3 clinical posts and request for ICB support submitted to ICB Primary Care Workforce team. Foundation trainee post unfilled. 21/8/2025: New reporting format and data review with provider 30/7/2025. New national reporting requirements to commence Sept 2025.

Fiona Theadom

20 Feb 2025

31 Oct 2025

Dental Development Group established to engage with key stakeholders to agree short term plan by Sept 2023

To consider opportunities for upskilling workforce through Level 2 accreditation to support recruitment and retention. Development work supported by MCN Chairs

Fiona Theadom

20 Feb 2025

31 Mar 2026

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

Discussions taking place with ICB Primary Care workforce team, local provider and MCN Chairs to agree support from ICB schemes for recruitment 30/05/2025: CDS updated ICB at meeting on 28/5/2025 on successful appointment and advertisements for a number of clinical roles. Appointment to training posts have been paused. 31/7/2025: Recruitment for 3 clinical posts underway. Foundation trainee post unfilled. Discussions between CDS and NHSE WTE ongoing re training roles in 2026/2027. Successful recruitment of a Dental Officer 21/8/2025: recruitment to vacancies continues supported by ICB workforce schemes

Fiona Theadom

03 Jan 2025

20 Dec 2025

Dental Services Delivery Group established reporting to PCCC

31/7/2025: Bi-monthly meetings in place to review data and key performance indicators. Meeting on 31/7/2025 highlighted workforce gaps in recruitment for 3 clinical posts and request for ICB support submitted to ICB Primary Care Workforce team. Foundation trainee post unfilled. 21/8/2025: New reporting format and data review with provider 30/7/2025. New national reporting requirements to commence Sept 2025.

Fiona Theadom

20 Feb 2025

31 Oct 2025

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)

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.

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

Cummins Mary
30/09/2025 11:43:13

Subject:	Director of Primary Care Update
Presented by:	Sadie Parker, Director of Primary Care
Prepared by:	Amanda Sear, Head of Primary Care Strategic Planning
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 2025

Purpose of paper:

To provide an overview of the work governed by the Primary Care Commissioning Committee, in line with the ICB’s delegation agreement with [NHS England](#).

To highlight some of the key complexities, tensions and actions being developed to balance managing primary care contracts whilst providing support for service improvement and transformation, and ensuring compliance with national policies, guidance, and published Policy and Guidance Manuals.

Executive Summary:

The report seeks to provide a wider context for the updates and decisions which come to the Primary Care Commissioning Committee for their consideration.

The team works closely with other ICB teams, including those who bring reports on their area of specialism to the Committee (e.g. Digital, Estates, Finance, Medicines Optimisation, Workforce, etc.). Health inequalities and vaccinations are also key functions within the team, and effective links with Quality, Place and other teams all aim to come together to commission, manage and support access to high quality, sustainable integrated primary care services for our population.

Relational working, with a focus on understanding different needs and perspectives, is key to the way the team works with the extensive list of ICB and system partners, and as part of regional and national networks.

We have seen an increased focus on primary care nationally and politically over recent months, and this continues. Whilst this is welcome, it brings with it increased levels of scrutiny on oversight by commissioners into investment made in national contracts, particularly the GP contract. This shift has impacted the workload of NHSE regional colleagues as well as the primary care team, who continue to work together closely to minimise the effect on primary care contractors, accepting that everyone is experiencing and responding to this in different ways.

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The nature of primary care, and its interactions with every part of our system, makes for an unpredictable operating environment for both commissioners and contractors, and recent months have been no exception.

Current priorities and resource commitments

Day-to-day support for primary care contractors continues to dominate the demand for team resource; both in terms of bespoke support for individual contractor issues, together with responding to ever-changing delivery demands which do not always align neatly with funding allocations or national frameworks. National expectations and frameworks cause challenges with our ability to commission flexibly to meet local needs within the constraints of the provider landscape with unscheduled dental activity currently top of this list.

Resource required for procurement remains high across the team, and this will continue for some time. The **approach and process for procurement** have been strengthened, and levels of confidence are high for positive outcomes which align to the new landscape and ongoing need for financial stewardship.

In recent weeks, perhaps the biggest **operational challenge for general practice** has been disruption caused due to a change in IT systems at the pathology department located at the Norfolk and Norwich University Hospital (NNUH), which tests blood and other samples from GP practices across Norfolk and Waveney. A system response, led by NNUH, lasted over several weeks and led to significant, unplanned, work for GP surgeries and ongoing support and leadership from the primary care team. Input is ongoing into ensuring lessons are learnt and embedding these to support a more integrated approach to planning and implementing change moving forward. Any learning is likely to be particularly pertinent for the [Electronic Patient Record](#), as across the three acute hospitals in Norfolk and Waveney they are preparing to undertake one of the biggest pieces of digital transformation work ever undertaken – moving from paper-based patient records to electronic ones.

The actions and approach outlined in the **GP Action Plan**, discussed at the July Committee, remain central to overseeing the changes to GP contract, which come into force in October. These include [You and Your GP](#) and changes to on-line access, designed to support a more consistent digital pathway for submitting non-urgent requests throughout the day. There is recognition that the changes to on-line access come with a level of discomfort and concerns for some of our GP surgeries and we continue to work with individual practices and the Local Medical Committee to overcome these and ensure contractual compliance. Progress against these two points, alongside other areas of contractual oversight can be found in reporting packs for PCCC.

Monitoring and understanding metrics for activity across community pharmacy, dentistry and general practice is another key area of focus for the team. This is done through the GP Action Plan and reported through the **Integrated Performance Report**, with due regard to the Oversight Framework. Adopting a data and insight led approach to contractual oversight; commissioning and transformation and addressing unwarranted variation is still work in progress, balancing embedding this new way of working across the whole team with the sometime, competing demands, from established ways of working and responding to provider-led needs.

Work is ongoing to meet the changing expectations at a national level around increased activity for both **Pharmacy First** and unscheduled dentist appointments over and above that

previously agreed as part of the operational planning process. Further details on these challenges and progress can be found in reporting packs for PCCC.

An oversight report of the GP Action Plan is being developed.

Primary care and Place-based colleagues are working together to consider what a local whole-population pro-active health approach which builds on community assets and tackles health-inequalities should look like. Discussions are ongoing and include thinking to support future commissioning principles for primary care and how they will link into Place-led plans for **building neighbourhood working**. They are also supporting evaluation of locally enhanced services highlighted for review by the Financial Recovery Group. It should be noted while there are no current plans to reducing funding for **locally enhanced services**, reviews are in place to ensure services commissioned contribute to improved outcomes for the population, tackle health inequalities and represent value for money.

A comprehensive **orthodontic needs assessment** has recently been completed to inform future commissioning.

Recurrent efficiency savings of over £500k have been achieved through the **renegotiation and/or procurement of APMS contracts** for the provision of primary medical services including the successful procurement outcome for **St John's** primary medical services.

Looking ahead

Workstreams are being constantly re-evaluated through the lens of the [10-year health plan](#); [neighbourhood working](#); [ICB blueprint](#); and recently published [planning framework](#). Regular reviews to consider outcomes and value for local primary care contracts also take place to support sustainable service provision and financial stewardship. Key contractual enablers to support this journey across the four pillars of primary care (community pharmacy, dentistry, general practice and ophthalmology) can be found in Appendix A at the bottom of this report. These will be evaluated within our local context and integrated into existing and future work programmes to leverage any potential benefits associated with them.

Another key change from April 2026 is the **delegation of commissioning for all vaccination and most screening services to ICBs**. This planned change is designed to support ICBs in their population health and prevention roles, by improving local access and tailoring vaccination and screening strategies to address health inequalities within their communities.

In the meantime, plans are being rolled out for the delivery of **flu, Covid-19 and RSV vaccine campaigns** across primary care, alongside outreach clinics to support delivery in underserved communities and areas of high-deprivation in accordance with identified needs.

The [primary medical services policy and guidance manual](#) (PGM) was updated during September. The team are reviewing and will look to collaborate with the Local Medical Committee to raise awareness of, and the potential impact of these, with primary medical services contractors. The update includes a new chapter on the provision of clinical waste services. Other updates reflect alignment of the PGM with:

- Policy updates (e.g. NHS GMS Premises Costs Directions)
- Contract updates (e.g. locum reimbursement protocol)
- Contract variation (e.g. branch surgeries)

- Commissioning and Transformation Support (CATS) programme resources
- GP IT operating model
- Violence prevention and reduction standard (2024)
- Provider Selection Regime (PSR)
- Discretionary payments (made under section 96 of the NHS Act)

NHS 10-Year Health Plan and Single and Multi-Provider Neighbourhood Contracts

The NHS 10-Year Health Plan, along with related reforms, signals a shift towards greater local commissioning responsibilities within primary care, specifically through the development of place-based partnerships as part of neighbourhood working.

More detail is expected to emerge during October around the new single and multi-provider neighbourhood contracts which are expected to be in place from April 2026. The Director of Primary Care is part of national networks which offer opportunities to input into shaping, and understanding the opportunities and risks associated with this, but nothing has been confirmed at the time of writing this report.

The expectation is that the introduction of these new contracts will significantly reshape primary care commissioning in the longer term, supporting the shift of funding and accountability to larger-scale provider entities. It is understood the move aims to accelerate integration, but careful consideration will need to be given to understanding the implications for independent contractor autonomy.

Indications are that expected impact/benefits from a national perspective will include:

Single-neighbourhood provider contracts

- Building on the existing Primary Care Network (PCN) model, covering populations of around 30-50k
- Providing a springboard for local service delivery by encouraging collaboration between primary care and other providers
- Consolidation of enhanced services and potentially bringing together different funding streams
- Driving at-scale enhanced service delivery, whilst maintaining high-quality core primary care services

Multi-neighbourhood provider contracts

- Larger contracts, covering populations of 250k or more, are expected to be held by "at-scale" providers like GP federations or even NHS community or acute trusts
- The larger size is intended to unlock benefits of scale, such as shared back-office functions, better data analytics, and improved quality improvement infrastructure
- Multi-neighbourhood providers will be expected to act as a delivery vehicle for Integrated Care Systems (ICSs); coordinating services across all statutory sectors with VCSE and local communities. This should lead to pathways that bring diagnostics, mental health, social care together with health and wellbeing services closer to home, as part of Neighbourhood Health Centres, operating 6 days a week, 12 hours a day

Primary care commissioning will move away from transactional models towards greater partnership working and a more strategic, whole-population health approach. This aims to integrate care, improve population health, and tackle health inequalities and improve how

local resources (budgets, staff, data, estates) are used to meet local needs and address the full range of factors contributing to health and wellbeing. The shift is expected to support the ambitions in the 10-year plan for whole-population budgets and outcomes-based incentives, and an end to siloed, transactional, fee-for-service approaches.

Multi-neighbourhood providers may take on a support role for primary care contractors, in line with the [ICB blueprint](#) in the longer term.

Whatever the eventual details, the new contracts represent a significant move towards integrated delivery and at-scale provision in primary care. The ICB will need to work on its own internal capabilities and capacity to ensure it is able to deliver across the primary care and neighbourhood agenda.

The Executive Director of Primary Care and Neighbourhood Health is leading an ICS System approach to support:

- Formalising neighbourhood partnerships and developing clear contractual arrangements to support shared accountability and reduce siloed working
- Strengthening community co-design, deepening engagement with VCSEs and residents to shape services around local needs and preferences
- Accelerating outcome measurements, investing in data infrastructure to track neighbourhood-level impact on health outcomes, access, and cost-effectiveness
- Supporting integrated leadership and building neighbourhood leadership teams with representation from primary care
- Flexible commissioning by utilising contractual levers to support innovation, pooled budgets, and place-based resource allocation

The aim to create a more resilient and innovative system will hinge largely on primary care and careful planning implementation will be required to balance scale and efficiency with the need to protect the traditional primary care contractor models where they are working well (particularly the GP partnership model) and ensure equitable access to support and services across Norfolk and Waveney.

Many areas of the primary care work programme will be shaped, and shape, the significant transformation ahead. With much of the detail still unknown and day-to-day challenges which require attention, including supporting the resilience of the team and providers as they prepare for change in a period of uncertainty, the importance of paying attention to continuing to build effective and constructive relationships cannot be underestimated.

To support the delivery of safe and effective primary care services through this transition, we are reviewing current risks to ensure they remain relevant and appropriately inform us of our risk-based approach.

Recommendation:

The Committee is asked to note the report, request further information on any areas not covered elsewhere in the agenda pack, and provide feedback on any future areas of interest.

Key Risks

Clinical and Quality:

Quality and capacity in primary care could be improved through wider engagement with tools and support programmes available

Finance and Performance:	Care capacity can be negatively impacted due to inefficient working arrangements across primary care
Impact Assessment (environmental and equalities):	Increased capacity and capability could increase the ability to address health inequalities.
Reputation:	Integrated care boards (ICBs), through delegation for primary care, lead the process of planning and arranging services for contractors to deliver in ways which best meet population needs, address health inequalities. Primary care access will be key to the shift to neighbourhood health services , which are in central to delivering locally on the ambitions in the 10-year health plan for integrated, sustainable health and care
Legal:	None identified
Information Governance:	None identified
Resource Required:	Primary Care Workforce Transformation, Primary Care Delegated Commissioning, Community Pharmacy, Medical, Locality, Digital and Commissioning teams all support contractors with delivery
Reference document(s):	<p>NHSE Priorities and Planning Guidance 2025/26</p> <p>https://www.england.nhs.uk/long-read/2025-26-priorities-and-operational-planning-guidance/</p> <p>NHSE Planning Framework – September 2025</p> <p>NHS England » Planning framework for the NHS in England</p> <p>NHSE Neighbourhood Health Guidelines 2025-26</p> <p>https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/</p>
NHS Constitution:	<p>Primary Medical care Policy and Guidance Manual</p> <p>https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/</p>
Conflicts of Interest:	Declarations of interest are held on record; there were no conflicts of interest noted for this report
Reference to relevant risk on the Board Assurance Framework	Risk to resilience of primary care and transformation, on BAF and monitored through Primary Care Commissioning Committee, current score of 20
Governance	
Process/Committee approval with date(s) (as appropriate)	

Appendix A

Key national contractual enablers to drive transformation, extract from September 2025 Primary Care Board Paper [ICB Board](#)

Community Pharmacy

- Continued expansion of the Pharmacy First service with a focus on the clinical pathways enabling patients access to treatment for common conditions without an appointment
- Expansion of the contraception service to include access to emergency hormonal contraception without a prescription ensuring nationwide equitable access
- Pathway changes to enable appropriately trained colleagues to provide services such as the contraception and hypertension case finding service reducing pressure on the responsible pharmacist and ensuring development opportunities within the pharmacy workforce
- Expansion of the pharmacy technician role by the end of 2025, driven by a change in the pharmacy supervision regulations. This will support pharmacists to focus more on the clinical services enabling that transition of patient care from general practice to pharmacy, for minor conditions, in greater volumes.
- Expansion of the new medicines service to include depression and the long-term conditions to support better patient adherence and outcomes through pharmacist-led consultations
- Education pathways implemented to ensure that newly qualified pharmacists are registered with independent prescribing capabilities from 2026
- Development of independent prescribing services to support workforce stability and ensuring the patient has timely access to the right clinician, in the right environment
- Integration into neighbourhood teams to support long-term condition management
- Digital interoperability with GP systems and NHS App
- Pharmacy-led prevention initiatives embedded in local pathways to support early intervention, screening, and health literacy

Dentistry

- Contract reform, including new care pathways for complex oral health needs, mandated unscheduled care delivery with standardised payments
- Improving access – children's dental care is a priority with targeted access improvements, including supervised toothbrushing, expansion of fluoride varnish use and fissure sealants incentivised to reduce decay
- Workforce reforms including 3-year NHS service commitment for new dentists and better use of a multi-skilled workforce, upskilling them to work at the top of their clinical scope
- Neighbourhood health care will provide opportunities for dental care professionals to work as part of neighbourhood teams to provide integrated and proactive care such as community health schemes focusing on education and prevention.
- Digital literacy training mandatory for all new NHS staff from 2027

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General Practice

- Mandatory online appointment access during core hours from October 2025
- Named GP continuity and risk stratification incentives
- Newly Qualified GPs added to ARRS (Additional Roles Reimbursement Scheme) with no cap on numbers
- Continued evolution of PCN DES contract – practices incentivised to work at scale to deliver enhanced access; structured medication reviews; cardiovascular disease management, early cancer diagnosis; tackling health inequalities.
- Expand medical school placements, increase apprenticeships and accelerated degree routes (e.g., nursing associate to Registered Nursing) from 2026.
- Digital literacy training mandatory for all new NHS staff from 2027

Optometry

- Increasing clinical scope for managing urgent eye care and chronic conditions in community settings
- AI-supported diagnostics and remote monitoring tools
- Expanded prescribing rights and shared access to patient records

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Item 08

Subject:	Operational Planning 2025/26 Update
Presented by:	Amanda Sear, Head of Primary Care Strategic Planning
Prepared by:	Amanda Sear, Head of Primary Care Strategic Planning
Submitted to:	Primary Care Commissioning Committee Part One
Date:	1 October 2025

Executive Summary

The paper provides an update on primary care operational planning for 2025/26, building on the headline submission made in response to the NHSE 2025/26 Priorities and Operational Planning Guidance which was received by the Primary Care Commissioning Committee in March and the GP Action Plan, in July 2025.

