Primary Care Commissioning Committee Part 1

Wed 19 November 2025, 16:30 - 18:00

Agenda

16:30 - 16:30
0 min

1. Agenda

Information *Hein van den Wildenberg*

2025 11 19 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (1 pages)

16:30 - 16:30
0 min

2. Apologies for Absence

Information *Hein van den Wildenberg*

16:30 - 16:30
0 min

3. Declarations of Interest

Information *Hein van den Wildenberg*

2025 11 19 Item 03 Declarations of Interest.pdf (4 pages)

16:30 - 16:30
0 min

4. Review of Minutes and Action Log from the October 2025 meeting

Decision *Hein van den Wildenberg*

2025 10 01 Item 04 NWICB PCCC Minutes Part One.pdf (9 pages)
2025 11 19 Item 04 PCCC Action Log Part One.pdf (1 pages)

16:30 - 16:30
0 min

5. Forward Planner

Information *Sadie Parker*

2025 11 19 Item 05 NWICB PCCC Forward Planner 2025 2026 Part One.pdf (1 pages)

16:30 - 16:30
0 min

6. Risk Register

Decision *Sadie Parker*

2025 11 19 Item 06 Risk Register - front sheet.pdf (6 pages)
2025 11 19 Item 06 Risk Register.pdf (4 pages)

16:30 - 16:30
0 min

Service Development

16:30 - 16:30
0 min

7. Director of Primary Care Report, including a Primary Care Operational Plan Update

Information *Sadie Parker*

2025 11 19 Item 07 Director of Primary Care Report ad Primary Care Operational Plan Update.pdf (7 pages)

16:30 - 16:30
0 min

8. Strategic Estates Report

Information *Paul Higham*

2025 11 19 Item 08 Strategic Estates Report.pdf (9 pages)

16:30 - 16:30
0 min

Finance & Governance

16:30 - 16:30
0 min

9. Delivery Group Reports • Dental Services Report

Information *Fiona Theadom*

2025 11 19 Item 09 Dental Services Delivery Group report.pdf (4 pages)

16:30 - 16:30
0 min

10. Reports from the Pharmaceutical Services Regulations Committee • Reports from the Pharmaceutical Services Regulations Committee • General Ophthalmic Services Quarter End Update report

Information *Sharon Gardner / Gregg Syder*

2025 11 19 Item 10 PSRC Front Sheet.pdf (2 pages)
2025 11 19 Item 10 PSRC Report.pdf (4 pages)
2025 11 19 Item 10 GOS Quarter End Update Report.pdf (3 pages)

16:30 - 16:30
0 min

11. Strategic Finance Report M07

Information *James Grainger*

2025 11 19 Item 11 M7 Primary Care Commissioning Committee Finance Report.pdf (8 pages)

16:30 - 16:30
0 min

12. Any Other Business

Information *Hein van den Wildenberg*

Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Wednesday 19 November 2025, 16:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	16:30	**Chair's Introduction**	Chair
2.		**Apologies for Absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For Noting*	Chair
4.		**Review of Minutes and Action Log from the October 2025 meeting** *For Approval*	Chair
5.		**Forward Planner** *For Noting*	SP
6.	16:40	**Risk Register** *For Approval*	SP
		Service Development	
7.	16:50	**Director of Primary Care Report, including a Primary Care Operational Plan Update** *For Noting*	SP
8.	17:00	**Strategic Estates Report** *For Noting*	PH
		Finance & Governance	
9.	17:10	**Delivery Group Reports** • **Dental Services Report** *For Noting*	FT
10.	17:20	**Reports from the Pharmaceutical Services Regulations Committee** • **Reports from the Pharmaceutical Services Regulations Committee** • **General Ophthalmic Services Quarter End Update report** *For Noting*	SG/GS
11.	17:30	**Strategic Finance Report M07** *For Noting*	JG
		Any Other Business	
12.	17:40	**Any Other Business** • **Questions from the public**	Chair

Date, time and venue of next meeting
Wednesday 14 January 2026 14:00 – 17:00 – ICB PCCC
To be held by videoconference and You Tube

Any queries or items for the next agenda please contact:
sarah.webb7@nhs.net; mary.cummins3@nhs.net

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

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 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
		Norfolk and Norwich University Hospital			X		Son-in law is a cardiology consultant at the NUUH with sessions at JPUH	01/06/2023	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
		Royal College of Nursing Union				Indirect	Member of the Royal College of Nursing Union	30/07/1980	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
		Suffolk County Council			X		Daughter is an Occupational Therapist employed as a locum by Suffolk County Council	31/07/2025	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
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 QEHKL and borough council)	2021	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair

		Broadland Housing Association	X			Direct	Non-Executive Director and Board member for Broadland Housing Association	2024	Present	Will excuse myself from any decisions relating to Broadland Housing Association
Norfolk and Waveney ICB Attendees										
Mark Burgis	Executive Director of Patients and Communities, Norfolk and Waveney ICB	Lakenham Practice				Indirect	Wife is Nurse Prescriber who is currently undertaking locum work at Lakenham Practice in Norwich. Wife receives an income from the practice when undertaking shifts at the practice	02/08/2021	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
		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		Volunteer non-executive board director for Active Norfolk	10/06/2019	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
		St Stephensgate Medical Practice				Indirect	Personal friendship with GP partner	03/04/2023	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
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	Head of Primary Care Commissioning - Pharmacy	Locum Pharmacist	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	01/04/2023	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
		Pharmaceutical Society of Great Britain		X			Member of the Royal Pharmaceutical Society of Great Britain	24/07/2000	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
		Humbleyard Practice (Mulbarton)			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

		PM healthcare	X				Mentorship contract with PM healthcare. Mentorship programme with the pharmaceutical company Chiesi managed through PM healthcare Contracted as self-employed locum pharmacist to provide one mentorship session (30mins) per quarter over a 12 month period to date (Oct 25) no work has been undertaken	01/01/2025	31/12/2025	Withdrawal from any decisions making or conversations that involve PM healthcare or Cheisi conflict to be raised at all relevant meetings where discussions/decision relate to the conflict declared.
Sarah Johnson	Senior Primary Care Commissioning Manager - Dental	Cromer Group 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
		Treetops Dental Practice			X		Receiving treatment from Treetops Dental Practice	13/10/2025	Present	Declare at any relevant meetings and will not take part in any discussions or decisions relating to interest
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 prac	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	31-Aug-25		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										
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 CoI and withdraw from meeting if discussions take place that might benefit Harleston practice

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NHS
Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney Primary Care Commissioning Committee
Part One

Minutes of the Meeting held on
Wednesday 1 October 2025 at 13:30
via video conferencing and YouTube

Voting Members – Attendees

Name	Initials	Position and Organisation
Ian Wake	IW	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
James Grainger	JG	Head of Finance Primary Care and Corporate, Norfolk and Waveney ICB (Deputising for Howard Martin Executive Director of Finance Norfolk and Waveney and Suffolk & North East Essex ICB)
Hein Van Den Wildenberg	HW	Non-Executive Member, Norfolk and Waveney ICB
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB (deputising for Lisa Nobes Executive Director of Nursing, Norfolk and Waveney and Suffolk & North East Essex ICB)