It also looks ahead through the lens of the NHSE [Planning Framework](#) published in September 2025, to help inform the development of plans for the five-year period to 2026/27 to 2030/31.

The Committee is asked to note the update and request any further information required to support the ongoing, evolving, planning process, as part of the wider changes to the NHSE landscape.

Background

The overall aim of the primary care operational planning submission, and subsequent GP Action Plan was to improve access, efficiency, and integration within the broader healthcare system, by improving contract oversight, commissioning and transformation and tackling unwarranted variation. A separate, regular report, to support assurance on delivery of the 2025/26 GP Action Plan is being developed for PCCC.

For 2025/26 submissions we have seen an increased focus nationally, and politically, around further increases to unscheduled care and Pharmacy First targets and on the GP contractual changes which come in from October 2025. The ongoing scrutiny reflects both the fluid nature and complexities at a national and local level, including:

- challenges with contractor capacity for additional unscheduled dental appointments and impact on preventative care;
- significant increases to targets for Pharmacy First;
- ongoing discussions between the GPC (BMA General Practitioners Committee) and NHSE about the changes agreed as part of the GP contract for all GP practices to keep their online consultation tool open throughout core hours from 1 October 2025.

More detailed updates on these points are covered in the updates to the Delivery Group and PCCC for each sector. The primary care team are working with SNEE colleagues to support a consistent approach to commissioning and contractual oversight in anticipation of the proposals for a merged Norfolk and Suffolk ICB from April 2026, working under the new [ICB Model Blueprint](#) and operating model.

The outputs from the Government's Red Tape Challenge were published in July (Appendix A, *Bridging the interface between primary and secondary care, mental health and community services*). This workstream sits with the dedicated interface post within the primary care team with clinical leadership from the ICB's Medical Director under the System Interface Group. The implementation of The Red Tape Challenge sits under primary care for operational planning so the key points from this have been incorporated into the GP Action Plan and highlights on progress will be included in the regular GP Action Plan report being developed for PCCC.

Feedback from NHSE national team on the GP Action Plan submitted at the end of June can be found in Appendix B. The first of a series of regular meetings with NHSE regional colleagues took place on 12 September (ICB lead, Associate Director of Primary Care Commissioning) and the GP Action Plan was discussed as part of the Quarter 2 NHSE/ICB Assurance Meeting (ICB lead, Director of Primary Care) on 16 September 2025.

The planning process happened later than usual for 2025/26 and will begin much earlier for 2026/27 and beyond. A [Planning Framework](#) was recently published to help inform the development of plans for the five-year period to 2026/27 – 2030/31.

Looking ahead

The planning framework sets out a number of significant changes, including a five-year planning cycle and clear roles for commissioners and providers. The requirements for providers and ICBs are set out below:

Providers

- Develop strategic, operational and financial plans to deliver on national and local priorities, including pathway redesign and service development.
- Develop and continuously improve the foundations for integrated planning including robust demand and capacity modelling and triangulation across quality, finance, activity and workforce plans.
- Ensure strong clinical leadership in plan development and linked decision making.
- Collaborate with system, place and provider collaborative partners to ensure plans support the delivery of the best outcomes for local populations and the most effective use of collective resources.
- Work with ICBs to ensure plans reflect agreed commissioned activity levels and align to the overall system strategy.

ICBs

- Set overall system strategy to inform allocation of resources to improve population health outcomes and ensure equitable access to healthcare.
- Lead system level strategic planning, ensuring effective demand management and optimal use of collective resources.
- Set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities.
- Convene and co-ordinate system-wide planning activities, for example, pathway redesign, neighbourhood health, fragile services, capital and estates.
- Work closely with region on planning activities where a cross-system or multi-ICB response is required.
- Co-ordinate system response to nationally determined NHS planning requirements, working with region and providers.

While there is a shared ambition across Norfolk and Waveney to strengthen collaboration within primary care, it is recognised the current diversity of organisational models, operational pressures, and varying levels of readiness may present challenges in forming formal provider collaborative arrangements in the short term.

As neighbourhood working develops, how primary care contractors organise themselves to become confident and credible partners in neighbourhood health planning process, rather than individual delivery units, is something which requires attention from both commissioners and providers at both System and Place level.

The proposed Norfolk and Suffolk ICB footprint from April 2026 will bring additional complexities to the planning process.



ICBs and providers will be expected to develop medium-term plans and take them through their Board assurance and sign off processes during December 2025. Key areas ICBs are being asked to focus on include:

- setting up an integrated planning process and establishing a multidisciplinary planning team
- assessing organisational capability, capacity and preparedness against the new framework
- reviewing clinical strategies against the direction of travel
- developing a transparent articulation of the underlying financial position
- develop understanding of productivity and efficiency opportunities
- develop a shared view on service reconfiguration opportunities and plans
- assess and improve the maturity of core demand and capacity planning

For primary care, several things are happening to support our readiness to proactively engage in phases one and two as things unfold, including:

- **Assessing organisational capability, capacity** - during September, teams from across the ICB came together with the primary care team to take part in a national NHS England programme called the Commissioning and Transformation Support (CATS) programme. The programme is underpinned by the new model ICB Blueprint and focuses on strategic commissioning, population health intelligence and care pathway redesign. It is designed to develop practical tools and guidance to support assessing capacity (e.g. workforce, service availability) and capability (e.g. leadership, data use, commissioning maturity). A face to face facilitated sessions with NHSE regional and national colleagues took place on 1 September, with a follow up session on 17 September.

- Reviewing clinical strategies against the direction of travel** – details of an initial review undertaken to make sure they match the 10-Year Health Plan, and support neighbourhood working [Fit for the Future](#) has been prepared in response to a request at a recent ICB Board meeting ([Board Meetings](#)). This is part of getting ready for the new NHS operating model [Future NHS Operating Model](#) and helping the Executive Director for Primary Care and Neighbourhood Health (Norfolk) lead this work moving forward, starting with the planning process.

Recommendation:

The Committee are asked to note the updates on operational planning and are invited to provide feedback on areas of particular interest or future updates they would like to see

As the local planning process becomes clearer, further updates will come to PCCC

The primary care team will use the outputs from CATs programme to support an appropriate response to the forthcoming planning requirements

An update on delivery against the 2025/26 primary care operational plan will be presented to the November PCCC

Key Risks	
Clinical and Quality:	Population health outcomes and capacity in primary care could be improved through confident and credible primary care input into operational planning
Finance and Performance:	Care capacity can be negatively impacted due to lack of credible primary care input into operational planning
Impact Assessment (environmental and equalities):	Increased capacity and capability could increase the ability to address health inequalities.
Reputation:	Integrated care boards (ICBs) lead the process of planning and arranging services to deliver the expectations set out in Operational Planning Guidance, including ensuring the reforms are put in place to secure a sustainable health system in the future and a drive more integrated care through the development of neighbourhood health services
Legal:	None identified
Information Governance:	None identified
Resource Required:	<p>Primary Care Workforce Transformation, Primary Care Delegated Commissioning, Community Pharmacy, Medical, Locality, Digital and Commissioning teams work together, and with contractors, to improve access and experience to primary care services for our population</p> <p>Primary care contractors working together to input into planning which supports the delivery of the best outcomes for local populations and the most effective use of collective resources.</p>

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Reference document(s):	<p>NHSE Priorities and Planning Guidance 2025/26</p> <p>https://www.england.nhs.uk/long-read/2025-26-priorities-and-operational-planning-guidance/</p> <p>NHSE Planning Framework – September 2025</p> <p>NHS England » Planning framework for the NHS in England</p> <p>NHSE Neighbourhood Health Guidelines 2025-26</p> <p>https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/</p>
NHS Constitution:	<p>Primary Medical Services Policy Guidance Manual</p> <p>NHS England » Summary of changes to the primary medical services policy and guidance manual</p>
Conflicts of Interest:	<p>Declarations of interest are held on record, there were no conflicts of interest noted for this report</p>
Reference to relevant risk on the Board Assurance Framework	<p>Risk to resilience of primary care and transformation, on BAF and monitored through Primary Care Commissioning Committee, current score of 20 - currently under review</p>
Governance	<p>Previous update taken to Primary Care Commissioning Committee on March and July 2025</p>
Process/Committee approval with date(s) (as appropriate)	<p>N/A</p>

Appendix A – separate attachment

Appendix B - feedback

Norfolk and Waveney ICB 2025/26 June General Practice Operating Plan

Thank you for submitting your General Practice June Action Plan by the deadline of 30 June 2025, against the critical national priorities for the NHS set out in 2025/26 priorities and operational planning guidance; establishing a commitment to addressing the Secretary of States focus on tackling unwarranted variation, improving contract oversight and improving commissioning and transformation.

We recognise the significant commitment that has gone into producing the plan, the hard work that underpins the document and the substantial pressure on systems at the current time.

Regional Feedback

I wanted to specifically highlight some areas of strength and good practice demonstrated in your plan:

Tackling unwarranted variation:

- Approach to using national and local data and intelligence for practices and identifying practices with unwarranted negative variation and developing local improvement plans with practices with appropriate monitoring and governance
- Practice visit programme using triangulated data and assessment framework prioritised against resilience risk with targeted support and improvement planning

Improve Contract Oversight:

- Strong governance mechanisms in place to manage contract compliance whilst adapting your approach to proportionate contractual review and actions

Improve Commissioning and Transformation:

- Ongoing programme to support practices to implement Modern General Practice and plans for future cohorts through GPIIP PLS and utilising the SLF
- Plans to undertake a facilitated ICB CATS Tool to support prioritisation.
- Peer Ambassador engaged in supporting implementation of MGP

Areas for further development through ongoing review

Whilst your plan was easy to navigate and provides a firm summary of your high-level ambitions, there are some areas to further develop, whilst recognising the changing landscape over the coming months:

Tackling unwarranted variation:

- Further develop your plans to ensure that improvement trajectories are quantifiable

Improve Contract Oversight:

- Clearly articulate your approach to supporting practices to ensure compliance with the new contract changes, CAIP, health inequalities and eDEC responses

Improve Commissioning and Transformation:

- Clarify the processes you will put in place for assurance and performance management of digital systems and to optimise all core NHS App capabilities
- Clarify approach to national priorities i.e. neighbourhood working.

Next Steps

To address these areas and support the delivery of the plan in general, we have agreed that the following specific actions will be taken and monitored regularly:

- Regularly review progress through a bi-monthly touchpoint to support you with challenges you are focusing on.
- Identify priorities and interdependences with a view to how we can support you working at scale.
- Share areas of good practice to ensure they are shared through the region.
- Work with the regional team who will be here to support you where required, and work with you to ensure the priority areas remain relevant, realistic and achievable in the changing landscape.

Finally, I would like to thank you and your team once again for your continued engagement and hard work. Our Primary Care Team will meet with you to offer further support as we move through the year.

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Bridging the interface between primary and secondary care, mental health and community services

July 2025 v1.0





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Foreword

In November 2024, we visited 22 Primary Care Network (PCN) sites across seven Integrated Care Systems (ICS) in five regions of England. Our objectives were to:

- engage the 22 PCNs in discussions about improving general practice data quality; and
- understand everyday pressures, identify effective practices, and explore collaboration between primary and secondary care.

We observed excellent teamwork and partnerships but also heard about the significant workload generated in primary care during patient transitions between care settings. Poor communication and inconsistent protocols often exacerbated these pressures. However, we also learned from sites that had successfully tackled these challenges.

During the visits, several key requests emerged at the primary-secondary care interface, including:

- Defined standards for roles and responsibilities.
- Strategies to manage workload and improve care between settings.

These issues are particularly urgent as winter brings increased healthcare demand.

Together with the [GIRFT Clinical Operational Standards](#), which focuses primarily on secondary care behaviours, we outline principles and standards to improve processes and teamwork. The goal is to enhance patient care, reduce emergency department pressures, cut elective waiting times, and support sustainable general practice.

We urge ICBs to review this document across the healthcare system and prioritise the recommendations. Standardising practices will improve patient outcomes and foster stronger working relationships between these two critical areas of healthcare.



Professor Tim Briggs
**Chair of GIRFT Programme,
National Director for Clinical
Improvement and Elective
Recovery, NHS England**



Dr Claire Fuller
**Co-Medical Director –
Primary Care, NHS
England**



Professor Stella Vig
**Deputy National Medical
Director for Secondary Care
and Quality, NHS England**

Background and Context

On an average day in the NHS, approximately 1.43 million¹ people attend a GP appointment, more than 426,000² people attend an outpatient appointment, approximately 25,700³ people call 999, more than 77,000⁴ people attend an Emergency Department (ED), and over 18,000⁴ are admitted into hospital as an emergency.

Before COVID-19, waiting lists for hospital care were increasing every year, but the pandemic made this problem much worse. The number of RTT pathways where a patient was waiting to start treatment at the end of May 2025 was 7.4 million. Some patients are on multiple pathways. The number of unique patients is estimated to be around 6.2 million. Of the 7.4 million cases on the list, 60.9% have been waiting up to 18 weeks.

The aim is to see 92% of patients within 18 weeks by the end of 2029. It is a huge task, but one that is achievable with primary and secondary care working together. The focus will be on improving the patient experience, whether in primary care or transitioning to or from secondary care, ensuring that the process is smooth and that patients receive timely and high-quality care.

This document outlines eight key areas for improvement as identified in the visits to be applied across the healthcare system, including community and mental health services. It is to be read in conjunction with the Red Tape Challenge recommendations as part of the 10-year health plan⁵ and will reflect changes required across the broader landscape of the NHS to increase time for clinicians to care, by reducing bureaucracy.

Can the GP just.....

“We estimate 17.5 – 25% of our work is secondary care or secondary care related.”

(From PCN)

¹ [Appointments in General Practice - NHS England Digital](#)

² [Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data, April 2024 - January 2025 - NHS England Digital](#)

³ [NHS England » Monthly operational statistics – April 2025](#)

⁴ [Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatient and Accident and Emergency data, April 2024 - February 2025 - NHS England Digital](#)

⁵ [10 Year Health Plan for England: fit for the future - GOV.UK](#)

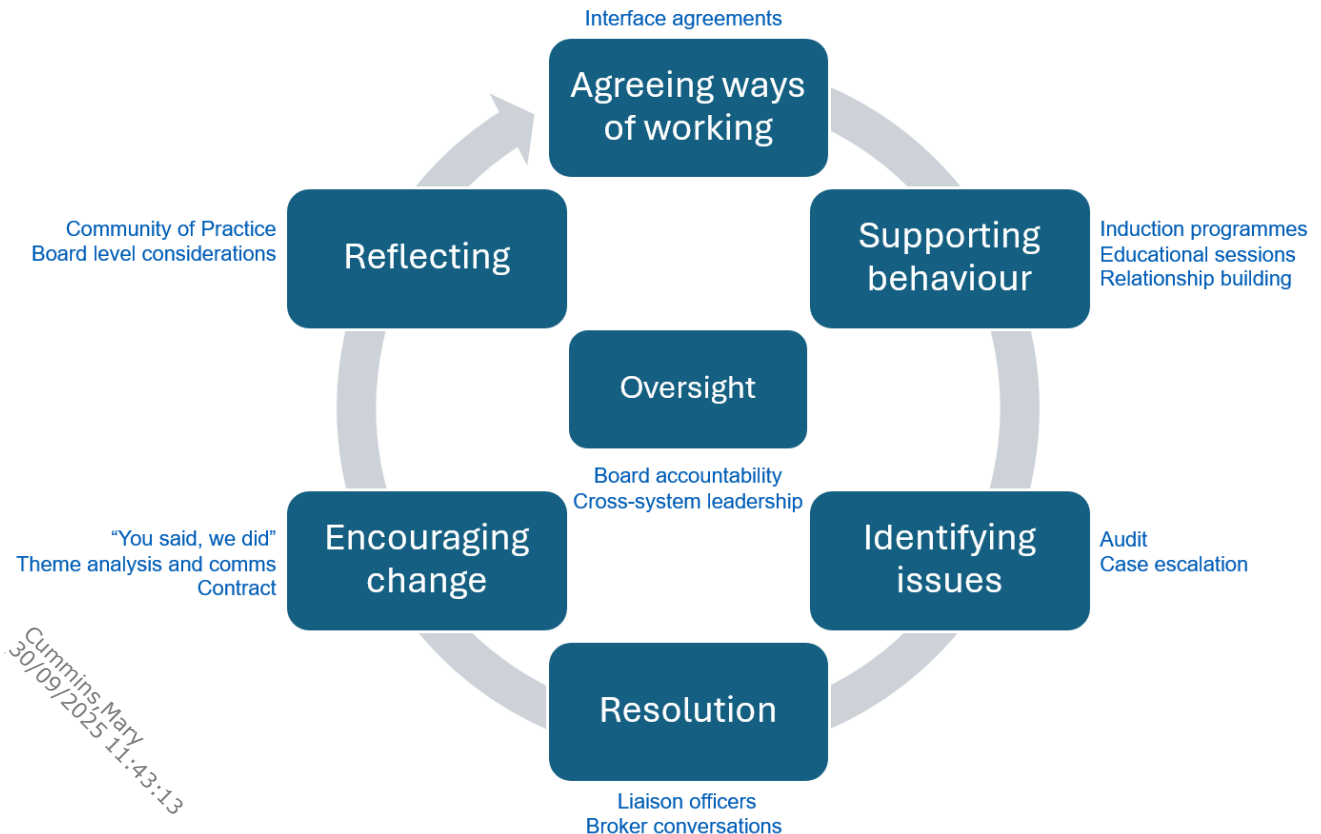
Areas for improvement


Joint working and behaviours – ICB-led

Improved communication at the interface of healthcare organisations is essential for effective clinical care. It is critical that the interface is seen as an equal partnership and of value to both. To support that, ICBs should ensure there is:

- Clarity on how secondary care can contact primary care at each PCN/practice to discuss acute patients.
- Clarity on how primary care can contact secondary care to discuss patients for potential urgent referral or who have just been discharged.
- An easy way for all clinical staff and new starters to understand the protocols being used for Advice and Guidance (A&G), elective and acute referrals. They may want to consider developing an interface learning module.

Many systems have been working hard to improve relationships between primary care and secondary care for some time with many fantastic examples of improved care. Understandably the most mature systems are often those with a 1:1 relationship between the trust and the ICB e.g. Lincolnshire and Gloucestershire. There are a number of common principles and best practices as highlighted below:





ICBs might also want to consider introducing liaison roles, running “improvement weeks” or other activities involving the ICB, primary and secondary care that can accelerate working together and change at the interface.

Clarity for patients on who to contact and where to go for help

Despite more than 1.4 million people attending general practice in England every day, and monthly increases in patient satisfaction of access to general practice, there remains a public perception that it is difficult to access a GP appointment to the extent that many people attend ED when they have an urgent health need as they believe they will not be able to be seen in primary care or do not know how to make an appointment.

ICBs should work with their population to make sure that it is clear which part of the system to access and when (e.g. ED, 999, 111, general practice, out of hours, community pharmacy and self-care), as well as asking GP surgeries to work with their patient participation groups to ensure that patients know how to contact the practice appropriately either in person, on the phone or digitally, and reinforce that they are the first port of call with medical issues.

Advice and Guidance (A&G) and referrals

A&G offers an expert consultant opinion to general practice, enhancing patient care, cutting down on unnecessary referrals, and providing community-based support, without the need for face-to-face consultations.

Our visits revealed a mixed picture, with some areas having well-established pathways. However, some PCNs reported that the A&G process can be cumbersome due to the administrative workload associated with manual paperwork.

Some of the problems include missing information, requests to resubmit whole forms rather than accepting the missing data, slow responses, unnecessary test requests, requests for tests not available in primary care, and repeating the same work.

A&G and referral processes could be improved by:

- Simplified and standardised referral forms - if required.
- If the outcome of A&G is an onward referral, then primary care will be informed of the outcome, with any appropriate advice to support the patient while they wait. No further documentation from primary care will be required to facilitate the referral.

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- If a received referral to secondary care is not appropriate, then the reason for the rejection should be clearly noted, along with advice and communication to the referrer and the patient on what to do next.
- If a patient needs to be referred to a different specialist within the hospital or to other organisations like home care support teams, that will be managed by secondary care.

Further details on e-RS

In e-RS, the initiator of an A&G request can authorise the responding provider to convert an A&G request to a referral if considered appropriate. If this has not been done, then the request will need to be returned to primary care to convert/create a referral. If it has been done, and the responder converts the request to a referral, there is a mandatory field to be completed to pass information back to the requestor. This may be different for other A&G systems in use.

Whoever converts the request to a referral can refer to any service on e-RS that would have been available to the requesting primary care organisation (and possibly some additional services that the provider has made available internally, if it is the provider converting). This may be different for other A&G systems in use.

Secondary care enquires

From the PCN test site audits, practices reported 17% - 25% of all calls to GP practices were related to long waiting time for hospital appointments because symptoms may have changed, or patients may be asking for their care to be expedited or transferred to the private sector.

As described in the [Reforming elective care plan](#), providing information to patients about waiting lists is the responsibility of secondary care providers. Secondary care services need to deliver a reliable and interactive method to answer patient queries directly, whether they are admin or clinical questions, and have a clear route for escalation (phone number for both admin and clinical issues). It is critical that phones are staffed to answer these queries and escalated appropriately to the clinical teams if necessary, and an appropriate response made to the patient.

Relying on answer phones and voicemails to fulfil this function does not work as patients have no confidence that their calls will be returned, and so subsequently phone their GP.

Press 3...

“Our local trust has a patient helpline so when patients phone us (the GP surgery) regarding a hospital appointment or waiting list inquiry, there is an option on our phone system to “press 3” to redirect the patient’s call.”

(Gloucestershire PCN)

Tests and diagnostics

- The secondary care clinician is responsible for organising tests for ongoing care at the time of their appointment which can be requested and performed on the day such as blood tests, and mid-stream urine samples (MSUs).
- The secondary care clinician should take responsibility for ordering and organising follow-up diagnostics for patients that remain under their care.
- The secondary care clinician must provide patients with the Med 3 form (Fit for work certificate) for the duration of the time they are expected to be off work. This should be part of ward discharge and discharge lounge checklists to prevent patients presenting at their GP practice post-discharge.

Prescribing and discharge letters

This was another area where PCNs saw duplication of work, and with improvement would result in better patient flows and an enhanced experience with the following standards:

- Secondary care should prescribe medication for 28 days where clinically appropriate on discharge and refer patients to the pharmacy discharge medicines scheme. Commencement of new medication in an outpatient setting should be for 28 days where clinically appropriate. This is recommended in the Red Tape Challenge and in anticipation ICBs should agree and communicate a standardised guideline locally.
- Timely communication is essential to optimise patient safety. ICBs should work to deliver the Red Tape Challenge-recommended timeframes for both clinic letters and discharge summaries.
 - ICBs should work with Trusts to design and use a standardised discharge letter template to enable consistency and aid GP practices to

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clearly see diagnosis and actions required. If done correctly, this will also support reading summaries electronically in the future.

- Liaison roles between primary and secondary care make communication, escalation and resolution easier and should be in place in each trust.
- Similarly, the inclusion of community sessions, where appropriate, within consultant job plans can also support communication, understanding and education between professionals.

Royal Berkshire NHS Foundation Trust introduced a liaison role (Primary Care Partnership Manager) in 2014, to act as a conduit between primary and secondary care. Over the years the role has been adapted and improved to suit the needs of the system, taking on operational, strategic and transformational work – including developing primary care webpages, two-way shadowing project, improving discharge summaries and pathway re-design work.

Surgical optimisation

Another area where a set of principles would be helpful is in relation to optimisation of patients prior to surgery. National guidance on earlier screening, risk assessment and health optimisation sets out requirements in relation to patients due to have inpatient surgery; many areas are also adopting these approaches for patients having day case surgery.

However, it is recognised that having a clear-cut set of principles about where responsibility for optimisation rests is not straightforward. It is dependent on local commissioning arrangements and can also be condition specific. We also recognise that the thresholds for day-to-day condition management in primary care may be different to thresholds used to reduce the risk of perioperative complications and/or cancellation of surgery.

It is proposed that:

- Work should be done nationally, led jointly by the national perioperative care programme, the national primary care team and the national interface workstream, to determine core principles for:
 - responsibility for pre-referral optimisation,
 - optimisation needs identified through early screening and optimisation, needs identified at pre-operative assessment for local agreement at ICB level.

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- Where urgent patient concerns are identified preoperatively, through uncontrolled or acute medical health conditions, that may result in cancellation or postponement of surgery, secondary care teams will arrange urgent referral for the treatment required to avoid unnecessary cancellations of elective patients, working collaboratively with primary care and keeping primary care informed, to get the most appropriate and timely care for patients.
- Long term conditions that are managed in primary care should remain the responsibility of primary care teams. Where there is an opportunity for modification of long-term conditions to reduce perioperative risk, there is benefit in highlighting the patients that could benefit from intervention and support earlier in the pathway, sometime before the estimated surgical date.

Urgent and Emergency Care (UEC)

- Primary care should be the first port of call for most patients (including 111, urgent treatment centres (UTCs), late opening pharmacies, etc). Ongoing care for long term conditions should be primary care-led, involving the wider MDT to support the patient.
- Primary care should regularly review care home residents and make sure there is an up-to-date advance care plan. Where appropriate, primary care along with the care home multidisciplinary team should be the first point of contact in response to deterioration. Primary care working with ambulance and community services should generally be able to support residents in their care home.
- Primary care should utilise community services where available e.g. MSK, ENT, frailty services.
- Consider alternatives to ED prior to hospital referral e.g. hot clinics, SDEC, UTC, hotline, or utilise community services where available e.g. MSK, ENT, frailty services, urgent community response and hospital at home (virtual wards). GIRFT have developed the [Alternatives to ED \(A-tED\)/Frailty Alternatives tools](#) to help systems and healthcare providers to measure, rate and compare the accessibility, availability and opening hours of patient-facing services which are on offer as alternatives to attending the ED in their area.

Multi-disciplinary single points of access (SPoA), led by senior clinical decision-makers, should provide clinical support and care coordination to ambulance services and care homes. Underpinned by appropriate capacity in the community

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sector, this will reduce avoidable ambulance dispatch and conveyance and enable patients to remain in their own home.

- Primary care should administer time-critical medicines in the acutely ill before transfer to ED.
- For patients who have been referred to and accepted by secondary care, primary care remain responsible for the care of patient until the patient is received in hospital.
- Trusts should also look to support this collaborative approach with consultant sessions in the community and to consider liaison roles which make escalation and resolution easier.
- ICBs to support appropriate local interface forums to enable both strategic evolution and the “unblocking” of local, more operational issues.
- When patients are discharged from an acute admission, primary care should review and action discharge summary recommendations within two working days of receipt.

Gloucestershire PCN have a monthly frailty MDT in place using a virtual whiteboard which highlights patients at risk of moderate to severe frailty. All practices are given 30 minutes to present, helping to remove barriers and duplication and improving patient safety – includes virtual ward discharge review.

Lincolnshire Interface Collaborative have a fortnightly meeting chaired by the LMC Medical Director with representation from the acute, community and mental health trusts. The group maintain a log to capture issues, identify themes, and priorities. The group are also exploring the opportunity of a bespoke interface e-learning module for all clinical staff to improve people’s understanding and knowledge of the interface, or cross-over, between primary and secondary care. The collaborative is also exploring a 12-month pilot for a GP liaison role in secondary care and have a dedicated Medical Director (RO) lead for primary/secondary care interface.

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Contributors

Tim Briggs	Chair of GIRFT Programme, National Director for Clinical Improvement and Elective Recovery - NHS England
Claire Fuller	Co-Medical Director - Primary Care - NHS England
Georgina Godfrey	Senior Programme Manager, GIRFT - NHS England
Rebecca Gouveia	Head of GIRFT Academy - NHS England
James Kent	National Advisor, Primary Care and Community Services Directorate – NHS England

Thanks to the 22 PCNs for their time and input:

Humber & North Yorkshire ICB	MERIDIAN HEALTH GROUP NEL PCN
	WHITBY COAST & MOORS PCN
	HOLDERNESS PRIMARY CARE HOME PCN
	SOUTH HAMBLETON & RYEDALE PCN
Suffolk and North East Essex ICB	COLCHESTER MEDICAL GROUP PCN
	RANWORTH PCN
	BARRACK LANE & IVRY STREET PCN
	TENDRING PCN
South Yorkshire	TOWNSHIPS 1 PCN
	ROTHER VALLEY SOUTH PCN
	SEVEN HILLS PCN
	GPA1 PCN
Somerset ICB	FROME PCN
	MENDIP PCN
Gloucestershire ICB	CHELTENHAM CENTRAL PCN
	ROSEBANK PCN
North Central London ICB	WEST AND CENTRAL PCN
	BARNET 3 PCN
	KENTISH TOWN SOUTH PCN
Lincolnshire ICB	LINCOLN HEALTH PARTNERSHIP PCN
	IMP PCN
	APEX PCN

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Item 09

Subject:	Primary Care Digital Update
Presented by:	Anne Heath, Associate Director of Digital
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 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 now complete. 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

The procurement exercise for a new provider of GPIT support services is now complete. There were some delays incurred for various administrative reasons. There was good representation from GP Practices in evaluating the bids, which were all strong. The winning bidder is Norfolk Community Health & Care (NCHC). Work is just beginning on the transfer from the incumbent provider to NCHC, and this is expected to be completed around the end of the calendar year, detailed plans awaited. This will see GP Practice premises become fully cloud with the removal of local domain control servers.

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2. Digital Access

NHS App

Overall, 61% of eligible patients in Norfolk & Waveney now have the NHS App, this is 587,054 people. In August 2025, 130,821 prescriptions were requested via the app. 46 practices now have all the contractual elements of the NHS App available.

100% of practices in Norfolk & Waveney have prospective record access enabled.

NHSE are using the engagement approach undertaken by Norfolk & Waveney Digital Team and Practices to share with other areas as best practice.

Healthwatch produced a report of Year 4 of their patient engagement work on digital initiatives, with focus on the NHS App and barriers to adoption. This contained many valuable insights and has also been shared with NHS England as there were reflections on nationally produced materials.

Online Consultation systems

102/103 Practices in Norfolk & Waveney have an online consultation or digital access approved system. The practice that doesn't have one is on an implementation pathway. The Digital Team are supporting practices in the changing contractual requirements, including the review of triage workflows and patient messaging.

All practices are compliant with the requirement to have GP Connect Access & Update Record functionality switched on which will allow other healthcare providers such as Pharmacies, to send consultation summaries into GP workflows.

3. Innovation

Tablet Devices

A number of practices are deploying tablet devices to a range of staff to help with promoting the NHS App, patient education in the use of digital access methods, and in translation at reception to assist with appointment booking for patients who do not use English as a first language. The devices are currently being delivered to practices by the Digital Team.

National Document Repository

This is a national initiative, to store and make accessible all digitised patient records. Access is controlled and secure, and records cannot be amended. As the records stay in a single location, patients and clinical staff do not have to wait until either a paper or digitised record arrives when a patient registers. There are also benefits in money saved transporting notes. 6 Norfolk & Waveney practices have so far had their digitised records uploaded to the national repository.

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Notes Digitisation

A further 18 practices will shortly commence a project to have the paper records removed from the practice premises and digitised. The digitised record will then be loaded to the National Document Repository.

AI and Ambient Voice Technology

A number of practices are trialling various AVT solutions, and AI document processing and filing. Practices are being supported with guidance and governance information, however there remains no national funding for AI tools in primary care.

4. Productivity

Automations in Primary Care

The automation for processing repeat prescriptions is now live in 46 sites, with a further 9 in testing and 17 in waiting. Over 330,000 prescriptions have been issued, giving 1 year and 9 months of time back to the system.

The patient registration automation is about to go into pilot phase at a surgery.

Digital Boosts programme

Digital Boost sessions, delivered by the ICB Digital Team, are helping colleagues to discover and make better use of the digital tools already available to them. Through focused sessions and practical guidance, staff are gaining the knowledge and confidence to apply these products in their day-to-day work, resulting in higher quality outputs and more efficient ways of working.

Feedback from participants has been very positive, with many highlighting how the sessions have introduced them to tools they were previously unaware of or shown them new features that save time and effort. This not only supports individual development but also creates efficiencies, as staff adopt more consistent and effective digital practices.

The sessions will run until the end of October, enabling staff to work smarter, not harder — increasing productivity, reducing duplication, and improving overall confidence in using digital solutions.

ConnectNow – ICS Intranet

ConnectNow, the Norfolk and Waveney ICS intranet, now has 3,000 regular users across primary care, with colleagues accessing trusted resources, guidance, and updates in one place. ConnectNow is now also used by teams across the ICB as the primary channel for sharing news, policies, and service updates to Primary Care providing a single version of the truth and reducing duplication across multiple communication routes like email and Teams messages.

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The integrated events calendar has proved particularly useful, giving staff a clear view of all upcoming activities across primary care in one place.

The platform has been designed so that additional organisations across Norfolk and Waveney can be onboarded easily, extending the benefits of a shared, system-wide intranet without significant additional cost or complexity. This creates efficiencies for the system, supports closer collaboration, and ensures consistent, reliable information is available to all who need it.