In attendance

Name	Initials	Position and Organisation
Leiat Becker	LB	Senior Primary Care Delivery Manager, Norfolk and Waveney ICB
Andrew Bell	AB	Vice Chairman Norfolk Local Dental Committee (LDC)
Mark Burgis	MB	Executive Director of Patients & Communities, Norfolk and Waveney ICB
Mary Cummins	MC	Primary Care Commissioning Support Officer, Norfolk and Waveney ICB
Michael Dennis	MD	Head of Medicines Optimisation, Norfolk and Waveney ICB
Lisa Drewry	LD	Executive Officer Norfolk & Waveney Local Medical Committee
Sarah Elliott	SE	Delegated Primary Care Finance Manager, Norfolk and Waveney ICB
Sharon Gardner	SG	Head of Primary Care Commissioning Community Pharmacy and Optometry, Norfolk and Waveney ICB
Andrew Hayward	AHa	Trustee of Healthwatch Norfolk
Anne Heath	AH	Associate Director of Digital, Norfolk and Waveney ICB
Kirsty Hockley	KH	Commissioning Support Officer, Pharmacy and Optometry, Norfolk and Waveney ICB minute taker
Joni Graham	JG	Executive Officer (Estates, Digital, Pharmacy & Prescribing) Norfolk & Waveney Local Medical Committee
Sarah Johnson	SJ	Senior Primary Care Commissioning Manager (dental), Norfolk and Waveney ICB
Shepherd Ncube	SN	Associate Director, Primary Care Commissioning, Norfolk and Waveney ICB, Norfolk and Waveney ICB
Amanda Sear	AS	Head of Primary Care Strategic Planning, Norfolk & Waveney ICB
Lauren Seamons	LS	Joint Chief Officer at Community Pharmacy Norfolk & Suffolk

Jason Stokes	JS	Secretary, Norfolk Local Dental Committee (LDC)
Nick Stolls	NS	Specialty Dental Advisor, Norfolk & Waveney ICB
Fiona Theadom	FT	Head of Primary Care Commissioning (Dental and Medical), Norfolk and Waveney ICB, Norfolk and Waveney ICB
Ian Wilson	IWi	Executive Officer, Norfolk and Waveney Local Medical Committee

Apologies received

Name	Initials	Position and Organisation
Howard Martin	HM	Executive Director of Finance for Norfolk and Waveney and Suffolk & North East Essex ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB

No	Item	Action owner
1.	**Chair's introduction** The Chair welcomed attendees to the October 2025 Committee meeting. IW raised a Chair's action regarding Continuous Professional Development (CPD) Funding 2025/2026. It was noted that JR was scheduled to present the related paper but was on leave. MB confirmed that the decision had already been taken and suggested the Committee proceed to ratify the funding for ICS primary care education and training hub contracts at non-recurrent funding amounts of £210,667 and £10,533. IW moved to the recommendations, and the Committee approved the funding, and HW and others confirmed their consent. Quoracy for the meeting was noted.	**Chair**
2.	**Apologies for absence**	**Chair**
	Apologies noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	JS advised that on the Register of Conflicts of Interest he was listed as an NHS GDS provider but that he had now sold his dental practice. JS requested that his declaration of interest in this respect be removed in time for the next meeting. There were no other declarations of interest declared.	
4.	**Review of Minutes and Action Log from the July 2025 Committee** *For Approval*	**Chair**
	The minutes were agreed to be an accurate record of the July 2025 Committee meeting and minutes would be sent to the Chair for signing. **Action: SW to send signed minutes to the Chair for safekeeping.**	**SW**

	Action Log **0204** – Action remained open as due date was January 2026. **0206** - Action remained open as due date was January 2026. **0207** - AS confirmed that the Strategic Framework for Primary Care had been approved and signed off, and that workstream update will come to the Committee. Agreed to close. **0208** – AS confirmed that the GP action plan had been agreed and signed off and the action was closed.	
5.	**Forward Planner** *For Noting*	**SN**
	SN presented the Forward Planner. SN confirmed that all papers had been distributed except for the LCS paper. SN explained that the lead for the LCS requested this item be brought later in the year, due to ongoing work with the Ardens system upgrade, aimed at improving data collection of activity under LCS arrangements. The Committee agreed that it would be more beneficial to review the LCS paper after these upgrades were completed and accepted the proposed timing adjustment. The Forward Planner was noted.	
6.	**Risk Register** *For Approval*	**SN**
	The Committee reviewed the Risk Register, with SN presenting in SP absence. SN noted that there had been no significant changes since the last update and proposed change in focus of risk to patient and population outcomes rather than provider risks. This approach aimed to align risk discussions with the core purpose of ensuring safe, high-quality care and positive outcomes for communities. IWi supported this direction but emphasised the benefits of capturing provider robustness. The impact of national changes to the GP Contract were highlighted and the ongoing national discussions related to these. HW highlighted a recent Integrated Care Board meeting where the gap between the current risk score of 20 and the target score of 12 in the Primary Care Resilience risk was discussed, supporting the proposed shift but stressed the importance of addressing the existing gap. MB echoed support for the new approach, clarifying it was not an either/or decision but a broader contextual focus, especially considering new guidance and the 10-year plan. The Chair summarised the recommendations: to approve the current Risk Register and provide feedback on the proposed approach, which the Committee approved.	
7.	**Director of Primary Care Report** *For Noting*	**AS**

	AS presented the first Director of Primary Care Report to the Committee for noting. AS explained that its format and content might evolve based on feedback. The report noted the focus at a national level on equity of access and the need to understand and address unwarranted variation. AS highlighted ongoing work to develop a common approach to contracting local and enhanced primary care service provision across Norfolk and Suffolk, noting there are differences between the two areas and the benefits for collaborative learning and resource optimisation. AS also noted the opportunities to align national levers and expectations with local population needs going forward. The commissioning and transformation support programme (CATs tool) was noted, with recent facilitated sessions involving national and regional NHS colleagues to assess capacity and capability with the ICB for transformation. SN will ,share outputs at a future meeting. Committee members, including HW and SN, expressed appreciation for the overview and suggested including integrated performance metrics in future reports. IW agreed with the focus on variation and emphasised the need to address inequalities in outcomes and access. The Committee noted the report.	
8.	**Primary Care Operational Plan Update** *For Noting*	**AS**
	AS provided an update on the Primary Care Operational Plan for noting, noting the current year's planning is mainly focused on the GP action plan, which had been agreed and signed off in June 2025. AS noted ongoing fortnightly meetings to support delivery against the current plan with regional colleagues to address challenges, particularly those related to the national GP contract, Pharmacy First, and dental appointment provision. AS explained that a consolidated report with all relevant metrics would be available from the next month, as current reporting was fragmented. AS highlighted that the planning framework for the next year had just been published, with a much earlier timeline for board sign-off compared to the previous year. AS anticipated that in future primary care planning would be integrated into neighbourhood planning and move to a three year cycle; which reflected a significant cultural shift with greater emphasis on community engagement. Further guidance was awaited from the Department of Health and Social Care. HW supported the combined Norfolk and Suffolk approach but expressed concern about the compressed timeline and requested an update at the next Committee meeting. The Committee noted the report.	
9.	**Strategic Digital Report** *For Noting*	**AH**

	AH presented the Strategic Digital Report for noting. AH highlighted the completion of the GP Practice infrastructure upgrade, which provided all practices in Norfolk and Waveney with full fibre connections and improved Wi-Fi, including seamless access for visiting clinicians via GovRoam and better patient Wi-Fi in waiting rooms. Tablet devices were available at some practices to enable patients to learn how to use the NHS App and explore digital access methods. AH mentioned the procurement of a new IT provider to complete the transition to cloud-based systems, which had enhanced resilience by removing reliance on on-site servers. AH also discussed the digitisation of patient records, making them accessible via the National Document Repository, and noted ongoing work with ambient voice technology solutions, though these were currently at self-funded by practices. The automation programme for repeat prescriptions was reported as live in 46 practices, saving significant staff time, and digital boost training sessions were being delivered to support staff in using digital tools. HW praised the progress and in response to a question about N&W's participation in the NHS App family feature pilot, AH took an action to check and provide an update. **Action - AH to check if Norfolk and Waveney are involved in NHS app family feature pilot.** MB asked about NHS app usage rates cited 61% in Norfolk and Waveney, and AH responded that Norfolk and Waveney were slightly above the national average, with Healthwatch findings indicating lower uptake among younger people. LS shared insights from the Suffolk and North East Essex (SNEE) system's pharmacy-led NHS app training pilot and raised points about the integration of commercial pharmacy systems with NHS systems, as well as the need to revisit shared care record and discharge medicine service data flows. AH agreed these were important areas for future discussion and noted that the ICS-wide digital strategy was due for an update. The Committee noted the report and expressed appreciation for the digital team's work.	
10.	**2025/2026 General Practice Contract Update** *For Noting*	**SN**