5. System Wide Projects

Shared Care Record

All GP Practices in Norfolk & Waveney have access to the Shared Care Record as a contextual link from the clinical system. Most recently, it has been rolled out to Hospices in the area, and will shortly ingest data from IAPTUS, the system used by the Talking Therapies service.

EPR Programme

The EPR programme currently has a red status, and the scope of the programme is being reviewed with the possibility of scaling back services in phase 1 or moving the go live date. Work to test interfaces with Primary Care systems has not yet been scheduled.

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Agenda item: 10

Subject:	2025/26 General Practice Contract update
Presented by:	Shepherd Ncube - Associate Director of Primary Care Commissioning
Prepared by:	Shepherd Ncube- Associate Director of Primary Care Commissioning
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 2025

Purpose of paper:

This paper is for noting and provides an update on local progress in implementing key contractual requirements for general practice.

Executive Summary:

This paper provides an update on Norfolk and Waveney practices' progress in implementing key GP contractual requirements ahead of the 1 October 2025 implementation, covering online consultations, You and Your GP (YYGP), and GP Connect. It outlines the actions undertaken to support practices, provides assurance on current compliance and monitoring arrangements, and sets out the expectations of both commissioners and practices to ensure readiness.

Key points:

- **Online Consultations:** Practices are believed to be progressing well towards implementing this requirement with more detail still being discussed, and systems in place to support patient access and improve utilisation of the available capacity. Ongoing audits will monitor use and impact on patient experience. Feedback from practices has helped refine guidance and staff support.
- **You and Your GP (YYGP):** Practices are being supported to embed the national information on their websites. Communications, website updates, and patient engagement initiatives are enhancing access to clear, consistent information for patients.
- **GP Connect:** All practices have enabled key functionality, and work continues to ensure full readiness of all systems ahead of the contractual implementation

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date. Guidance and support are in place to assist practices in achieving compliance.

Assurance: Commissioners are providing active support, monitoring, and guidance. Progress is on track, however there is a risk that a small number of practices may not meet the requirements by 1 October. Commissioners will continue to work with the practice to ensure the requirement is met.

Recommendation: PCCC members are invited to note progress and endorse ongoing support measures and continued engagement with practices to ensure readiness and successful implementation.

Introduction:

National changes to the GP contract require practices to implement online consultations, update their websites with the “You and Your GP” (YYGP) resource, and ensure functionality of GP Connect by 1 October 2025. These changes are intended to improve patient access, transparency, and continuity of care. The ICB will continue to support practices to overcome operational and practical challenges as they arise.

This paper provides assurance to PCCC on progress to date and sets out the expectations of commissioners and practices in implementing these requirements.

Online Consultations

The new contract requires all practices to have online consultation systems available during core hours. This aims to improve patient access and provide a consistent national standard. It is intended that patients will have safe, reliable access to online consultations and that practices will use this functionality to manage capacity, reduce access inequalities, and capture meaningful data on patient experience. However, there are concerns being raised by clinical colleagues regarding the ability to manage increasing demand with no additional capacity and commissioners will continue to work with practices to understand individual issues and concerns.

The following actions have been taken to date:

- Baseline survey launched; open until 30 September.
- As of 8 September, 59 practices responded, 41 have indicated that they will be compliant at that time.
- 31 practices using Accurx are all expected to be compliant.
- Monthly audits of 10 practices starting October. Further discussion will take place with LMC colleagues to support our approach on this process.
- Practices highlighted the need for clear guidance and further staff training and the ICB is working closely with NHSE regional colleagues to support this piece of work.

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Expectations:

- **Practices:** To ensure online consultations remain available throughout core hours and respond to patient demand appropriately.
- **Commissioners:** To monitor compliance through surveys and audits, provide guidance/training, and triangulate national and local data to address risks.

You and Your GP (YYGP)

[YYGP](#) is a national resource designed to improve patient understanding of how general practice works, helping to set realistic expectations and signposting patients to appropriate support.

This is to ensure all patients have access to clear, consistent information on practice websites and ICS platforms, improving communication, patient experience, and confidence in services.

The following actions have been taken so far:

- Early September audit: 18 of 103 practices had already added the YYGP link.
- ICB can directly instruct web providers to support practices for practices where websites are managed by the ICB.
- Patients experience contact email has been ready for use from 1 October.
- Comms shared via GP Bulletin (27 August 2025).
- ICB website updated on 15 September 2025 with links to key pages (Contact Us, Complaints, Support Primary Care).

Expectations:

- **Practices:** To ensure their websites include the YYGP link and display updated communications.
- **Commissioners:** To provide technical and communication support, ensure ICS website updates are completed, and monitor compliance across all practices.
- Further updates and social media assets to be issued.

GP Connect

GP Connect aims to provide safe sharing of patient records across NHS services, supporting continuity of care, timely information sharing and reduced duplication. The objective is to ensure all practices enable the required GP Connect functions (Access Record HTML, Structured, and Update Record) so that patient information can be shared consistently across the system. However, we understand that the Information governance responsibilities are still being finalised.

The following actions have been taken so far:

- Guidance issued via ConnectNoW for EMIS and SystemOne.
- Letter to all practices outlining requirements/support.
- 100% of practices have Access Record HTML and Structured enabled.

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- Update Record enablement reporting expected next month.
- Practices encouraged to check local settings to ensure readiness.

Conclusion:

- Progress has been made across all three areas with clear support mechanisms in place.
- ICB website and communications infrastructure (e.g., patient experience email) are on track.
- GP Connect enablement is strong, with outstanding reporting due shortly.

Recommendation to PCCC:

The Committee is asked to:

1. **Note** the progress made in supporting practices to meet contractual requirements for online consultations, You and Your GP, and GP Connect by 1 October 2025.
2. **Endorse** the continued approach of combining survey, audit, and direct support to strengthen assurance.
3. **Support** ongoing engagement with practices to address any remaining gaps.

Key Risks	
Clinical and Quality:	This could exacerbate existing inequalities in access and patient experience. Delays could impact patient access, service quality, and contractual obligations.
Finance and Performance:	Survey responses and system data may not fully reflect practice-level compliance. Ongoing validation and triangulation of national and local data are required to ensure reliable assurance.
Impact Assessment (environmental and equalities):	Patients may face challenges using online consultation tools or digital resources due to awareness, confidence, or access issues. This could limit the effectiveness of online consultation implementation and YYPG resources.
Reputation:	If progress is slow the ICB is at risk of being an outlier at a national level. The number of complaints is likely to increase.
Legal:	Clarification from BMA, DHSC, or NHS England is still awaited on certain aspects of compliance and interpretation of contractual requirements.

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	Any delay or change could affect local implementation plans.
Information Governance:	None Identified.
Resource Required:	Time for commissioners to review and report on data. BI and Digital input will be required.
Reference document(s):	GP Action Plan 2025; GP Patient Survey 2025 results.
NHS Constitution:	Working together for patients.
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	Primary care resilience.

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.
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Agenda item: 12

Subject:	ICB Transition: GP Practice Alignment
Presented by:	Sadie Parker, Director of Primary Care
Prepared by:	Heidi Davey, Head of Corporate Governance
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 2025

Purpose of paper:

For committee approval.

Executive Summary:

- 1. Background**
 - 1.1. On 13 March 2025, the government made two key announcements in relation to a national NHS financial reset.
 - a) NHS England will be abolished, and its functions fully integrated with the Department of Health and Social Care (DHSC) within two years.
 - b) Integrated Care Boards (ICBs) are expected to make 50% cuts by December 2025 performing the role of strategic commissioner.
 - 1.2. The East of England region will see the formation of three new ICBs to ensure the ongoing viability of ICBs:
 - a) Norfolk & Suffolk
 - b) Central East
 - c) Essex
 - 1.3. SNEE is required to reduce running costs from £34 per head of population (equates to £37.4m) to £19 per head of the population (adjusted from £18.76 to reflect the 3.6% NHS pay settlement), this equates to savings of £16.5m (56%).
 - 1.4. Norfolk and Waveney is required to reduce running costs from £44 per head of population (equates to £51.7m) to £19 per head of the population (adjusted from £18.76 to reflect the 3.6% NHS pay settlement), this equates to savings of £29.3m (57%).
 - 1.5. Together SNEE ICB and Norfolk and Waveney ICB are required to make savings of £45.8m (52%).
 - 1.6. All ICBs will need to significantly change organisational structures and the way they work to achieve these savings. This will include abolishing the current ICBs and establishing a new Norfolk and Suffolk ICB alongside transferring North East Essex services and assets to the new Essex ICB.

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2. Key Issues and risks

- 2.1. As part of the transition to the new ICBs, GP Practices in the two ICB areas will need to be aligned to either Norfolk and Suffolk ICB or Essex ICB.
- 2.2. An exercise has been completed to align practices based on current Norfolk and Waveney areas. The list can be found in Appendix A.
- 2.3. The Committee are requested to review the list of GP practices and suggested alignment and provide a recommendation for approval of the alignment to the Norfolk and Suffolk and Essex Transition Committees via submission of minutes of the meeting.

Work to support the relevant ODS code applications and submissions is underway.

Recommendation to Committee:

Recommendation: The Committee are requested to review the list of GP practices and suggested alignment and provide a recommendation for approval of the alignment to the Norfolk and Suffolk and Essex Transition Committees via submission of minutes of the meeting

Key Risks	
Clinical and Quality:	None identified
Finance and Performance:	It is vital GP practices are aligned to the correct ICB
Impact Assessment (environmental and equalities):	None identified
Reputation:	This work forms part of the creation of a new ICB
Legal:	This work forms part of the creation of a new ICB
Information Governance:	None identified
Resource Required:	Transition Committees and supporting staff
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	None identified

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
West Norfolk	Fens and Brecks	Boughton Surgery	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	Bridge Street Surgery	Norfolk and Suffolk ICB
West Norfolk	West Norfolk Coastal	The Burnhams Surgery	Norfolk and Suffolk ICB
West Norfolk	Fens and Brecks	Feltwell Surgery	Norfolk and Suffolk ICB
West Norfolk	West Norfolk Coastal	Grimston Medical Centre	Norfolk and Suffolk ICB
West Norfolk	West Norfolk Coastal	Great Massingham and Docking Surgeries	Norfolk and Suffolk ICB
West Norfolk	West Norfolk Coastal	Heacham Group Practice	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	Howdale Surgery	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	Litcham Health Centre	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	Manor Farm Medical Centre	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	Plowright Medical Centre	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
West Norfolk	Kings Lynn	Southgates Medical and Surgical Centre	Norfolk and Suffolk ICB
West Norfolk	Fens and Brecks	St Clements Surgery	Norfolk and Suffolk ICB
West Norfolk	Kings Lynn	St James Medical Practice	Norfolk and Suffolk ICB
West Norfolk	Fens and Brecks	Terrington St Johns Surgery	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	The Campingland Surgery	Norfolk and Suffolk ICB
West Norfolk	Swaffham and Downham Market	The Hollies Surgery	Norfolk and Suffolk ICB
West Norfolk	Kings Lynn	The Woottons Surgery	Norfolk and Suffolk ICB
West Norfolk	Fens and Brecks	Upwell Health Centre	Norfolk and Suffolk ICB
West Norfolk	Kings Lynn	Vida Healthcare	Norfolk and Suffolk ICB
West Norfolk	Fens and Brecks	Watlington Medical Centre	Norfolk and Suffolk ICB
West Norfolk	West Norfolk Coastal	Wells Health Centre	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Central Norfolk	North Norfolk 4	Acle Medical Partnership	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 2	Aldborough Surgery	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Attleborough Surgeries	Norfolk and Suffolk ICB
Central Norfolk	West Norwich	Marriotts Medical Practice – formerly Bacon Road and Taverham	Norfolk and Suffolk ICB
Central Norfolk	West Norwich	Beechcroft and Old Palace Surgeries	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 2	Birchwood Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 4	Blofield Surgery	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 4	Brundall Medical Partnership	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Chet Valley Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Church Hill Surgery	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 3	Coltishall Medical Practice	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Central Norfolk	North Norfolk 2	Cromer Group Practice	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 3	Drayton Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Ketts Oak	East Harling and Kenninghall	Norfolk and Suffolk ICB
Central Norfolk	East Norwich	East Norwich Medical Partnership	Norfolk and Suffolk ICB
Central Norfolk	Mid Norfolk	Elmham Surgery	Norfolk and Suffolk ICB
Central Norfolk	Breckland Alliance	Grove Surgery	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Harleston Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Heathgate Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	East Norwich	Hellesdon Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Ketts Oak	Hingham Surgery	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 1	Holt Medical Practice	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Central Norfolk	North Norfolk 4	Hoveton and Wroxham	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Lawns Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Norwich North	Lawson Road Surgery	Norfolk and Suffolk ICB
Central Norfolk	East Norwich	Lionwood Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Long Stratton Medical Partnership	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 4	Ludham and Stalham Green Surgeries	Norfolk and Suffolk ICB
Central Norfolk	Norwich North	Magdalen Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Mid Norfolk	Mattishall and Lenwade Surgeries	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 2	Mundesley Medical Centre	Norfolk and Suffolk ICB
Central Norfolk	East Norwich	Norwich Health Centre	Norfolk and Suffolk ICB
Central Norfolk	Norwich North	Oak Street Medical Practice	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Central Norfolk	East Norwich	Old Catton Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	Old Mill and Millgates Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Mid Norfolk	Orchard Surgery	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 2	Paston Surgery	Norfolk and Suffolk ICB
Central Norfolk	East Norwich	Prospect Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 3	Reepham and Aylsham Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	West Norwich	Roundwell Medical Centre	Norfolk and Suffolk ICB
Central Norfolk	Breckland Alliance	School Lane Surgery (GMS) and School Lane Practice (PMS)	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 1	Sheringham Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Mid Norfolk	Shipdham Surgery	Norfolk and Suffolk ICB
Central Norfolk	Central Norwich	St Stephens Gate Medical Practice	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Central Norfolk	North Norfolk 4	Stalham Staithe Surgery	Norfolk and Suffolk ICB
Central Norfolk	Central Norwich	The Castle Partnership	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 1	The Fakenham Practice	Norfolk and Suffolk ICB
Central Norfolk	Ketts Oak	The Humbleyard Practice	Norfolk and Suffolk ICB
Central Norfolk	Central Norwich	The Lakenham Surgery	Norfolk and Suffolk ICB
Central Norfolk	North Norfolk 3	The Market Surgery Aylsham	Norfolk and Suffolk ICB
Central Norfolk	South Norfolk HIP	The Parish Fields Practice	Norfolk and Suffolk ICB
Central Norfolk	Mid Norfolk	Theatre Royal Surgery	Norfolk and Suffolk ICB
Central Norfolk	East Norwich	Thorpewood Medical Group	Norfolk and Suffolk ICB
Central Norfolk	West Norwich	Trinity and Bowthorpe Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Central Norwich	UEA Medical Centre	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Central Norfolk	Breckland Alliance	Watton Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	West Norwich	Wensum Valley Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Central Norwich	West Pottergate Medical Practice	Norfolk and Suffolk ICB
Central Norfolk	Ketts Oak	Windmill Surgery	Norfolk and Suffolk ICB
Central Norfolk	Norwich East	Woodcock Road Surgery	Norfolk and Suffolk ICB
Central Norfolk	Ketts Oak	Wymondham Medical Partnership	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	Alexandra and Crestview Surgeries	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	Andaman Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	South Waveney	Beccles Medical Centre	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	Bridge Road Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	South Waveney	Bungay Medical Practice	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Great Yarmouth and Waveney	South Waveney	Cutlers Hill Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Great Yarmouth and Northern Villages	East Norfolk Medical Practice	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Great Yarmouth and Northern Villages	Fleggburgh Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	High Street Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	Kirkley Mill Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	South Waveney	Longshore Surgeries	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Gorleston	Millwood Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Great Yarmouth and Northern Villages	Nelson Medical Practice	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	Rosedale Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	South Waveney	Sole Bay Health Centre	Norfolk and Suffolk ICB

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Current Place	PCN Name	GP Practice Name	Future ICB Transition Alignment
Great Yarmouth and Waveney	Gorleston	The Beaches Medical Centre	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Great Yarmouth and Northern Villages	The Coastal Villages Practice	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Great Yarmouth and Northern Villages	The Park Surgery	Norfolk and Suffolk ICB
Great Yarmouth and Waveney	Lowestoft	Victoria Road Surgery	Norfolk and Suffolk ICB

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Agenda item: 12

Subject:	General Practice & Community Pharmacy Delivery Group Report
Presented by:	Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry
Prepared by:	Shepherd Ncube, Associate Director of Primary Care Commissioning Sharon Gardner, Head of Primary Care Commissioning Pharmacy and Optometry Mary Cummins, Primary Care Commissioning Support Officer
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 2025

Purpose of paper:

To provide the Committee with an update on the work of the General Practice and Community Pharmacy Delivery Group since the previous Primary Care Commissioning Committee.

This paper is for noting.

Delivery Group:	General Practice & Community Pharmacy Delivery Group
Delivery Group Chair	Mark Burgis, Executive Director of Patients and Communities
Meetings since the previous update to PCCC on 8th July 2025	12 August 2025
Overall objectives of the Delivery Group:	The purpose of the meeting is to provide a framework for effective decision making in relation to certain contractual matters for dental services / medical services / community pharmacy 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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<p>BAF and any Committee risks relevant / aligned to this Committee.</p> <p><i>To note Operational Risk discussions</i></p> <p><i>To note details of key risks identified during items discussed</i></p>	<p>General Practice Resilience: 0000023 Community Pharmacy Resilience: 0000056</p> <p>The group discussed the risks around resilience in general practice and community pharmacy, noting that there had been no changes to the risk scores since the last meeting.</p> <p>Improvements in the number of doctors, GPs and trainees were noted but a reduction in direct patient care from nursing staff was also highlighted, which may impact resilience.</p> <p>A discussion was held about the level of support offered to GP practices by the ICB, specifically in relation to GPAS. It was raised that GPs had queried the purpose of their regular input into the GPAS process, and that they would like to see the implementation of tangible changes and actions resulting from this if appropriate. It was hoped that a focus on ‘at scale’ working and neighbourhood health initiatives would strengthen the resilience of community providers.</p> <p>It was agreed that no further mitigating actions were required at present.</p>
<p>Key items for Committee to take note of</p> <p><i>To highlight if any items include:</i></p> <ul style="list-style-type: none"> • <i>Changes to national policy/strategy</i> • <i>Quality & safety matters</i> 	<p>Integrated Performance Report</p> <p>The Integrated Performance Report was presented to the group for noting following its approval by the Primary Care Commissioning Committee in May 2025. The report was developed jointly by the BI and commissioning teams to ensure appropriate metrics.</p> <p>The importance of integrating the report into business-as-usual processes and committee discussions was emphasised. The report aligns with operational planning targets and the NHSE assurance framework and would be used to help the group understand variation, challenge performance and support or intervene where necessary.</p> <p>It was noted that the report was still under development and a more detailed quarterly update on performance against targets was planned</p> <p>Prescribing Report</p> <p>The prescribing report was presented to the group for noting. The document highlighted the launch of the new Prescribing Quality Scheme (PQS) which is optional and divided into quality indicators and money-saving activities.</p> <p>Other areas discussed included a new indicator for access, watch and reserve antibiotics, Norfolk and Waveney are doing well with an above target achievement for Access antibiotics.</p>

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Work towards alignment with Suffolk and North East Essex (SNEE) in processes and formularies was noted. Potential changes in drug pricing due to global market factors were predicted as likely.

It was clarified that direct involvement with care homes had shifted to PCNs during Covid. The Medicines Optimisation team has developed a Structured Medication Review (SMR) toolkit to support SMR delivery in primary care.

Dispensary Services Quality Scheme Summary

This item was noted as commercially sensitive.

The Dispensing Services Quality Scheme (DSQS) Summary report was presented to the group for information and indicated that 58 out of 60 dispensing practices in Norfolk and Waveney had participated in the DSQS.

A capacity and resource risk identified by the Herts and West Essex contracting team was mentioned in the report which could impact their administration of the scheme.

A discussion took place regarding those dispensing practices that had opted out of scheme and a review of this data and a comparison with the previous year was taken away as an action. It was also agreed that an anonymised DSQS self-assessment submission would be brought to the next meeting.

Sustainable Commissioning Review

A sustainable commissioning review of the Norfolk Medicines Support Service was presented to the group for noting and input. Reasons for the review of the service included outdated objectives, isolation from the wider health system, the planned closure of CSU providers, capacity pressures in community pharmacy, data sharing limitations and geographic inequity. It was noted that similar services elsewhere had been decommissioned or absorbed into broader care models, and evidence for the effectiveness of compliance aids was limited.

The group discussed the risks, transition planning, and the importance of patient-centered communication, with the item to return for discussion on the final suggested outcome after the input from the group had been considered and further work had been completed.

Finance Report M03

The month 03 Finance Report was noted which highlighted an overspend of £600,000 against a plan of £533m for the entire primary care directorate excluding dental and optometry. The

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	Chair requested that the ICB finance team continue to closely monitor and address the overspend where possible.
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<p>Items receiving formal approval from the Delivery Group</p> <p><i>To include any financial risks</i></p>	<p>Forward Planner 2025/2026</p> <p>The Forward Planner was presented to the group for approval. It was noted that it was largely confirmed except for 3 agreed adjustments:</p> <ol style="list-style-type: none"> 1) APMS contract review where no standalone report was deemed necessary with updates being provided in other relevant reports. 2) the interpreting service contract update had been heard the month earlier. 3) Contract monitoring report to be removed as superseded by the integrated performance report. <p>Operational Risk Register</p> <p>The Operational Risk Register was presented to the group for approval. Although there had been no changes to the risk register since the last meeting and the scores remained the same a deep dive into resilience risks across primary care were in the process of being conducted and further work was planned to clarify reporting and to better demonstrate risk trends.</p> <p>The group approved the risk register but agreed to continue to monitor and improve engagement and data collection.</p> <p>Improvement and Support Register- detailed focus on CQC inspections</p> <p>Conflicts of Interest were declared by AS, LS and SB, all of whom exited the meeting for this item. Redacted copies of papers for this item were circulated in advance of the meeting.</p> <p>The Improvement and Support Register was presented to the group for approval, with a focus on CQC inspections and quality assurance activities.</p> <p>For community pharmacy it was noted that informal and formal monitoring visits had been conducted often triggered by patient complaints, GPHC visits or contractual concerns. These visits were aimed at supporting quality improvement and action plans were provided to address identified issues. It was noted that the above pharmacy visits complemented but did not replace the formal Community Pharmacy Assurance Framework (CPAF) visits, which were contractual and managed by Herts and West Essex. A discussion took place regarding the selection criteria for the pharmacies chosen for CPAF visits.</p>
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	<p>The report noted that the work to convert short-term Alternative Provider Medical Services (APMS) contracts into General Medical Services (GMS) contracts was progressing well. This work was integral to the move to build resilience in general practice.</p> <p>Five practices remained on the Support Register with action plans in place for all. Most were nearing removal from the register following re-inspection by the CQC. Reference was made to the pressures on general practice associated with the current demand for weight management services.</p> <p>The ICB onsite practice visit programme was reported as underway with initial feedback being positive,</p> <p>Estates Business Case</p> <p>A business case for a surgery extension proposal was presented, and it was noted that the scheme would be fully funded by a community infrastructure levy (CIL). Financial impact to the ICB would be limited to a small annual rent increase. The ICB Estates team confirmed that they had accounted for unexpected additional costs with a planned contingency fund. The group approved the proposal.</p> <p>Estates Project Initiation Document</p> <p>A project initiation document (PID) was presented for a practice scheme involving a 10-room extension and support space. It was noted that this scheme was pending CIL funding approval and would also involve a modest rent increase for the ICB. The group approved the PID in principle, allowing the business case to be drafted once funding was confirmed.</p>
<p>Items for escalation to PCCC</p>	<p>There were no items requiring escalation to PCCC</p>
<p>Confirmation that the meeting was quorate and all Voting Members (or nominated deputies on behalf of Voting Member) present</p>	<p>The meeting was confirmed quorate.</p> <p>Attendance at the meeting is listed below:</p> <p>12 August 2025</p> <p>Voting members Mark Burgis, Executive Director of Patients and Communities, NWICB - Chair Shepherd Ncube, Associate Director, Primary Care Commissioning Rashmi Balakrishnan, Primary Care Finance Reporting Manager Karen Watts, Director of Nursing and Quality</p>

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Recommendation to the Committee:

The paper is for noting purposes.

Key Risks	
Clinical and Quality:	The Group will be monitoring quality improvement and development of a performance dashboard and overall assurance framework
Finance and Performance:	Finance is represented within the membership of the Delivery Group and a Voting Member. Performance and spend against the relevant budget is monitored in detail and reported to the Committee. Any potential financial risks are highlighted to the Committee in this report.
Impact Assessment (environmental and equalities):	Each proposal is accompanied by an Equalities Health Impact Assessment to inform the Group's decision making. Papers to GPCPDG seek to identify potential impact on equalities and mitigating actions required. Action will be taken to draw up Equality Health Impact Assessments for all new projects, pathway or service developments and proposals.
Reputation:	Healthwatch Norfolk and Healthwatch Suffolk, Local Professional Network and the Local Representative Committee are all represented on the Group
Legal:	Terms of reference, General Practice Contracts, NHS (pharmaceutical and local pharmaceutical services) regulations 2013 (the 2013 regulations)
Information Governance:	Information Governance matters will be highlighted as and when appropriate
Resource Required:	Primary Care Commissioning Team
Reference document(s):	Primary medical services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England.
NHS Constitution:	N/A
Conflicts of Interest:	To note any specific Conflicts of Interests from Delivery Group meeting here and how managed are described above under each item, where appropriate. Arrangements are in place to manage conflicts of interest at each meeting and to accurately record and manage them.
Reference to relevant risk on the Board Assurance Framework	BAF02 – Primary Care Resilience and Transformation BORR11 – Resilience of General Practice BORR27 – Resilience of Community Pharmacy

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Agenda item: 12

Subject:	Dental Services Delivery Group report
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:	1 October 2025

Purpose of paper:

To provide the Committee with an update on the work of the Dental Services Delivery Group since the previous Primary Care Commissioning Committee.

This paper is for noting.

Delivery Group:	Dental Services Delivery Group
Delivery Group Chair	Mark Burgis, Executive Director – Patients and Communities
Meetings since the previous update to PCCC	Tuesday 12 August 2025
Overall objectives of the Delivery Group:	The purpose of the meeting is to provide a framework for effective decision making in relation to certain contractual matters for primary care, community care and secondary care 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.
BAF and any Committee risks	BAF02 – Primary Care Resilience and Transformation BORR08 – Secondary Care Dental Services

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<p>relevant / aligned to this Committee.</p> <p><i>To note Operational Risk discussions</i></p> <p><i>To note details of key risks identified during items discussed</i></p>	<p>BORR09 – Resilience and Stability of Primary Care Dental Services Inphase 00000071 – Special Care Dental Services</p> <p>Updates to the Risk Register were approved noting that several risks had been reworded for clarity. The main risk highlighted relates to delivery of both unscheduled care and access improvement simultaneously, the key mitigation being workforce scheme development.</p> <p>No key changes to any of the overall level of risks were identified. No changes to RAG or risk level.</p>
<p>Key items for Committee to take note of</p> <p><i>To highlight if any items include:</i></p> <ul style="list-style-type: none"> • <i>Changes to national policy/strategy</i> • <i>Quality & safety matters</i> 	<ul style="list-style-type: none"> • Changes to the Forward Planner in light of resource constraints were noted. • Progress reports on delivery of Year 2 of the Long Term Dental Plan and Operational Plans were noted. A summary for Committee is attached at Appendix A of this report. • Members were informed of the planned Orthodontic Needs Assessment and stakeholder engagement plan and agreed to review and comment on draft reports prior to consideration at Primary Care Commissioning Committee on 1 October 2025. The draft Orthodontic Needs Assessment was circulated to DSDG members early September for feedback prior to finalising the Committee paper (a conflict of interest was noted for the circulation of the paper and the individual did not receive a copy).
<p>Items receiving formal approval from the Delivery Group</p> <p><i>To include any financial risks</i></p>	<ul style="list-style-type: none"> • Finance report and forecast spend was received and approved. • The Group approved contract amendments to stabilise and retain NHS dental services in Norwich. • The Group approved a report on the Year End 2024/2025 position, noting the repayment plans agreed. Discussion focused on several key areas including the issue of breach notices, pressure on practices to repay debt within the financial year, and the ICB's supportive versus enforcement approach. It was agreed to issue breach notices for contracts underperforming for three consecutive years on a case by case basis and with targeted support offered, subject to approval by Primary Care Commissioning Committee. • Approved a practice request to convert UDAs to UOAs non-recurrently for 2025/2026 to reduce waiting lists. • The Group approved the introduction of a new tool developed by Dental Public Health colleagues to

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	support targeted UDA uplifts and broader commissioning decisions.
Items for escalation to PCCC	Members agreed that the Primary Care Commissioning Committee should approve the breach notices to be issued for dental year end. A paper is to be presented to Committee in Part 2.
Confirmation that the meeting was quorate and all Voting Members (or nominated deputies for making decisions on behalf of Voting Member) present	<p>The meeting was quorate. No declarations of interest were identified for the meeting.</p> <p>Voting Members present:</p> <p>Sadie Parker, Director of Primary Care (deputising for Mark Burgis) Karen Watts, Director of Nursing and Quality Shepherd Ncube, Associate Director of Primary Care Commissioning Sarah Elliott, Finance Manager – Delegated Primary Care (attending for James Grainger, Head of Finance – Primary Care and Corporate)</p>

Recommendation to the Committee:

<p>To note the report, risk updates and decisions taken by the Dental Services Delivery Group on 12 August 2025 and escalation of breach notice approvals (to be heard in Part 2).</p> <p>To note the progress report on Year 2, Long Term Dental Plan and delivery towards the Operational Plan 2025/26</p>
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Key Risks	
Clinical and Quality:	The Group will be monitoring quality improvement and development of a performance dashboard and overall assurance framework
Finance and Performance:	Finance is represented within the membership of the Delivery Group and a Voting Member. Performance and spend against the relevant budget is monitored in detail and reported to the Committee. Any potential financial risks are highlighted to the Committee in this report.
Impact Assessment (environmental and equalities):	<p>Each proposal is accompanied by an Equalities Health Impact Assessment to inform the Group’s decision making.</p> <p>Papers to DSDG seek to identify potential impact on equalities and mitigating actions required. Action will be taken to draw up Equality Health Impact Assessments for all new projects, pathway or service developments and proposals.</p>

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Reputation:	Healthwatch Norfolk and Healthwatch Suffolk, Local Professional Network and the Local Representative Committee are all represented on the Group
Legal:	Terms of reference, general dental services contracts, regulations and Dental Policy Handbook
Information Governance:	Information Governance matters will be highlighted as and when appropriate
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:	<p>To note any specific Conflicts of Interests from Delivery Group meeting and how managed are described above under each item, where appropriate.</p> <p>Arrangements are in place to manage conflicts of interest at each meeting and to accurately record and manage them.</p>
Reference to relevant risk on the Board Assurance Framework	BAF02 Primary Care Resilience and Transformation

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Long Term Dental Plan Year 2 update

New pathways for Child Focused Dental Practices to provide oral health care for vulnerable children and young people up to 18 years of age started March 2025 and the Shared Care Pathway for individuals with medical needs commenced August 2025. Referrals into both pathways are gradually building each month.

Other projects in active development are:

- Supervised Toothbrushing scheme – working with Norfolk County Council to set up schemes in Norfolk. The Waveney area is covered by Suffolk County Council and the ICB has liaised with the local authority and SNEE ICB to ensure service coverage
- Older People – expansion of domiciliary care services to deliver coverage across Norfolk and Waveney.
- Out of Hours tender to secure weekend and bank holiday services in King's Lynn. A new contract for services in Norwich and Lowestoft commenced April 2025.
- Participation in an integrated neighbourhood pilot approach in Norwich to include the provision of oral health care, project scoping underway.
- Level 2 services – commissioning and development of workforce accreditation scheme for endodontics and periodontics with MCN Chairs and Clinical Fellow in addition to securing oral surgery provision beyond April 2026
- In 2024/2025, N&W ICB uplifted all general dental contracts to a minimum £30 per UDA rate (before DDRB uplift applied) and intends to carry out a targeted UDA rate review in Q3 (2025/2026) in areas of high deprivation, rural and coastal areas to further support workforce recruitment and retention. A prioritisation tool has been developed to inform the decision making.
- Working in collaboration with other ICBs in the region to review the Trauma pathway, Minor Oral Surgery provision and delivery of the Secondary Dental Care Recovery Programme.
- Delivery of additional 21,520 unscheduled care appointments
- Tender published for a new contract in Thetford and a longer term contract in Holt and Wells

The ICB is also undertaking a review of orthodontic services in light of the PDS contracts expiring 31 March 2027 and the ambition to secure longer term sustainable services to meet population need. An orthodontic needs assessment has been completed together with engagement with key stakeholders, including Healthwatch and the Orthodontic MCN Chairs. A paper is being presented to Primary Care Commissioning Committee in October for consideration. Orthodontic providers have been offered the opportunity to reduce waiting lists this year through additional payments up to 110% of their annual contract value.

N&W ICB's use of flexible commissioning to support commissioning plans and new pathways by offering sessional payments instead of UDA activity has been welcomed by contractors and is a key element of ICB's dental commissioning strategy. The ICB has also used flexible commissioning to support struggling practices which resulted in practice turnarounds in five practices, all of which are

now delivering activity and have been able to successfully recruit dentists and dental care professionals.

Contractual activity

Activity delivery to end July has been higher month on month compared to the same months last year. At end of Q1, delivery was at 61.74% against increased target achievement of 74.50%.