	SN provided an update on the 2025/2026 General Practice Contract for noting. SN focused on three main changes: • Online consultation requirements • You and Your GP (YYGP) Patient Charter • GP Connect. SN described efforts to support practices in meeting the online consultation mandate and noted that a survey had been conducted and most practices were expected to be compliant, though some were awaiting further national guidance. SN emphasised that the current stage was information gathering and that regular audits of about GP practice websites would begin in October 2025 to support with assessing online consultation experiences. Regarding the Patient Charter, SN reported successful implementation, with information available on the ICB website and plans to check compliance across GP practice websites where providers have opted to manage their own website content. For GP Connect, SN stated that technical enablement was complete, but further work was needed to ensure full functionality. JG highlighted the ongoing national debate dispute over GP contract changes. JG summarised the LMC's view on potential impact to GP practice capacity and patient experience. JG also sought clarification on the patient experience contact email mentioned in the report.SN acknowledged these concerns and clarified that the email referred to in the report was an ICB contact email address or members of the public to use. . The Committee noted the progress, endorsed the combined approach of survey, audit and direct support, strength and assurance, and agreed to continued engagement with GP practices to address any gaps.	
11.	**ICB transition – GP Practice alignment** *For Approval*	**MB**
	MB presented the paper on ICB transition and GP Practice alignment for approval, MB explained NHS changes required a review of practice alignment as Norfolk and Suffolk come together as a cluster. MB noted that for Norfolk and Waveney, the process was straightforward, while the separation of the Essex element from the Suffolk team made it more complex for SNEE. The Committee was asked to approve the alignment of practices to the new Norfolk and Waveney ICB, and members agreed, having found the detail in the report clear.	
12.	**Delivery Group Reports** • **General Practice & Community Pharmacy** • **Dental Services Report – update on long term plan** • **Dental Development Group** *For Noting*	**SG/FT**

	SG reported on the General Practice and Community Pharmacy Delivery Group. SG stated that the integrated performance report was still under development, with plans for a detailed quarterly report on performance against targets to be brought to future Committee meetings. SG also highlighted a sustainable commissioning review of a pharmacy service, which was discussed in terms of risk, transition planning, and communication, and noted that the item would return for further discussion after considering group input. SG noted the improvement and support register, reporting positive initial feedback on the GP visit programmes and a decrease in the number of practices on the register, with five remaining mainly awaiting CQC inspections. SN reinforced the value of joint practice visits between pharmacy and GP commissioners and praised proactive estate improvement efforts, especially in Suffolk, to expand facilities for practices. FT provided an update on the Dental Services Delivery Group. FT noted that the Committee received a progress report on year two of the long-term dental plan, with a brief update attached for the Committee to note. FT reported that key decisions made, included a finance and year-end report that considered whether the ICB would issue breach notices for underperformance, with a separate paper to be discussed in Part 2 regarding a targeted approach to breach notices. FT highlighted that operational plan targets for activity delivery and new patient activity were included in the report, and while activity delivery was below target, it was higher month-on-month compared to the previous year. FT added that practices were now allowed to overperform up to 110% if they were seeing new patients, enabling those able to deliver more activity to offer additional support. HW commented positively on the increased activity and unscheduled care and asked about the timeline for the supervised toothbrushing scheme with Norfolk County Council, to which FT replied that providers had been appointed, and the scheme would now move into the mobilisation phase. In response to a question from KW, FT confirmed that the national scheme focused on schools and early learning centres in areas of highest deprivation (IMD 1 and 2), and built on existing achievements. FT also updated the Committee on the Dental Development Group. This was a key stakeholder group that considered new ideas, with the last meeting held in July. FT highlighted the project explored an integrated neighbourhood health team approach in Norwich, which involved close collaboration with the place team and key stakeholders, and noted the importance of including dentistry as part of wider health and social care initiatives. IW confirmed that public health was also involved in these efforts. The reports were noted.	
13.	**Reports from the Pharmaceutical Services Regulations Committee** • **Reports from the Pharmaceutical Services Regulations Committee** • **General Ophthalmic Services Quarter End Update report** *For Noting*	**SG**

	SG presented the Pharmaceutical Services Regulations Committee report for noting. The report was taken as read, and no questions were raised. SG also presented the General Ophthalmic Services Quarter End Update report for noting. SG clarified that it was a quarterly report on optometry contracts and emphasised the importance of distinguishing between optometry and ophthalmology. SG confirmed that the report covered primary care contracts (GOS) and any variations, and again, the Committee took the paper as read with no questions raised. Both reports were noted.	
14.	**Strategic Finance Report M08** *For Noting*	**JG**
	JG presented the Strategic Finance Report for noting for Month 5. JG updated the Committee on the financial position of primary care and prescribing within the ICB. JG reported a slight overspend of £0.1 million against a £629.1 million budget, explained that GP prescribing was broadly on plan with a £14 million efficiency requirement being met. JG highlighted positive variances in locally commissioned services and delegated primary care due to operational factors and planned contract efficiencies. JG noted a larger variance in the optometry and pharmacy areas, with optometry which showed reduced activity and pharmacy benefiting from allocation efficiencies. JG stated that the budget reflected last years' experience and that LCS figures could be volatile, so close monitoring would continue. HW complimented the prescribing efficiencies and in response to a query on the LCS activity tracker, JG confirmed that both budget adjustments and active monitoring was ongoing and where data indicated outliers commentary will be provided in future reports. The Committee noted the report without further questions.	
15.	**Strategic Prescribing Report** *For Noting*	**MD**
	MD presented the Strategic Prescribing Report for noting. MD explained that prescribing was the most common intervention in the NHS. The Medicines Optimisation team's workstreams were organised into five pillars: quality and safety (including dietetics and antimicrobial stewardship), clinical experience and delivery, interface and formulary, commissioning of medicines, and population health and data, with workforce as a key enabler. MD highlighted the focus on antimicrobial stewardship, particularly a new metric tracking the percentage of children aged 0–9 prescribed antibiotics, which aimed to reduce unnecessary antibiotic use and its impact on childhood development and resistance. MD reported that the local rate for antibiotic use in children for the last 12 months had improved from 40% to 31.4%, which moved us closer to the 27% target. MD described collaborative work with public health, education, and primary care to change antibiotic-seeking behaviour. MD also mentioned the inclusion of structured medication reviews in the prescribing quality scheme and emphasised the importance of stopping unnecessary medicines.	

	KW commented on the significance of antimicrobial stewardship, referenced the risks of Clostridium difficile, and praised the rollout of successful interventions across some GP practices. LS asked about integrating Pharmacy First data and suggested collaboration to analyse antibiotic prescribing patterns and patient pathways. MD welcomed this suggestion, noting the potential for joint work with SG to triangulate data and promote appropriate use of pharmacy services. The Committee noted the report.	
16.	**Any Other Business**	**Chair**
	There was no other business.	
	Questions from the Public	**Chair**
	There were no questions from the public, and the meeting closed at 14:45 hours.	