All providers have been offered an opportunity to overperform general dental activity up to 110% this financial year if they accept new patients who have not seen a dentist in the previous 24 months.

The ICB plans to rebase contracts which have regularly underperformed year on year and is anticipated to release up to £2m for recurrent reinvestment which will also ensure more effective use of the dental ring fenced budget.

Unscheduled care

N&W ICB established an urgent care service in October 2023 as an immediate response to patient concerns. Following announcement of the national unscheduled care service from April 2025, the ICB has sought to build on its existing scheme. The national target for N&W ICB is to provide an additional 21,520 appointments this year over and above the baseline figure of 48,898 (for period 12 months to June 2024).

There are currently 22 providers across Norfolk and Waveney. Since 1 April 2025, 24,283 unscheduled care appointments have been provided with a DNA rate of 0.4% (data as of 31 August 2025). The utilisation rate for August was over 95%. Work continues to understand activity against national trajectory required to deliver the national target.

There is a risk that with a focus on unscheduled care appointments this may divert the local clinical workforce away from routine general dentistry therefore reducing the ICB's ability to improve access to NHS dental services year on year and improve the population's oral health in the longer term.

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Operational Plan 2025/2026

The ICB has a number of targets to achieve within the ICB's Operational Plan for 2025/2026, progress against the delivery targets are set out below.

Activity Delivery

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	254,630	258,048	259,757	266,592
Total activity for year	341,785	341,785	341,785	341,785
Target %	74.50%	75.50%	76.00%	78.00%
Achievement %	61.74%			

Month on month activity delivery this financial year is higher each month compared to last financial year so a positive improvement and a more effective use of the dental ring fenced budget to provide oral health care.

Adult unique dental patients

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target number	318,295	324,326	330,325	336,378
Total adult population	909,096	909,096	909,096	909,096
Target %	35.01%	35.68%	36.34%	37.00%
Achievement %	32.3%			

Child unique dental patients

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target number	115,407	116,708	118,049	119,421
Total child population	194,838	194,838	194,838	194,838
Target %	59.23%	59.90%	60.59%	61.29%
Achievement %	56.60%			

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Agenda item: 12

Subject:	Dental Development Group report
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:	1 October 2025

Purpose of paper:

To provide the Committee with an update on the work of the Dental Development Group since the previous Primary Care Commissioning Committee.

This paper is for noting.

Dental Development Group:	Dental Development Group
Group Chair	Sadie Parker, Director of Primary Care
Meetings since the previous update to PCCC on 14 May 2025	15 July 2025
Overall objectives of the Dental Development Group:	The Group enables the prioritisation of dental strategy work and workforce planning alongside identification and support for wider system projects which aim to improve dental access for children and adults, practice resilience and development of services.
Main purpose of meeting:	The purpose of the meeting is to provide a “safe space” for stakeholders to come together to discuss and drive delivery of Norfolk and Waveney dental ambitions. To share information, soft intelligence and to agree actions as to how best to work together and enable a joined up approach to solution finding under delegated authority from the ICB’s Primary Care Commissioning Committee (“PCCC”).
BAF and any Committee risks	The work of the Dental Development Group aims to find solutions to mitigate the risks for primary care,

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<p>relevant / aligned to this Committee.</p>	<p>community care and secondary care dental services however it is not the Group's role to monitor risks.</p> <p>BAF02 – Primary Care Resilience and Transformation BORR08 – Secondary Care Dental Services BORR09 – Resilience and Stability of Primary Care Dental Services ORRxx – Resilience and Stability of Special Care Dental Services</p>
<p>Key items for Committee to take note of</p> <p><i>To highlight if any items include:</i></p> <ul style="list-style-type: none"> • <i>Changes to national policy/strategy</i> • <i>Quality & safety matters</i> 	<p>The Group had a number of in-depth discussions focusing on a number of key areas of development within the ICB plan with constructive feedback from attendees to help inform ICB thinking:</p> <ul style="list-style-type: none"> • Workforce update, including the Golden Hello scheme and recruitment of two new Dental Clinical Fellows to support learning organisation place expansion and Level 2 service development (endodontics and periodontics) • Expansion of domiciliary care, including whether access for supported living schemes should be included. • Shared Care Pathway for oncology and cardiology patients progress report • Out of Hours services in West Norfolk • Secondary Care Recovery programme updates • Orthodontic Needs Assessment – progress report and stakeholder engagement • Concept of an integrated neighbourhood health team approach in Norwich focusing on working together to support a vulnerable population and the inclusion of dental services in the project, looking at mobile units, community engagement and how to address health inequalities.
<p>Items receiving formal approval from the Group</p>	<p>The role of the Dental Development Group is to make recommendations to the Dental Services Delivery Group and Primary Care Commissioning Committee; it is not a decision making forum.</p>
<p>Items for escalation to PCCC</p>	<p>None identified</p>
<p>Confirmation that the meeting was quorate and all Voting Members (or nominated deputies for making decisions</p>	<p>The Terms of Reference do not require the meeting to be quorate.</p>

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on behalf of Voting Member) present	
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Recommendation to the Committee:

To note the report from Dental Development Group members
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Key Risks	
Clinical and Quality:	The Group will be monitoring quality improvement and development of a performance dashboard and overall assurance framework
Finance and Performance:	Finance is represented within the membership of the Group. Performance and potential spend against the relevant budget is monitored in detail and reported to the Committee. Any potential financial risks are highlighted to the Committee in this report.
Impact Assessment (environmental and equalities):	Each proposal is accompanied by an Equalities Health Impact Assessment to inform the Group's decision making. Papers to Dental Development Group seek to identify potential impact on equalities and mitigating actions required. Action will be taken to draw up Equality Health Impact Assessments for all new projects, pathway or service developments and proposals.
Reputation:	Healthwatch Norfolk and Healthwatch Suffolk, Local Professional Network and the Local Representative Committee are all represented on the Group
Legal:	Terms of reference, general dental services contracts, regulations and Dental Policy Handbook
Information Governance:	Information Governance matters will be highlighted as and when appropriate
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:	To note any specific Conflicts of Interests from Delivery Group meeting here and how managed are described above under each item, where appropriate. Arrangements are in place to manage conflicts of interest at each meeting and to accurately record and manage them.
Reference to relevant risk on the Board Assurance Framework	BAF02 - Primary Care Resilience and Transformation

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Agenda item: 13

Subject:	Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (April 2025 to June 2025)
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:	1 October 2025

Summary of Paper

The attached paper contains the first quarter (Q1) report from the Pharmaceutical Services Regulation Committee (PSRC) relating to the market entry and fitness decisions made at the monthly PSRC meetings 1st April 2025 to 30th June 2025 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 April 2025 to 30th June 2025.

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.

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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
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To be completed by Meeting Secretary

Agenda item: 13

Paper No:



Meeting/Committee:	Primary Care Commissioning Committee
Venue:	Teams Meeting
Date:	1st October 2025

Title of Report	Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (April 2025 to June 2025)	
Presented by	Gregg Syder – Commissioning Manager Pharmacy and Optometry	
Author	Katie Donohue, Commissioning Support Officer Reviewed/Updated by: Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Commercially Sensitive	No	
Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date: NA
Conflict of Interest	None known.	
Governance and reporting – at which other meeting has this paper already been discussed (or not applicable)	This paper has not been discussed at other meetings however all decisions reported in this paper were made at the PSRC meetings held between 01st April 2025 to 30th June 2025.	Outcome of Discussion: All decisions made at the PSRC meetings are made in line with the Pharmaceutical Services Regulations 2013 (as amended)
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England. All ICBs are invited to attend. The meetings are governed by Terms of Reference (TOR) as set out in the Pharmacy Manual and have been ratified by PSRC.	

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.

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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 April 2025 to June 2025:

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

Application	Health and Wellbeing Board	Decision
Combined NSCR and COO application for inclusion in a pharmaceutical list: No significant change relocation and change of ownership within Norfolk HWB's area: Birchwood Medical Practice, Park Lane, North Walsham, Norfolk, NR28 0BQ	Norfolk	Granted
Application to change core opening hours: (FQ286) Boots UK Ltd T/A Boots Pharmacy, Merchants Hall, Lower Ground, Chapelfield Shopping Centre, Norwich, NR2 1SH	Norfolk	Granted

Market Entry - Decisions made (outside scheduled PSRC meetings – via e-mail):

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.
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 Decisions (via Delegated Decision Making):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
Wymondham Medical Services Ltd - Fitness accompanying market entry application	Norfolk	Fit and Proper
Magdalen Medical Supplies Ltd - COSICOD	Norfolk	Remains Fit and Proper

Fitness Decisions (outside scheduled PSRC meetings – via e-mail):

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	Appeal Ref.
None				

Regulatory Timescales:

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The regulations set out timescales by which the ICB should process and determine applications. The P&O 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 that have been completed during Q1 and have exceeded the timescales. Where timescales have not been met, a brief reason and mitigation will be provided:

Application delayed	Reason for delay	Mitigation
CAS-331974-W4G2J0 (COO+NSCR)	Applicant/PCSE: Incorrect First Referral questions asked. PCSE made an error. Premises are within 1.6km of a controlled locality.	It is difficult to mitigate against errors from other organisations. Feedback has been provided for learning going forward.

Recommendation(s):

Note the decisions made at the PSRC meetings between April 2025 to June 2025.

Next Steps:

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

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To be completed by Meeting Secretary

Agenda item: 13

Paper No:



Meeting/Committee:	Primary Care Commissioning Committee
Venue:	Teams Meeting
Date:	1 October 2025

Title of Report	General Ophthalmic Services (GOS) Contracting – Quarter End Update Report (Q1 2025/26)	
Presented by	Sharon Gardner, Head of Primary Care Commissioning	
Author	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 an update report on GOS contracting was requested by ICBs following delegation on 1 April 2023.	Outcome of Discussion: NA
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	The Pharmacy and Optometry Team is employed and hosted by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) but works on behalf of the 6 ICBs in the East of England. This is a standard report requested by ICBs following delegation.	

Executive Summary:

Following the delegation of General Ophthalmic Services (GOS) by NHS England to Integrated Care Boards (ICBs) on 1 April 2023, the Pharmacy and Optometry Contracting Team (P&O Team), manage the GOS contracting function on behalf of the six ICBs in the East of England.

GOS contracting is in summary, the provision of NHS sight tests to eligible patients either from a fixed premises (mandatory services contract) or from a patient's usual place of residence or at a Day Centre (additional services contract). The contracting aspect of NHS sight tests is the only element managed by the contracting team.

All other eye health services are commissioned by individual ICBs (excluding specialised services) or retained by NHS England at this stage (this may be subject to change). This includes:

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- Regional Eye Health Network Board (nb. ICBs are members of this Board) and the leadership for regional transformation programmes from this Board.
- Diabetic Eye Screening.

The purpose of this report is to provide an update on GOS contracting arrangements and set out the current GOS contracting position for the ICB.

This report produced for ICBs is reflective of Quarter 1 (Q1) position.

GOS Contracting Overview

An overview of the number of contractors for mandatory and additional services are set out below. ICBs should note that the numbers detailed in this paper will be subject to change as new applications are made and contracts are terminated by contractors. ICBs should therefore expect to see different numbers throughout the year.

Table 1

Mandatory	Additional
87	10

Change in Process

A recent process change initiated by NHS England (national team) addresses the handling of contracts and financial responsibilities when services are performed across different ICB areas.

Historically, where GOS contracts were held by a different ICB but services performed within your ICB area, the contractor is still included on the P&O Team database. The financial responsibility for these services is deducted from the ICB holding the contract.

For new applications, the process has been updated. If the main contract is held by another ICB but services are also performed within your ICB area, a contract will be issued for your ICB area. The financial responsibility will continue to be deducted from the ICB holding the main contract.

The P&O Team have a process in place, to validate those contractors who fall into this category prior to issuing a contract.

Claims Held Process

By way of background, in January 2023, NHS England introduced a change to the minimum interval check process. Previously the check was limited to the contractor’s own patient records however this has now been extended across England. Unfortunately, the systems at Primary Care Support England (PCSE) cannot identify a sight test outside of usual parameters until the point the sight test has been completed. As a result, there is a “backlog” of claims at PCSE. NHS England’s policy position is to pay for all “claims held” that are a direct result of an early sight test however claims need to be verified by contractors and the ICB.

NHS England are working with PCSE to move the notification to an earlier stage in the PCSE Online claim sequence, however it is anticipated that this will not be completed until summer 2025. Until a system fix is mobilised a process for clearing the backlog of claims held has been implemented by the P&O Team.

The second wave of data that was due in December 2024 was significantly delayed by NHS England and not received until 6 June 2025. The P&O Team are currently in the process of working with those identified contractors and will report findings directly to NHS England within the timescales given.

NHS England have confirmed there will be a final wave of data in May 2025. Once these claims have been processed, the process will be at an end.

Recommendation(s) and Next Steps:

The Committee are to:

- Note the content of this report.
- Note that any contractual issues requiring escalation (outside the remit of GOS contracting), will be sent to the relevant ICB Committee for decision as appropriate.
- Note that reporting will occur on a quarterly basis.

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Norfolk and Waveney Integrated Care System

2025/26 Primary Care Commissioning Committee Finance Report Norfolk & Waveney ICB

Month 5 2025

Primary Care Commissioning Committee 1st October 2025

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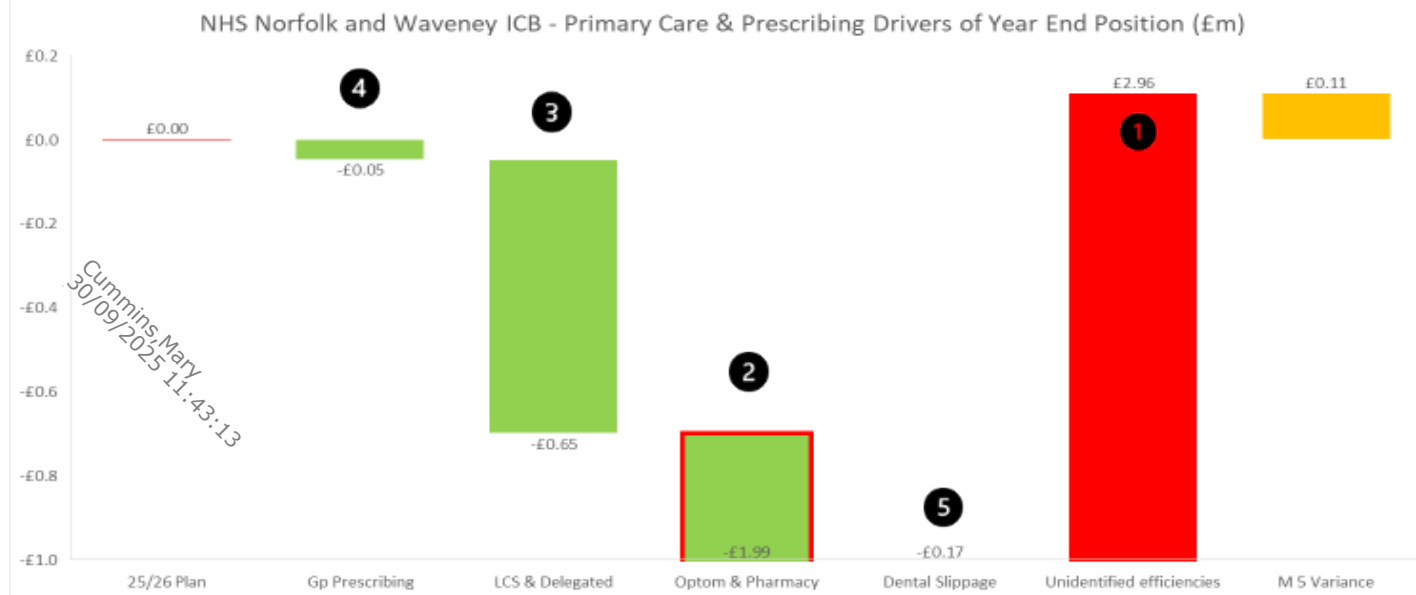
1.0 Executive summary – Reporting

Reported Financial Position: As of August 2025 (M5), the Primary Care & Prescribing reported position is £0.11m overspend due to Unidentified Efficiencies budget reduction £3.0m offset by some achievement of efficiencies in Pharmacy and Delegated and some operational variances in LCS and Optometry.

	Annual Budget	Budget	Actual	Variance	Forecast	FOT Variance
	£m	£m	£m	£m	£m	£m
Reported	629.1	258.5	258.0	(0.5)	629.2	0.1

Variations:

The key operational variances are shown below:



The GP & Prescribing forecast position is slightly over plan. The areas with significant variances are as follows.

- Unidentified Efficiencies in Primary Care approx. £3m and schemes are now identified and are showing benefits outside of this sub-directorate **1**
- Optometry is under plan due to an operational benefit for reduced sight test activity £0.1m. Pharmacy is also under plan due to CPCF allocation distributed on a fair share basis **2**
- LCS and Delegated under plan due to GP Procurement savings which are shown as efficiency achievement offset, and an operational benefit from reduced claims in Q1 for LCS. **3**
- GP prescribing is slightly under plan due to over performance in Efficiencies. **4**
- Dental broadly on plan, but this is before any adjustment for activity claw back. **5**
- Remaining unidentified Efficiencies in Primary Care has led to overspend of £0.1m continued work via the Financial Recovery group remains to identify the remainder to achieve..