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

Webb Sarah
19/11/2025 17:12:44

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log
19 November 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.	14-Jan-26	In progress	
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.	14-Jan-26	In progress	
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 to add to the Delivery Group forward planner and report back to Jan PCCC.	14-Jan-26	In progress	
0211	01 October 2025	4	SW	Minutes Send signed minutes to the Chair for safekeeping.	SW sent signed minutes to Chair.	19-Nov-25	Closed	06-Oct-25
0212	01 October 2025	9	AH	Strategic Digital Report check if Norfolk and Waveney are involved in NHS app family feature pilot	AH advised this pilot is restricted to one ICB area in North London. NWICB has registered an interest to be part of further phases, should this be possible. Propose to close.	19-Nov-25	Open	

NWICB Primary Care Commissioning Committee Part One 2025-2026

Item	14-May-25	08-Jul-25	01-Oct-25	19-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
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 when relevant

NHS
Norfolk and Waveney
Integrated Care Board

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:	19 November 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 outline the progress made in reviewing current risk, and our approach to risk assessment and management since the last meeting in July.

Executive Summary:

New risks escalated: No new risks escalated.

Changes to held risks: No changes to held risks.

Risks de-escalated: No risks have been formally de-escalated. However, the workforce risk has been reviewed as part of the recent deep-dive process and has been assessed as reduced. This updated assessment will be confirmed at the January PCCC meeting.

Key highlights since the last meeting

Further discussions have taken place regarding the proposed changes to the approach to risk management. Progress has been slower than anticipated due to competing priorities, including procurement pressures across primary care commissioned services and the high-profile national reporting requirements for the GP contract particularly in relation to online consultations.

Progress was reviewed at the Primary Care Senior Leaders' meeting, where it was agreed to prioritise this work for presentation to the PCCC in Quarter 4. The work to reframe risks with a stronger focus on patient safety and meeting the needs of the local population rather than on service delivery and provider performance will continue.

Initial proposals were discussed with the PCCC Chair and Deputy Chair in October and were supported in principle. This revised approach has also received support from Local Medical Committee (LMC) colleagues, provided that service delivery and workforce considerations remain fully integrated into the new approach.

Objective

The Committee is asked to note the current risk position and progress being made 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 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 places are sufficient, and whether any gaps in managing risks are being identified and addressed.

Progress Made so far

Work continues to strengthen oversight of the risk register and ensuring that risks are actively discussed, regularly reviewed, and supported towards resolution and improvement continues.

To date, deep-dive reviews have been completed for dentistry, general practice, and community pharmacy, with workforce being the most recent, completed in early November. The final deep dive focused on serious mental illness (SMI) annual health checks is scheduled for completion by the end of November.

A summary of all deep dives will be presented to the January PCCC for assurance.

Workforce Deep Dive – 11 November 2025

The workforce review was completed as planned and focused on two primary risks:

1. Shortages in the general practice medical and nursing workforce, driven by vacancies and impending retirements, with consequential impacts on patient access and service delivery.
2. Vacancies and retention challenges within Additional Roles Reimbursement Scheme (ARRS) and Direct Patient Care roles, also affecting service delivery capacity.

The review team noted significant progress in addressing workforce risks, including 98% recruitment success across additional roles. It was also highlighted that the number of GP vacancies has reduced, with more doctors now seeking employment opportunities. Some suggestion was made on whether the focus should now shift towards retention and support mechanisms to maintain workforce stability. The workforce team will review and advice accordingly.

The group recommended that:

- The current workforce risk score be reviewed with a view to reduction, reflecting progress to date.
- The target score be revised to ensure it remains realistic and achievable.

- The proposed changes be considered further within the workforce team before formal adjustment.

The deep-dive review process continues to place emphasis on understanding the key drivers of risk and identifying targeted interventions that can most effectively reduce them. The rationale is that, once these principal risks and priorities are addressed, overall risk levels should reduce sufficiently to move from increased oversight to standard monitoring.

Recommendation to Committee:

Committee members are invited to:

- Approve the current risk register.
- Note the ongoing work to improve and strengthen our approaches to 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

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)**	DSDG	16	16	16	16	16	16	16					
	25	**BORR09 Resilience of NHS General Dental Services in Norfolk and Waveney**	DSDG	16	16	16	16	16	16	16					
	71	**Special Care Dental Services**	DSDG	9	9	9	9	9	9	9					
	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	9	9	9	9	9	9					
	tbc	**PC06 Learning Disability Annual Physical Health Checks**	9	9	9	9	9	9	9	9					

Appendix 1 – Risk management structures

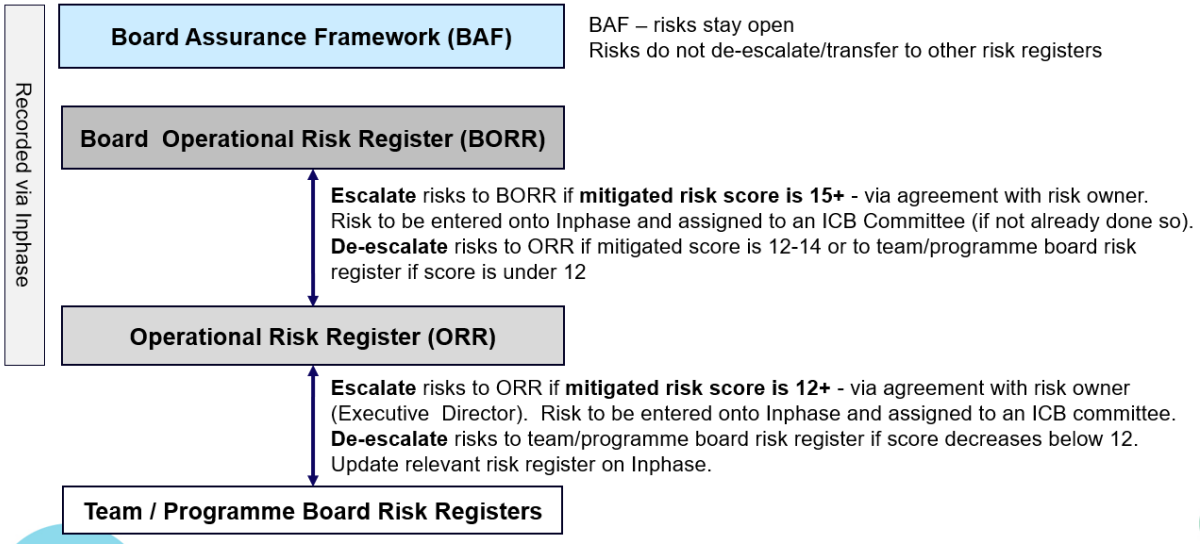
Board Assurance Framework (BAF)
- Strategic risks aligned to the eight ambitions within the Joint Forward Plan
- Risks stay open
- BAF is reported to the Board in public

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.



	Risk Title	Objective Description	Owner	Risk	Operational Lead	Start	Target Delivery	Date Reviewed	Inherent Rating	Current Rating	Target	Control Description	Task Description	Task Owner	Start Date	Due Date	Stage
Risk 00000023	The resilience of general practice	• 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-20	31 Mar 2026	20 Oct 2025	20	16	4	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 Se	31 Jul 2025	31 Dec 202	In Progress
												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.					
Risk 00000025	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-23	31 Mar 2026	10 Nov 2025	20	16	4	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 14/10/2025: new provider successfully appointed. Mobilisation phase to start services Dec 2025	Fiona Thea	17 Apr 2025	31 Dec 202	In Progress
												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 14/10/2025: Tender active 05/11/2025: Tender moderation underway	Fiona Thea	20 Feb 2025	31 Mar 202	In Progress
												Dental Development Group established to engage with key stakeholders to to commissioning plans, including the Long Term Dental Plan.	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 14/10/2025: panel being arranged to review framework and apply to contracts, subject to approval. 10/11/2025: panel meeting 7/11/2025, to present recommendations to Delivery Group in Dec 2025.	Fiona Thea	02 Jun 2025	30 Nov 202	In Progress
												Dental Services Delivery Group established reporting to PCCC	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. 10/11/2025: new national scheme launched Oct 2025 - 28 N&W providers accepted offer to meet target by end Mar 2026 in addition to locally commissioned service. Communications plan active.	Fiona Thea	21 Jul 2025	31 Mar 202	In Progress
												Active engagement is taking place with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks); A regular dental newsletter is in place					
												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.					
Risk 00000029	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-Feb-24	31 Mar 2026	10 Nov 2025	20	16	4	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 14/10/2025: work continues to finalise clinical specification and SOP	Fiona Thea	01 Apr 2025	31 Mar 202	In Progress

												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 Parke	01 May 202	31 Oct 2025	In Progress
												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 14/10/2025: interim solution extended to end March 2026	Fiona Thea	01 Jul 2025	31 Mar 202	In Progress
												Dental Development Group established to engage with key stakeholders to input to commissioning plans	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 14/10/2025: data review delayed due to lack of capacity within the primary care dental	Fiona Thea	20 Feb 202	30 Nov 202	In Progress
												Dental Services Delivery Group established reporting to PCCC	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 14/10/2025: joint workshops with SNEE ICB for paediatrics, TMJ and sedation being organised.	Fiona Thea	20 Feb 202	31 Mar 202	In Progress
												NHS England Long Term Workforce plan published June 2023	To draw up an Equality Impact Assessment and Clinical Quality Risk Assessment with support from Quality team 20/03/2025 Baseline data has been requested from secondary care providers to inform EHIA completion. Date for completion revised to end May 2025 12/6/2025 Baseline data for 1 acute pending receipt. Limited resources within the dental team to complete EHIA may delay completion further. 21/8/2025: delay in drawing up EHIA due to lack of capacity within the dental team and conflicting priorities	Sadie Parke	01 May 202	30 Oct 2025	In Progress
												NHSE Recommendations for secondary care services in East of England 2024 published.					
												ICB primary care team recruited and in place working alongside newly recruited Quality Dental Nurse in Quality team and Finance colleagues to manage primary and community care contracts.					
												Ring fenced dental budget for investment					
												Suffolk and North East Essex ICB (SNEE) lead in region for secondary care work programme.					
												Clinical Advisor for Dentistry recruited to ICB from October 2024					
												Monthly OMFS meetings in place all ICBs in region					
Risk 00000032	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-24	31 Mar 202	20 Oct 2025	20	20	4	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.	10 June - all previous actions completed, risk to be reviewed and updated by end of August	Sadie Parke	28 Oct 2024	31 Aug 202	In Progress
												Clinical expertise provided by Clinical and Care Professional and Clinical Fellow roles across primary care.	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	Sadie Parke	28 Oct 2024	31 Aug 202	In Progress
												Local LMC General Practice Alert System established which informs improvement and support work monitored through the PCCC.	Red Tape Challenge published - discussed at September SIM to agree where oversight will come from. Implementation of recommendations incorporated into GP Action Plan monitored by PCCC. System Interface Group, led by ICB Medical Director, is where oversight of all things interface sites. PCARP not published.	Amanda Se	31 Jul 2025	31 Mar 202	In Progress
												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					
Risk 00000053	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	nissioning Committee	Jayde Robinson	27-Dec-24	31 Mar 202	14 Oct 2025	16	12	4	Advanced Practice Forum established.	Latest NHSE workforce data illustrates the following: • 0.7% growth in Direct Patient Care workforce roles across N&W during the period of August 2024 vs August 2025 (640 WTE). • 0.6% growth in non-clinical roles (1747 WTE)	Jayde Robi	14 Oct 2025	31 Mar 202	In Progress
												AI software mapping and reports provided for vacancy levels for primary care.					
												Coastal and Rural project to support geographical areas facing greater challenges in recruitment, e.g. West and East					

				Primary Care Comm								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.					
Risk 00000054	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-Dec-24	31 Mar 2026	14 Oct 2025	16	12	4	Advanced Practice Forum established.	Latest NHSE workforce data illustrates the following: • 2.2% growth in Nursing workforce roles across N&W during the period of August 24 vs August 25. 430 WTE are in place across the system. • 0.5% growth in GP workforce roles (excluding training GPs) during the same period. 520 WTE are in place across the system. • 2.8% growth in GP Trainees across N&W during the same period. 165 FTE are in place across the system.	Jayde Robin	14 Oct 2025	31 Mar 2026	In Progress
												AI software mapping and reports provided for vacancy levels for primary care.	As of 14th October 2025, the following positions currently advertised for recruitment within general practice, linked to this risk are: • 1 x ARRS GP • 1 x GP partner • 6 x GP salaried • 1 x Practice Nurse • 2 x Advance Practice Nurse	Jayde Robin	14 Oct 2025	31 Mar 2026	In Progress
												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.					
Risk 00000055	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 Burgis	Primary Care Commissioning Committee	Sadie Parker	27-Dec-24	31 Mar 2026	11 Nov 2025	16	9	4	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. As of 02/10/2025, a potential cause has been identified. It appears that while both the N&W ICB and NHSE systems utilise opt-out data, the N&W ICB uses practice-level data, whereas national reports use the National Data Opt-Out. Because the National Data Opt-Out is pseudonymised, it is not possible to produce a fully accurate solution. N&W ICB has an opt-out rate of 5.3% based on national data; however, even after applying this rate we find that local figures remain different to the nationally produced data. Due to current operational pressures across the ICB, data teams do not currently have the capacity to investigate this issue further. We await the next available national data. Previous position: 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	Charles Mor	13 Aug 2025	11 Dec 2025	In Progress
												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 Mor	13 Aug 2025	11 Sep 2026	In Progress
												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).					
Risk 00000056	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-Dec-24	01 Sep 2027	23 Oct 2025	20	16	4	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 Gar	19 Aug 2025	20 Aug 2026	In Progress
												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					
Risk 00000071	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-25	31 Mar 2026	10 Nov 2025	12	9	4	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 Thead	01 Feb 2025	30 Sep 202	In Progress
												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 14/10/2025: work continues to increase referrals from CDS into CFDP to reduce waiting lists. Access to CFDP sedation pathway agreed with one provider to support CDS to reduce waiting lists for CFDP 05/11/2025: monthly review meeting 6/11/25 - in depth data review planned 26/11/2025	Fiona Thead	01 Apr 2025	31 Mar 202	In Progress
												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. 14/10/2025: to review Q2 data at review meeting on 5/11/25 to assess performance and activity for six months 5/11/2025: quarterly review meeting held. In depth data review planned 26/11/2025. Positive update on workforce recruitment	Fiona Thead	20 Feb 2025	30 Nov 202	In Progress
												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 Thead	20 Feb 2025	31 Mar 202	Not Started
												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 14/10/2025: recruitment to vacancies in progress	Fiona Thead	03 Jan 2025	20 Dec 202	In Progress
												Dental Services Delivery Group established reporting to PCCC					
												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					
												Quarterly contract review meetings with community dental services provider replaced by bi-monthly meetings to review data and key performance indicators					
												Ring fenced dental budget for investment					

Item 07

NHS
Norfolk and Waveney
Integrated Care Board

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:	**19 November 2025**

Purpose of paper:

To provide an updated overview of the work governed by the Primary Care Commissioning Committee, in line with the ICB's delegation agreement with NHS England.

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 vaccination 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.

Closer collaboration is underway between teams across NHS Suffolk and North East Essex ICB and NHS Norfolk and Waveney ICB, including within primary care, in preparation for the launch of the new NHS Norfolk and Suffolk ICB on 1 April 2026. This work is being supported by new executive leadership and reflects a shared commitment to integrated place-based care.