Managing In-Year Risks:

Efficiencies

The unidentified efficiency requirement is partly identified and there are some efficiencies that are being currently captured with regards to the conversion of APMS contracts to GMS and the reduction of some contracts by circa 6% on their expiry in lieu of their conversion to GMS. Other savings with Pharmacy slippage have been identified.

2. Primary Care and Prescribing reporting M5

Sub-Directorate (£m)	Full Year Variance (underspend) / overspend	Variance – significant items
GP Prescribing Budget	£208 £(0.35) -0.2%	Year To Date Efficiencies delivered so slightly underspent
Other Prescribing costs Budget	£21 £0.30 1.4%	Increasing Mental Health Drugs costs and Weight Loss drugs both outside of FP10 transactions and leading to overspend.
Delegated Primary Care Budget	£253 £(0.50) -0.2%	GP Procurement Savings (captured as efficiencies)
Local Enhanced Services(LES) Budget	£20 £(0.12) -0.6%	Q1 underspent on schemes creating an operational variance, needs to be monitored to see if spend increases in subsequent quarters.
Other Primary Care Budget	£13 £(0.03) -0.2%	Broadly on plan
Dental Budget	£72 £(0.17) -0.2%	Broadly on plan this is before any under activity claw back
Optom Budget	£12 £(0.15) -1.2%	Small operational variance due to reduced activity in sight tests
Pharmacy Budget	£32 £(1.8) -5.7%	CPCF Underspent, due to fair shares distribution of allocation centrally.
Sustainable Commissioning QIPP Budget	-£3 £3.0 -100.0%	Delivered in Pharmacy and Delegated PC
Total	£629 £0.1	

3. ICB Financial Position M5

Directorate Full Year Budget (£m)		Full year Variance (underspend) / overspend	Variance – significant items
Acute Budget	£1,401	£9.21 0.7%	Sustainable commissioning QIPP
Spec Comm Budget	£225	£(0.00) 0.0%	On Plan
Community and Better Care Fund (BCF) Budget	£261	£7.89 3.0%	Sustainable commissioning QIPP
Continuing Healthcare Budget	£168	£(4.19) -2.5%	Patient levels and referrals have remained stable up to M05. Current efficiency plans, including new stretch commitment, are on target to deliver.
Mental Health Budget	£335	£4.14 1.2%	Sustainable commissioning QIPP
Prescribing Budget	£229	£(0.05) 0.0%	On Plan
Primary Care Budget	£400	£0.16 0.0%	Broadly On Plan
Other - Combined areas Budget	£24	£(1.21) -5.0%	Sustainable commissioning QIPP
Planning Budget	-£21	£(15.82) 75.7%	Sustainable commissioning QIPP in above areas partially offset
Running Costs Budget	£17	£(0.14) -0.8%	Sustainable commissioning QIPP
Total	£3,038	£(0.00)	

4.0 Prescribing Efficiencies M5

Prescribing Efficiencies Top Performing by value Budget (£000's)		Forecast (£000's)	Var (£000's) Fav (Adv)	Variance – significant items
OptimiseRx Budget	£2,100	£2,345	£245 11.7%	Increased savings than plan as more surgeries use Optimise Rx
Rivaroxaban savings Budget	£1,650	£1,699	£49 3.0%	Increased savings
Low Risk, cost effective switching programme Budget	£1,500	£1,715	£215 14.3%	Increased Savings than plan
Other Switches Budget	£1,250	£1,225	£(25) -2.0%	Savings lower than expected
Oral Nutritional Supplements Budget	£750	£675	£(75) -10.0%	Slightly lower than plan
Deprescribing SMRs Budget	£750	£750	£0 0.0%	On Plan
Patent expirations Budget	£660	£828	£168 25.5%	Increased savings than plan
Sitagliptin Switch Budget	£600	£562	£(38) -6.3%	Slightly lower than plan
Dressings Budget	£500	£500	£0 0.0%	On Plan
Other Efficiencies Budget	£2,655	£2,655	£0 0.0%	On Plan
Sub-Total	£12,415	£12,415	£539	
Dapagliflozin savings Budget	£1,585	£1,585	£0.00 0.0%	Stretch Target
Grand Total	£14,000	£14,000	£0	Net under delivery against plan

5.0 LCS Activity Tracker

Norfolk and Waveney ICB Locally Commissioned Services Activity Tracker

Locally Commissioned Service	Full Year Budget (£)	Full Year Actual (£)	Utilisation %	Comment
Care Homes	381,226	335,254	87.9%	Forecast based on Q1
Diabetes	655,787	567,006	86.5%	Forecast based on Q1
Eating Disorders	183,469	145,614	79.4%	Forecast based on Q1
Inclusion Health	428,280	276,266	64.5%	Forecast based on Q1
Mental Health SMI Health Checks	313,490	247,531	79.0%	Forecast based on Q1
Phlebotomy	6,597,102	6,512,786	98.7%	Forecast based on Q1
Proactive Healthcare	4,180,234	4,157,142	99.4%	Forecast based on Q1
PSA	476,468	489,638	102.8%	Forecast based on Q1
Shared Care	1,486,348	1,473,319	99.1%	Forecast based on Q1
Spirometry	453,256	395,899	87.3%	Forecast based on Q1
Treatment Room	4,005,914	3,993,227	99.7%	Forecast based on Q1
Warfarin	587,411	533,866	90.9%	Forecast based on Q1
MGUS	180,000	184,536	102.5%	Forecast based on Q1
Henoch-Schönlein purpura (HSP)	20,000	15,901	80%	Forecast based on Q1
Total	19,948,986	19,327,985	97%	

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Appendix A – Detailed Financial Position

Norfolk and Waveney ICB		N&W ICB	N&W ICB Position at Month 5 £000s			N&W ICB Forecast £000s	
Service Line	Description	Annual Budget	Budget	Actual	Variance	Forecast	FOT Variance
Prescribing	Central Drugs	6,171,637	2,484,341	2,530,854	46,512	6,232,831	61,194
	GP Prescribing	208,224,822	86,662,926	86,662,973	47	207,878,925	(345,897)
	Medicines Management - Clinical	3,095,850	1,220,979	1,199,190	(21,789)	3,061,469	(34,381)
	Other Prescribing	7,170,253	2,633,033	2,988,496	355,463	7,531,820	361,567
	Oxygen	2,788,684	1,099,250	1,053,400	(45,850)	2,697,834	(90,850)
	Prescribing Incentives	1,318,877	0	0	0	1,318,877	0
Prescribing Total		228,770,123	94,100,530	94,434,914	334,384	228,721,756	(48,367)
Primary Care	Community Dental	3,607,334	1,503,055	1,384,391	(118,664)	3,488,670	(118,664)
	DOP Delegated pay	368,316	135,257	113,240	(22,017)	323,722	(44,594)
	GP Forward View	1,074,263	385,609	385,608	(0)	1,014,594	(59,669)
	Local Enhanced Services	20,349,304	8,633,345	8,510,224	(123,121)	20,226,183	(123,121)
	Optom	11,903,391	4,929,739	4,810,605	(119,134)	11,755,821	(147,570)
	Other Primary Care	4,732,824	1,718,534	1,751,016	32,482	4,734,045	1,220
	Pharmacy	32,464,252	12,952,444	12,039,477	(912,968)	30,623,587	(1,840,666)
	PMS to GMS Transition	0	0	0	0	0	0
	Primary Care Delegated Co-Commissioning	253,256,430	103,282,937	102,971,832	(311,105)	252,755,034	(501,396)
	Primary Care IT	7,478,790	3,533,222	3,550,173	16,952	7,509,506	30,715
	Primary Dental	52,725,331	21,958,829	21,654,931	(303,898)	52,723,108	(2,223)
	Secondary Dental	15,360,016	6,400,007	6,400,007	0	15,360,016	0
PP	Unidentified efficiencies	(2,964,849)	(1,070,409)	0	1,070,409	0	2,964,849
Primary Care Total		400,355,402	164,362,568	163,571,504	(791,064)	400,514,285	158,883
Prescribing & Primary Care Total		629,125,524	258,463,098	258,006,418	(456,680)	629,236,041	110,517

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Agenda item: 15

Subject:	Medicines Optimisation team report
Presented by:	Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation
Prepared by:	Jessica Adcock, Head of Pharmacy and Medicines Optimisation (Quality and Safety)
Submitted to:	Primary Care Commissioning Committee
Date:	1 October 2025

Purpose of paper:

For information and discussion of strategic approach to medicines optimisation and to highlight some successes and challenges of implementing activity across a system

Executive Summary:

Our strategic priorities are highlighted and discussion on implementation is welcomed. This time I will focus on implementation of the Green agenda with respect to medicines and the important work to reduce the risks associated with valproate prescribing

1. Focus area – implementation of Tirzepatide for obesity

- 1.1 NICE approved Tirzepatide (TA1026) in December 2024 for managing overweight and obesity. As a NICE Technology Appraisal, we have a statutory obligation to implement this treatment. NHS England applied for a delayed implementation timetable due to very significant affordability issues. NICE assessments focus on cost-effectiveness rather than affordability, answering whether treatments are worth investing in if funding is available, using published trial data rather than real-world evidence.
- 1.2 This implementation aligns with ICS priorities for addressing cardiovascular health concerns across our local area. Long-term, Tirzepatide should contribute to improved cardiovascular outcomes in our population, making it a strategic priority despite the financial challenges.
- 1.3 Tirzepatide has been included in the local formulary, and we have identified patients eligible as part of phase 1 being referred into wraparound care services whilst being prescribed Tirzepatide by their GP.
- 1.4 Our predictive models suggest we should remain within the initial NHS England funding provision for the first year, though significant uncertainty exists as the scale/nature of implementation is unprecedented. We are closely monitoring actual usage against projections to identify any unexpected uptake patterns early.

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- 1.5 We are exploring integration opportunities with SNEE (Suffolk and Northeast Essex) ICB's established obesity service, including their Tirzepatide pathway.

2. Prescribing team focus areas

2.1 The prescribing team is focused on supporting the prescribing quality scheme and an additional switch scheme which has now been launched.

2.2 We have a number of strategic priorities within the medicines workstream. Some of these are mandated by NHS England who have asked the ICB to pick 5 from a national list of medicines optimisation opportunities [here](#).

2.3 Our five are.

- Addressing problematic polypharmacy
- Addressing low priority prescribing
- Best value biologics in line with NHSE commissioning recommendations
- Improving valproate safety – see below
- Switching IV antibiotics to oral (hospital in-patients)

In addition to the above we also have an ICS zero carbon delivery group and we, the medicines team, work with partners to monitor the carbon footprint of key medicines and have helped develop long term plans to reduce this. The [NHS long term plan](#) (page 120) sets out the milestones for improvement.

We focus on lower carbon footprint alternatives where clinically appropriate and reducing inhaler waste and recycling schemes where they exist.

3 Medicines Optimisation Pillar highlight report – Quality and Safety

3.1 Teratogenic medicines

Valproate – This has now moved to Business as Usual. The team continue to support practices where there are issues, particularly around obtaining the Risk Assessment Form. If any additional safety material is published by MHRA, this is circulated to practices.

Topiramate – safe use in female patients discussed with neurology and as a result the treatment pathway has been amended to reflect the most recent MHRA alert. This is currently with the Formulary Pillar and will go to the October Prescribing Reference Group for review before sending to the ICB's Therapeutic Advisory Group.

3.2 Dietetics

The Medicines Optimisation Dietetic team continue to develop guidelines and education sessions for primary care, care home and domiciliary care staff, and ICS dietetic teams to improve the quality of prescribing of nutritional products such as oral nutritional supplements (ONS), enteral feeds, infant formulae, and some vitamins and minerals. They continue to provide support to primary care and ICS colleagues and the via the dietetic queries mailbox.

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The team have been working on new patient information resources to target those affected by rising food prices, those with poor kitchen facilities, and those needing to access community support for food provision. These resources provide information on sourcing and preparing nutritious meals on a budget using simple cooking facilities. Translated versions of these resources will also be available.

The team are also beginning to collaborate with the SNEE prescribing support dietitians to plan for future projects. The SNEE team have adopted our paediatric ONS prescribing guidance and our method for auditing monthly ONS prescribing data.

3.3 Antimicrobial Stewardship (AMS)

NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2025-26 have changed.

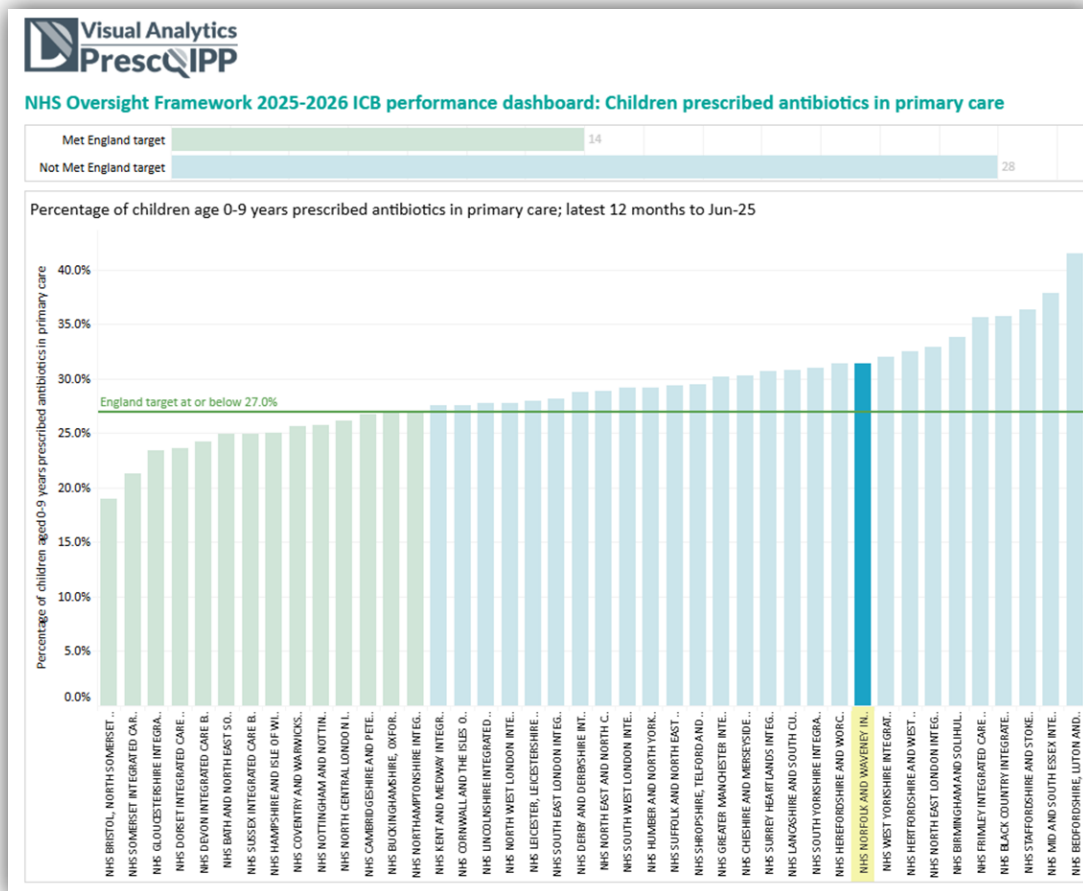
2025-26 Target

Percentage of children aged 0-9 years who have been prescribed at least one antibiotic in primary care in the last 12-month period

- ICB performance is assessed as Met or Not Met against a fixed national England target: at or below 27.0%
- NW ICB performance for 12 months to June 2025 is Not Met with a percentage of 31.4% (12 months to end June 2024 – 40.1%)

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Table 1: NHS Oversight Framework 2025-26 ICB Performance Dashboard: Children prescribed antibiotics in primary care – ICB level