Both ICBs have participated in the NHS England Commissioning and Transformation Support (CATS) programme, a resource designed to support ICBs in developing their general practice commissioning responsibilities. Initial outcomes from the programme have been shared and are helping to identify opportunities for shared learning and strengthening the primary care function within the future ICB.

The latest NHS operational planning guidance sets out clearer standards for performance and accountability in primary care, with a continued focus on national metrics and contractual compliance. As expectations evolve, teams remain focused on delivering high-quality, person-centred care reinforcing our shared commitment to transparency, consistency, and improvement across the system.

Current priorities and resource commitments

The new NHS planning cycle brings some welcome continuity, building on previous work and signalling a more consistent direction of travel. However, it also presents challenges, particularly around tight timelines and the need to fully interpret and apply the guidance across a complex and varied system. While the emphasis on system maturity is encouraging, we remain mindful that local contexts may differ, and assumptions about readiness may not always align with on-the-ground realities.

Current pressures on team resource include procurement activity and the winter vaccination campaigns. The vaccination programme is key to system winter preparedness, helping ensure our population is protected against flu and COVID through strong uptake and effective delivery.

The deep dive on risk is ongoing with revised risks on track to come to the Committee during Q3 2025/26. An update on risk management is included in a primary care update which will form part of the ICB November Board agenda (papers to be published shortly ICB Board). An update on primary care access was presented to the Patients and Communities Committee on 3 November (ICB Patient and Communities Committee

Important progress has been made in reviewing locally enhanced services to ensure they deliver improved outcomes, address health inequalities, and represent value for money. This work supports a broader ambition to strengthen primary care resilience and improve population health through a more consistent and collaborative commissioning approach.

By enabling providers to work as part of a connected eco-system, using Population Health Management (PHM) insights to target interventions, we can better tailor services to meet the needs of local communities and deliver care that makes a meaningful difference.

There is recognition that extended review periods can be unsettling for providers. However, in a rapidly evolving health and care landscape, taking the time to get this right is essential to ensuring the long-term sustainability of primary care services for our population.

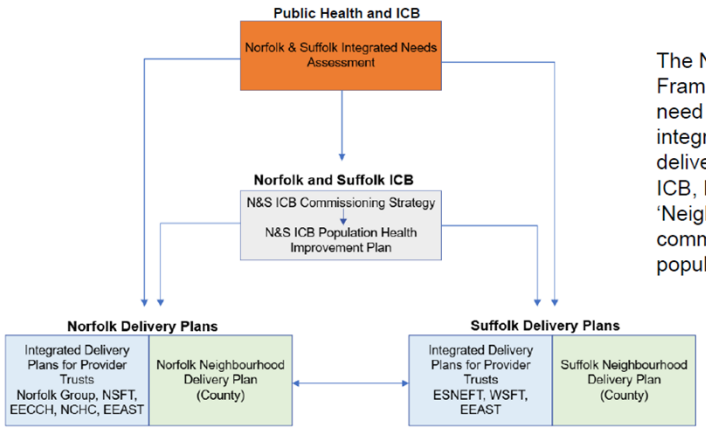
Looking ahead

Preparing for Neighbourhood Contractual Arrangements and Strengthening Local Partnerships

Further details on single and multi-provider neighbourhood contractual arrangements, as outlined in the NHS 10-Year Health Plan, are expected later this year. These will likely build on upcoming guidance around neighbourhood models, planning frameworks, and practical examples, anticipated in November. In the meantime, we continue to balance local innovation with shared learning across Norfolk and Suffolk, while remaining mindful that national guidance is still evolving.

We're also working more closely with local authority colleagues in the neighbourhood space, particularly around planning and consistent messaging. The diagram below illustrates the emerging links and leadership roles. While cross-organisational collaboration is still developing, it is already proving effective and the relationships being built are highly valued as we move forward together.

The Norfolk and Suffolk strategic arrangements



The NHS Planning Framework describes the need to develop a series of integrated strategies and delivery plans across the ICB, Providers and 'Neighbourhoods' from a common assessment of population health need

Strengthening Collaborative Working and Supporting the Development of Primary Care Eco-Systems

The Independent Prescribing Pathfinder Programme Pathfinder Programme is set to conclude in March 2026. Following this, Integrated Care Boards (ICBs) are expected to begin commissioning independent prescribing services within community pharmacy settings. These developments offer a significant opportunity to expand clinical services and improve access to care but will require thoughtful planning with providers to understand and respond to the evolving local landscape.

As these services roll out, some pharmacies may be well-positioned to adopt new opportunities, strengthening resilience in certain neighbourhoods. However, we also recognise the potential for variation in uptake, which could lead to a more uneven system. Understanding and managing these emerging eco-systems will be key to ensuring equitable access and sustainable service delivery across our communities.

Greater collaboration and integration across local primary care providers will be central to establishing effective neighbourhood working. The focus is shifting towards commissioning services for communities rather than individual organisations, supporting a more integrated and population-focused approach.

As part of preparations for the Strategic Commissioning Framework Strategic Commissioning Framework we will be proactively engaging with primary care contractors to explore their thinking and understand progress toward forming local primary care collaboratives. This dialogue will help shape a shared vision for neighbourhood care, grounded in partnership and aligned with the needs of our local populations.

Carr-Hill Formula Review

As part of efforts to ensure a fairer distribution of NHS funding, the Carr-Hill formula, which underpins how general practice funding is allocated, is currently under review. The six-month review began in October 2025 and is expected to conclude by April 2026.

Led by the National Institute for Health and Care Research (NIHR) on behalf of the Department of Health and Social Care and NHS England, the review aims to develop a new allocation formula that better reflects the needs of today's patients and communities. A

recommendation to replace the current formula could lead to changes being implemented as early as 2026 or 2027.

There will be much interest in the outcome, with hopes that any future model will support a more equitable and needs-based approach to funding general practice across the country.

Recommendation:

The Committee is asked to note the report and request further information on any areas not covered elsewhere in the agenda pack.

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):	NHSE Priorities and Planning Guidance 2025/26 https://www.england.nhs.uk/long-read/2025-26-priorities-and-operational-planning-guidance/ NHSE Planning Framework – September 2025 NHS England » Planning framework for the NHS in England NHSE Neighbourhood Health Guidelines 2025-26 https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/ ICB Model Blueprint - update published on 28 May 2025

	Fit for the Future - 10-Year Plan published on 3 July 2025 Model Region Blueprint - article published 11 September 2025 Planning Framework - published 24 October 2025 Strategic Commissioning Framework - published 5 November 2025
NHS Constitution:	Primary Medical care Policy and Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/
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

Within its Medium term planning framework, ICBs will be expected to make their first submissions, which will include a three-year plan, before Christmas. Full five-year plan submissions will then be due in early February, with sign off expected in March.

The plan sets out a series of ambitious targets to improve access, equity, and integration across primary and neighbourhood care. These priorities will guide service development over the coming years and support the delivery of care closer to home.

Key national targets, building on the current GP Action Plan, which will shape primary and neighbourhood care include:

Primary Care Priorities

- **Same-Day Access for Urgent Needs**
  By 2028/29, 90% of clinically urgent patients should be seen on the same day in general practice (subject to national discussions)

- **Digital Access via the NHS App**
  From April 2026, 95% of appointments across all care settings should be accessible via the NHS App following appropriate triage

- **Reducing Variation in Access**
  ICBs are expected to support practices in tackling unwarranted variation, improving contract oversight, and ensuring patients understand how their requests will be managed

- **Community Pharmacy Expansion**
  Continued rollout of Pharmacy First services, including emergency contraception and HPV vaccination

- **Urgent Dental Care**
  Maintain delivery of an additional 700,000 urgent dental appointments annually

- **Advice & Guidance Integration**
  All non-urgent referrals in 10 key specialties should be routed through Advice & Guidance before planned care referral

Neighbourhood Health Priorities

- **Timely Access to Community Services**
  80% of community health activity should be delivered within 18 weeks, with a focus on frail and high-need patients

- **Shifting Care from Hospital to Community**
  Hospitals will be incentivised to transfer appropriate care into neighbourhood teams, reducing admissions and improving local access

- **Neighbourhood Planning Mandate**
  ICBs must develop plans to support high-priority cohorts, including people living with frailty, care home residents, and the housebound and understand total service use and cost

Alongside the specific targets for primary and neighbourhood care, there are important interdependencies with other NHS priorities included in the planning, such as reducing avoidable health inequalities for people with learning disabilities and improving cancer diagnosis and outcomes. These areas are intricately linked and require joined-up planning and delivery across the system.

This work is taking place within a changing planning landscape, as the NHS moves from annual to multi-year planning cycles. Providers are increasingly taking on leadership and coordination roles that were previously managed by Integrated Care Boards (ICBs), helping to shape more locally responsive and sustainable services.

The planning timetable from the Medium Term can be found below.

The 10 Year Health Plan stipulates that organisations should develop 5-year strategic plans that set out how they will deliver the 3 shifts and improve productivity of their services. These 5-year plans will need to be supported by 3-year numerical returns that describe what the organisation will deliver from 2026 to 2029. This timetable sets out the key outputs expected from the NHS and describes the planning process across the 3 phases.

The planning timetable - expectations for phase 2

Organisations will be expected to submit their 3 year plans as part of their first submission. This will be reviewed and assured by NHS England regional teams. Regional teams will provide feedback on the plans, and organisations will resubmit, alongside their 5-year strategic plans.

	Phase 1: Foundational			Phase 2: Plan development			Plan acceptance	
National planning timetable	July	August	September	October	November	December	January	February	March
	Engagement with regional/ ICB leadership	Medium-term planning framework cascaded		Planning framework updated with ambitions and expectations		First submissions	Full plan submissions		Final plan acceptance
Regional activities	Develop medium-term strategic framework Engage with ICBs and providers to identify support needs			Risk-based planning support to ICBs and providers		Review of first submission, provide feedback to organisations, discussions of areas for improvement including support from national directors	Plan assurance and acceptance		
ICB activities	Set up process, governance and build a robust evidence base	Create outline commissioning intentions and discuss with providers		Integrated planning		Respond to regional feedback, finalise plans and board sign-off	Respond to outcome of plan assurance	Prepare to implement plans	
Provider activities	Set up process, governance and build robust evidence	Complete foundational work		Integrated planning		Respond to regional feedback, finalise plans and board sign-off			
Outputs		Underlying financial position Block contract reviews		First submission = numerical plans (3-year workforce, finance and performance) Board assurance statements		Full submission: 5-year plans Updated numerical plans Board assurance statements			

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Estates – quarterly update**
Prepared by:	**Estates Team**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**19 November 2025**

Purpose of paper:

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

Contents

Update:

Primary Care Utilisation and Modernisation Fund

This Fund was announced by the Government in the October 2024 Spending Review. This is capital funding to support the better utilisation of the existing general practice estate, linked to creating capacity for the GP workforce. The ICB put forward six potential schemes and transferred one existing scheme to the funding, as detailed below.

Practice	Scheme	Status	UMF Capital
Bridge Street Surgery	Reconfiguration to create 1 new clinical room	Grant agreement pending	£142,092
Cringleford Surgery	Reconfiguration to create 1 new clinical room	In progress	£122,784
Lawson Road Surgery	Refurbishment to 8 clinical rooms	ICB reviewing	£481,809
Magdalen Medical Practice	Refurbishment and reconfiguration to create 3 new clinical rooms	Grant agreement pending	£335,516
Prospect Medical Practice	Reconfiguration to create 1 new clinical room	In progress	£69,568
Rosedale Surgery	Reconfiguration to create 2 new clinical rooms	In progress	£122,384
Woodcock Road Surgery	Reconfiguration to create 2 new clinical rooms	In progress	£143,879

The process and governance around the Fund has been challenging for both ICB and practices.

Despite that, four of the schemes have received full approval to proceed (highlighted green above), grant and project documentation is in place and the timeline for the schemes means they should complete by March 2026. The remaining schemes are at earlier stages of approval.

Wave 4b Primary Care Hubs

King's Lynn (£11.5m) – Complete and Magna Medical Centre (£10.6m) – due to complete November 2025

NHS Property Services appointed Darwin Construction to oversee the design and build of the two new build schemes at Rackheath and King's Lynn. The new builds will contain a mixture of tenants with approx. 35% of the space allocated for primary care and 65% for NHS trusts.

The King's Lynn scheme completed late 2024 and became operational spring 2025 with the Primary Care Network (PCN) taking occupancy in March 2025. It is expected that other healthcare trust tenants will take occupancy late 2025.

Magna Medical Centre saw construction commence in August 2024. A site visit was undertaken in early September 2025 by the ICB and one of the tenants of the building. The scheme is expected to complete early November 2025, with activity in the final couple of weeks of construction including installation of furniture and IT equipment and laying of the final layer of carpark tarmac.

Magna Medical Centre (September 2025)

Norfolk and Waveney General Practice Estate: funding and projects

The majority of general practices have indicated the need for at least one estates scheme via the PCN Estate Strategies. These schemes range from new builds through to internal improvements or compliance work to existing buildings.

The allocation of “business as usual” capital funding from NHS England for primary care premises remains relatively low – £2.1m per annum for both premises and GPIT schemes.

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

Practice	Scheme	Capital	Fees	Revenue	Total	NHS Capital 2024/25
Drayton Medical Practice (see separate paragraph)	Extension (due to complete June 2025)	Third party funding	✓	✓	£2.9m *with £0.1m from NHS capital*	£114k
Orchard Surgery	Reconfiguration			✓	Revenue only	£0
Brundall Medical Practice *Pending Grant Agreement*	Reconfiguration	✓	✓	✓	£67k *£56k NHS capital*	£76k* forecast allows for cost increase and GPIT tweaks.
East Norfolk Medical Practice - Lighthouse *Pending Grant Agreement*	Improvements	✓	✓	✓	£63k *100% NHS capital*	£63k
Reepham & Aylsham Medical Practice *Pending Grant Agreement*	Improvements	✓	✓	✓	£45k *£29k NHS capital*	£60k* forecast allows for cost increase and GPIT tweaks.
Feasibility Studies (Mattishall, Watlington, North Walsham)	TBC		✓		£195k	£195k
Grand Total						**£508k**

Demand & Capacity and Housing Developments

Demand and Capacity Modelling

Our demand and capacity modelling, used across general practice, is being modernised with updated figures. This includes key data such as patient list sizes, building size and projected population growth.

By mapping these factors, the team can identify existing demand, capacity and constraint and understand areas of pressure from future growth, ensuring that investment and development is prioritised and targeted where it is most needed.

This work supports our strategic objectives by helping us plan sustainable services and developing the right estate infrastructure in the right places.

Greater Norwich Digital Planning Module

Greater Norwich local authority colleagues have invited the estates team to participate in a digital planning module pilot as part of the PropTech Innovation Challenge.

The aim is to give developers, infrastructure providers, and local authorities clearer insight into existing and future infrastructure capacity, helping to speed up housing development approvals through shared digital planning platforms. The team will be engaging with Coplug to discuss our information needs from local authorities, what infrastructure data we can provide, and what infrastructure projects are on our current investment pipeline.

This work, alongside the review of the Greater Norwich Local Plan, provides an opportunity for the ICB to re-raise our main issue with regards to housing developments across Greater Norwich – which is that health remains unable to access Community Infrastructure Levy (CIL) funds.