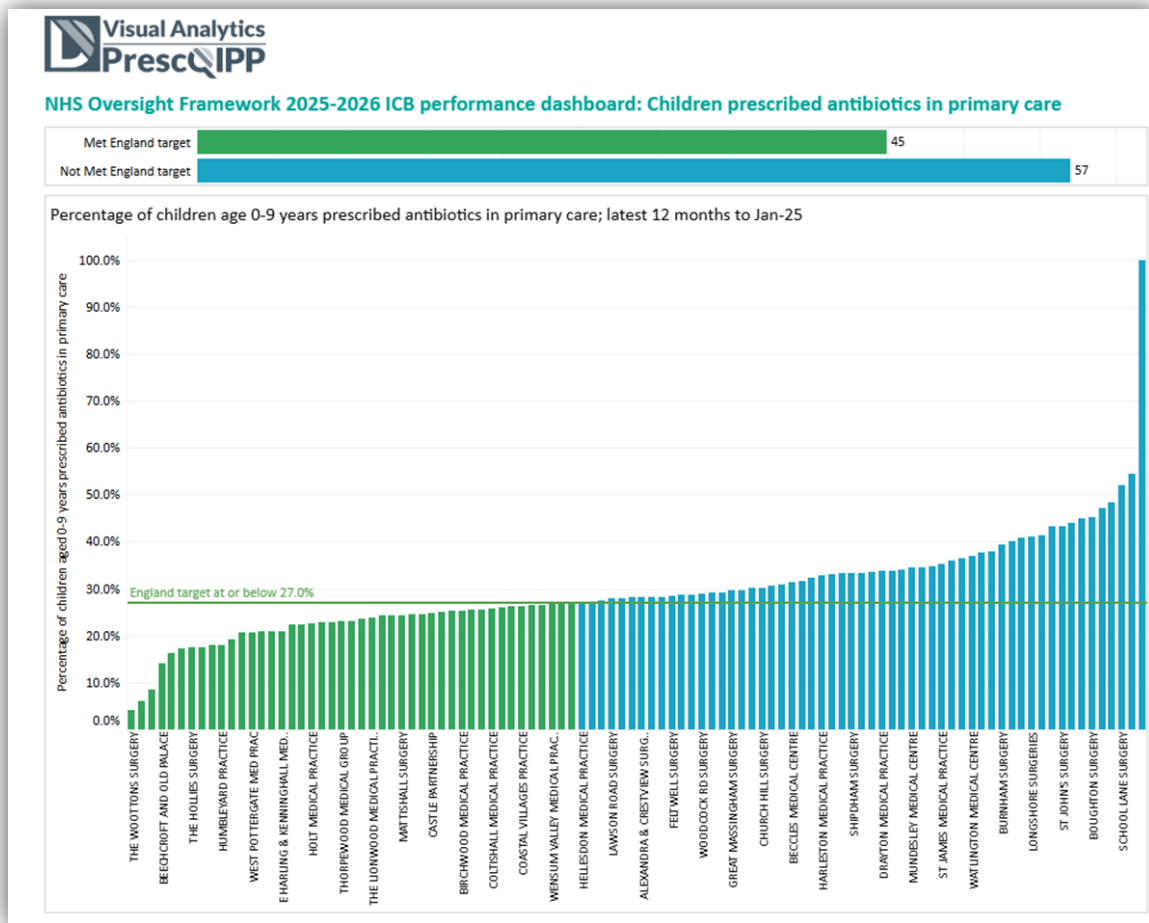
Paediatric AMS project- area/locality focus pilot project has been identified as Norwich locality due to high out of hours prescribing. Initial meeting has been set up with the Norwich Walk in centre to discuss prescribing and to understand any issues with paediatric requests/referrals.

Discussions have been had with Just-one-Norfolk team to discuss how we can collaborate to disseminate information for parents and children. Contact has been made with School nurses and early years lead with meetings set up to discuss similar collaborative work in nurseries/ schools.

A steering group has been set up with secondary care pharmacist, public health lead, ICB pharmacist, IPC nurses and paediatric nurses, and meets every month. Meetings with East of England AMS working group are continuing monthly.

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Table 2: NHS Oversight Framework 2025-26 ICB Performance Dashboard: Children prescribed antibiotics in primary care – Practice level



2024-25 Targets

We are continuing to monitor practices against the 2024-25 metrics

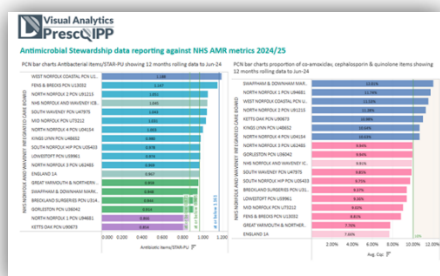
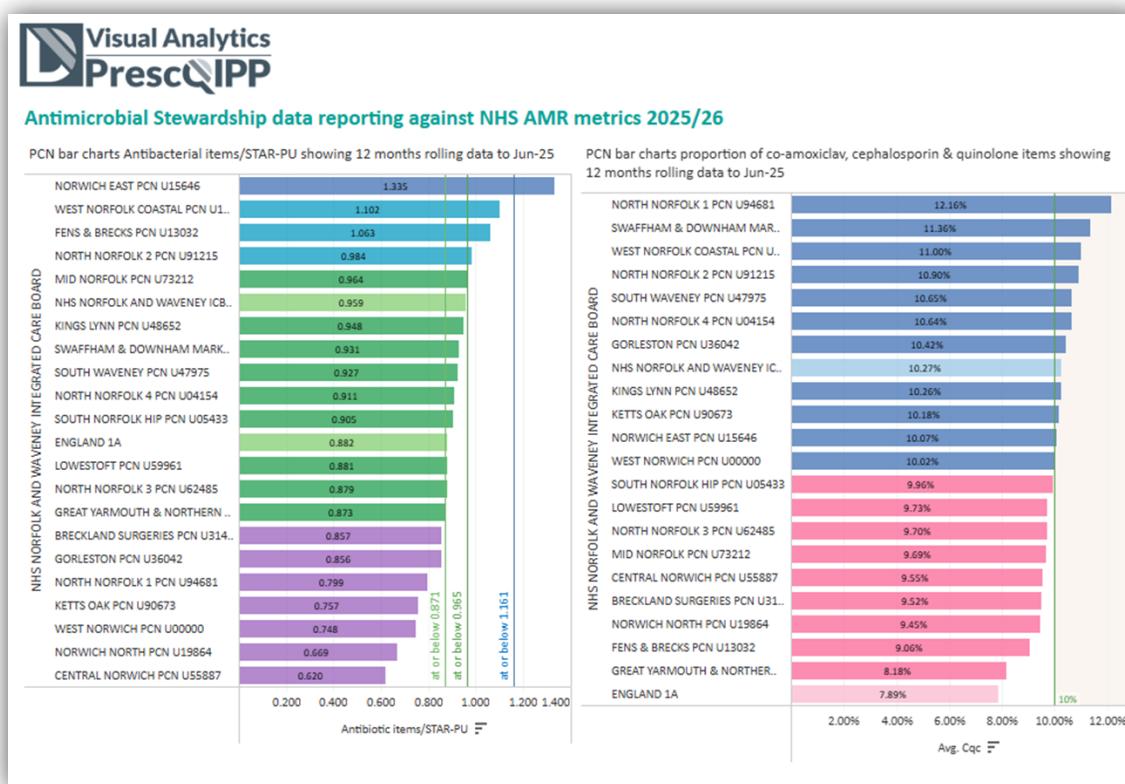
- The antibiotic volumes target is 0.871 or less antibacterial items per STAR-PU.
- The national target for percentage of broad-spectrum antibiotic prescriptions as a total of overall antimicrobial prescriptions is at or below 10%.

Norfolk and Waveney has seen a large decrease in the number of antibiotic items being prescribed in primary care over the last 12 months, which is positive. In June 2024 six PCNs were at or below 0.965 antimicrobial items per STARPU. In June 2025 16 PCNs are at or below 0.965 antimicrobial items per STARPU

Items/STARPU	Number of PCNs	
	12months to June 2024	12 months to June 2025
Above 1.161	1	1
At or below 1.161	9	3
At or below 0.965	4	9
At or below 0.871	2	7

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Table 3: Antimicrobial Stewardship data reporting against NHS AMR metrics – 12 months to end June 2025 (PCNs)



June 2024 data

3.4 AMS - supporting practices

AMS follow up discussions have been taking place with Boughton, Burnham and Litcham practices. Initial discussions have taken place with Wells practice to discuss high antibiotic prescribing. A meeting is arranged with Old Mill and Millgates medical practice.

Contact has been made with Norwich walk in centre to discuss prescribing in paediatrics after identifying high paediatric prescribing out of hours.

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Three more practices have been identified and will be contacted to arrange meetings to discuss high levels of prescribing.

3.5 Controlled Drugs

The team are contacting practices who have patients receiving prescriptions for the highest quantities of daily morphine equivalent to obtain assurance about their management. A support pack is under development for practices to provide resources and advice when prescribing and reviewing controlled drugs.

3.6 Structured Medication Review (SMR) and Deprescribing

SMR has been included in the Prescribing Quality Scheme for 2025/26. A locally developed toolkit has been developed and circulated to primary care to support with this.

4 Medicines Optimisation Pillar highlight report – Clinical Experience and Delivery

4.1 Delivering prescribing efficiencies:

The pillar continues to maintain active engagement with GP practices and PCN/local pharmacy collaborative groups through regular, targeted prescribing reviews, delivered both in-person and or online. These sessions aim to reduce unwarranted variation in prescribing and support the development of practical, value-driven action plans. By promoting evidence-based interventions, the project has delivered substantial financial savings across participating outlier GP Practices.

Over the last few months, most identified outlier GP practices have shown a reduction in spend per ASTRO-PU (weighted prescribing units), although some continue to present challenges. Notably, data from the latest quarter (April–June) indicates a marked improvement in West Norfolk, where GP practices have historically had significantly higher spend per ASTRO-PU compared to both the ICB and national averages.

Additionally, the pillar continues to focus on its commitment to supporting value-based prescribing initiatives, including QIPP and other strategic deliverables aimed at promoting appropriate prescribing, reducing waste and improving formulary compliance. The pillar works with practices to facilitate the review of specific workstreams that include the appropriate substitution of unlicensed medicines for licensed alternatives, review of appliances or medicines that have been deemed as not commissioned for prescribing in primary care by the ICB's Therapeutic Advisory Group.

Between April and June 2025, the team recorded 92 interventions on Co-ordinate Rx, resulting in total savings of £215,000.

Home Oxygen Service

Approximately 2,400 patients rely on home oxygen to manage severe respiratory and other health conditions, enhancing their overall health outcomes. Baywater Healthcare facilitated an online training session for GP practices in August 2025, focusing on safe oxygen

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prescribing, fire safety, initiating therapy in domiciliary settings, and efficient HOOF (Home Oxygen Ordering Form) completions via the prescribing portal. The session was well received, with follow-up materials shared to support clinical application. The team continues to make efficiencies by monitoring agreed KPIs within the agreed regional contract and encouraging best practice within the system.

5 Medicines Optimisation Pillar highlight report – Interface and Formulary

The pillar continues to work collaboratively with ICB colleagues and N&W system partners. Interface & Formulary Pillar aims to continually review and update the Norfolk and Waveney netFormulary platform, ensuring evidence based best value medicines are highlighted for our local prescribers. The team continue to develop High Cost Drugs guidance and pathways in collaboration with the Acute Trusts, aiming for a “do it once approach” across the system. There is a focus on achieving best value from the use of medicines, including those excluded from tariff High-Cost Drugs.

5.1 Netformulary and Knowledge NoW

Netformulary is built and managed in collaboration with our system partners. The interface and formulary team continues to work with NSFT colleagues to populate Mental Health Chapter 4; ensuring all previously agreed TAG decisions are clearly documented. Current focus is on the epilepsy and the antipsychotic sections.

Netformulary and KNoW continue to be valuable resources to healthcare professionals. The Norfolk and Waveney Formulary pages are currently the most popular on KNoW, followed by NHS Right to Choose, Tier 3 Weight Management and the TAG guidance. An email banner and poster pop up on Teams is being used to remind system colleagues about these valuable resources.

5.2 Therapeutics Advisory Group (TAG)

The role of the Therapeutics Advisory Group (TAG) is as an area prescribing committee, to provide informed, professional advice and recommendations for Norfolk and Waveney on the clinical use of medicines, dressings and other prescribable items that are commissioned by the ICB. TAG meetings are well attended and continue to provide an important local forum for interactions that help to facilitate and maintain good working relations across several healthcare sectors.

6 Medicines Optimisation Pillar highlight report – Population Health and Data

6.1 Data provision - The team has delivered transformational work supporting the prescribing quality scheme (PQS), creating searches that enable both data provision to GP practices and accurate baseline measurement for payment. A significant shift has been achieved from practice-based prescribing measures to patient-level indicators, allowing us to track specific cohorts and individual patients. This granular approach represents a substantial advancement towards our goal of increasingly specific, targeted interventions.

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- 6.2 The automated medicines efficiency dashboard** has been instrumental in identifying £2.8m of savings we have focused on through our medicine switching scheme this year. The dashboard focuses on identifying low-risk, cost-effective switches - essentially identical medicines under different brands - providing high-impact, low-effort savings opportunities. Development continues to expand functionality.
- 6.3 Tirzepatide** - The team has provided comprehensive analytical support for Tirzepatide implementation, including Monte Carlo modelling for financial projections, demand forecasting, and detailed cohort analysis. We continue monitoring real-time uptake against projections and tracking prescribing patterns, though data lag of several months affects immediate visibility of trends.
- 6.4 Cost efficiency planning** - Excellent progress against the revised £14.6m efficiency target - as of September 2025, we are on track to meet our budget and efficiency goals. The team has created patient-level searches to centrally track GP data for incentive measures. Additional savings are anticipated from the dapagliflozin patent expiration. While early indicators from GP tracking remain unclear due to data lag, the monitoring framework is operational.
- 6.5 Invoice Management** - Historic backlogs have been fully cleared - reduced from over 500 invoices dating from 2019 to current state with all pending invoices recent and awaiting supplier information. This positions us well for the creation of the future Norfolk and Suffolk ICB.
- 6.6 Key challenges and future work** - The transition from practice-based measures to patient-level analytics, while providing greater opportunities for identifying cohorts needing intervention and enabling more targeted approaches, requires significant team upskilling due to increased analytical complexity. This trade-off is justified by improved outcomes and intervention precision. Future priorities include Core20PLUS5 targeted interventions, patient adherence indicators development, and clinical pathway indicators implementation.

7 Medicines Optimisation Pillar highlight report – Workforce and Projects

7.1 Workforce

As part of the National Teach and Treat Programme, a new model has been introduced to strengthen links between community pharmacists and Designated Prescribing Practitioners (DPPs). Prescribing supervision remains a key challenge in community settings, often requiring support from DPPs in other sectors. Through an expression of interest process, two community pharmacists were selected to receive DPP supervision from a GP practice pharmacist. Both will complete their Independent Prescribing training with UEA.

Foundation Trainee Placements 2025/26 – 20 Trainee Pharmacists have begun their Foundation Trainee Pharmacist Programmes across Norfolk and Waveney. 15 Trainee Pharmacists are part of the first cohort to complete their Independent Prescribing qualification as part of their training programme.

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Foundation Trainee Placements 2026/27 – The national Oriel employer is currently advertising 39 Foundation Trainee Pharmacist Programmes throughout Norfolk and Waveney. Student preferencing is in progress, with offers expected to be issued between November and December. Employers will be notified accordingly.

Pre-registration Pharmacy Technicians - a national scheme has recently run for community pharmacy to train pharmacy technicians, but the final numbers to be confirmed within Norfolk and Waveney.

Pharmacy Careers – several events have been attended by the team to highlight available careers options in Pharmacy and continue to work with System Education Leads and the Careers Faculty.

7.2 Projects

Repeat Prescribing and Support –Repeat Prescribing Toolkit has now been launched alongside PQS ,14 practices signed up to complete the toolkit including those completed prior to PQS indicator. This also includes signing up to the eligibility requirements of undertaking the PrescQIPP Practice Medicines Coordinator course which has now gone live and for attending a repeat prescribing update session provided by the team throughout the year. The update sessions will include webinars already provided by the team, such as eRD, Repeat Prescribing Toolkit, and Waste plus prescription clerk training webinars which will be launching soon.

The team are also working in practices to identify interventions to improve repeat medication safety and costs.

The team alongside comms have launched a system wide ‘Reducing Medicine Waste’ campaign encouraging patients to check their prescription, only order what they need and return unused medicines safely. The campaign consists of different elements such as social media posts, press activity and a toolkit of resources for healthcare professionals plus a permanent section on the ICB website.

Alongside the campaign, the team will be supporting practices which links into the repeat prescribing toolkit around their medicine waste returns and identifying trends such as managed repeats and poor synchronisation of repeat templates.

Recommendation to Committee:

The committee is asked to note this report.

Key Risks

Clinical and Quality:

Some key quality areas need focus and outlier performance needs addressing. Mitigated through the prescribing quality scheme

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Finance and Performance:	Risks highlighted in report
Impact Assessment (environmental and equalities):	The team is focusing on Core20Plus5 populations to contribute to reducing inequalities. There is also a significant focus on Carbon Reduction prescribing.
Reputation:	ICB practices remain outliers for some quality indicators and selective medication reviews may help address these
Legal:	Not applicable
Information Governance:	Not applicable
Resource Required:	Medicines optimisation team support to practices
Reference document(s):	Not applicable
NHS Constitution:	N/A
Conflicts of Interest:	GP dispensing practices may be conflicted with competing financial interests associated with dispensing costs
Reference to relevant risk on the Governing Body Assurance Framework	Prescribing cost risk noted on register

GOVERNANCE

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