CIL is a charge that local authorities impose on new developments to help fund infrastructure needed to support growth, including health facilities, so we are hopeful that Greater Norwich will re-assess their position. CIL funds have a vital role to play in our ability to invest in and expand healthcare infrastructure to manage the growing demand.

Breckland Local Plan

The team have been working closely with Breckland Council on their Regulation 18 draft Infrastructure Development Plan (IDP). The proposed developments across Breckland have been modelled and the impact on healthcare estate infrastructure highlighted to planning colleagues for inclusion within the IDP.

We have indicated existing provision, assessed new infrastructure requirements following growth, and shared the proposed infrastructure projects to mitigate the impacts (reconfiguration, extension or new facility).

This work, and ongoing discussions, have included the large strategic sites and urban extensions across Breckland, at Larling, East Tuddenham, Thetford, Swaffham, and Watton.

The team will continue to work closely with Breckland Council to ensure health infrastructure is considered throughout the local plan and fair and equitable contributions are made to help expand healthcare infrastructure via S106 agreements.

Voluntary, Community and Social Enterprise (VCSE) Estate

Following on from the work initiated to collect more intel on our pharmacy, optometry and dentistry estate, the team have been working with the Chair of the VCSE Assembly and the Head of Health Inequalities & VCSE to undertake an exercise to gather data on VCSE estate infrastructure.

The aim is to build this information into our strategic health asset and planning evaluation platform (SHAPE), understand property locations, ownership, type, utilisation, future plans, any opportunities for co-location, and/or space requirements.

Building this information into SHAPE, alongside other system partner estate infrastructure, will enable us to support system-wide estate infrastructure planning and decision making with regards to neighbourhood health and the shift from hospital to community.

Updated Planning Contributions Dashboard

Capital funding sought through CIL and S106 developer contributions:

Date of latest update	15/10/2025

	Sum of contributions sought	Sum of amount secured (£)	Sum of total available for draw down	Sum of total received by ICB	Sum of total invested by ICB
Breckland (s106)	£5,609,471.00	£3,562,175.75	£333,618.28	£397,039.95	£25,305.40
North Norfolk (s106)	£7,891,581.00	£1,199,396.54	£55,216.29	£242,914.24	£121,046.29
Great Yarmouth (s106)	£3,049,217.00	£1,616,980.00	£0.00	£0.00	£0.00
Greater Norwich (CIL) - (cover Norwich, South Norfolk & Broadland)	£2,498,456.00	£521,390.00	£0.00	£0.00	£0.00
West Norfolk (CIL)	£0.00	£0.00	£0.00	£0.00	£0.00
East Suffolk (CIL)	£6,287,158.00	£6,287,158.00	£2,060,903.00	£0.00	£0.00
	£25,335,883.00	£13,187,100.29	£2,449,737.57	£639,954.19	£146,351.69

Notes:
- Some of the amounts secured have been indexed linked since first sought therefore a higher amount was secured
- Applications that have been refused or withdrawn have not been included in the amounts for contributions sought
- Unable to access CIL in Greater Norwich and West Norfolk due to local policy. Amounts sought are from S106 requests

Note: Restrictions are still impacting the ICB's ability to secure CIL across Norwich, South Norfolk, Broadland, and West Norfolk. Discussions to unblock these are ongoing.

Rent reimbursement and rent reviews

The Estates Team continues to work to refine processes in relation to the rent reviews process, including reviewing the templates for the stages in the process inherited from NHS England. The Estates Team is also supporting practices to ensure the new process set out in the revised Premises Costs Directions placing a duty on GP practices to negotiate and agree a proposed revised market rent directly with their landlords is followed.

During a given financial year, there are several moving factors with rent reimbursements. Actual amounts will alter after back dated arrears on upcoming uplifts/adjustments have been paid and accounted for. Therefore, the figures below are approximate.

For the period 2024/25 total expenditure for rent reimbursement was £15,836,181.

2024/25 Reviews

Month	No. of rent review approvals	Rent increases
April	1	£1,350.00
May	9	£43,250.00
June	2	£ 26,881.73
July	2	£6,650.00
August	5	£21,460.00
September	5	£16,250.00
October	2	£8,100.00
November	5	£ 19,000.00
December	1	£72,500.00 *(post completion of extension at Blofield Surgery)*
January	4	£8,350.00
February	1	£8,000.00
March	1	£1,100.00
TOTAL:		**£232,891.73**

2024/25 Appeals

Month	No. of appeals	Additional increase in rent post appeal ***(not already included in table above)***
April	2	£6,800
May	0	-
June	1	£2,400
July	5	£17,390
August	1	£1,600
September	0	-
October	0	-
November	1	£9,641.00

December	1	£1,800.00
January	1	£3,200.00
February	1	£1,100.00
March	1	£8,000.00
TOTAL:		**£51,931.00**

2025/26 Reviews (to date)

Month	No. of rent review approvals	Rent increases
April	1	£2,500.00
May	7	£24,300.00
June	2	£11,250.00
July	3	£9,800.00
August	5	£30,450.00
September	8	£32,725.00
October	2	£21,058.07
TOTAL TO DATE:		**£132,083.07**

2025/26 Appeals (to date)

Month	No. of appeals	Additional increase in rent post appeal *(not already included in table above)*
April	0	-
May	0	-
June	1	£5,000.00
July	4	£23,900.00
August	0	-
September	1	£0
October	1	£15,200.00
TOTAL TO DATE:		**£44,100.00**

Please note that the number of appeals each month does not directly correspond with the number of rent review approvals in the same month. The ICB may approve a rent review increase in one month, however, a notification of appeal of the rent determination may not be received until the following month or beyond. Direction 43 (3) of the new 2024 Premises Costs Directions requires practices to accept or not accept the determination of current market rental (CMR) value of its premises within the period of 12 weeks from the date the ICB gives notice to the practice. However, the Estates Team has updated its rent review template letters asking for practices to confirm acceptance as soon as possible, and to counter sign the letter and return to the team to confirm acceptance. This should remove any doubt as to whether a practice has or has not accepted the determination of CMR. To avoid a drawn-out process, and to try to eliminate a lengthy period of back-dated rent, the team regularly sends reminders to practices.

The Estates Team has implemented a further step in the review process, by way of updating the Valuation Office Agency (District Valuer) once a month of all acceptances of rent determinations. This will also enable the District Valuer to close his case files.

District Valuer Service Expenditure

2024/25	£55,013.45	Average instruction = £1,037.99
2025/26 (to date)	£68,282.84	Average instruction = £1,157.34

Scheme Spotlight: Community Infrastructure Funding (CIL) – East Suffolk

The ICB estates team has worked with East Suffolk Council in 2023, 2024 and 2025 and has been successful in securing CIL funding to support three schemes to expand capacity in general practice premises.

CIL funding is a planning charge that local authorities can impose on developers undertaking new housing developments. The purpose is to raise funds to support infrastructure needed to accommodate growth in the area. Health cannot access CIL consistently across all planning authorities within the ICB. A paper on increasing access to CIL across Norfolk has been submitted to the ICB executive committee for consideration.

Bungay Medical Practice

- £1.5m extension funded by £1.3m Community Infrastructure Levy (CIL) from East Suffolk District Council and £0.2m VAT from existing landlord (charitable trust).
- CIL funding secured in Sept 2023. NHS governance process completed including planning permission and tender in Sept 2025.
- Construction due to start in November and expected to take approx. 1 year to complete.
- Revenue impact of scheme to ICB of £25k per year.
- The scheme will deliver an additional four clinical rooms along with an improved environment for patients, including waiting area and welfare facilities.

Bungay Medical Practice: New Ground Floor Plan

Cutler's Hill Surgery (Halesworth)

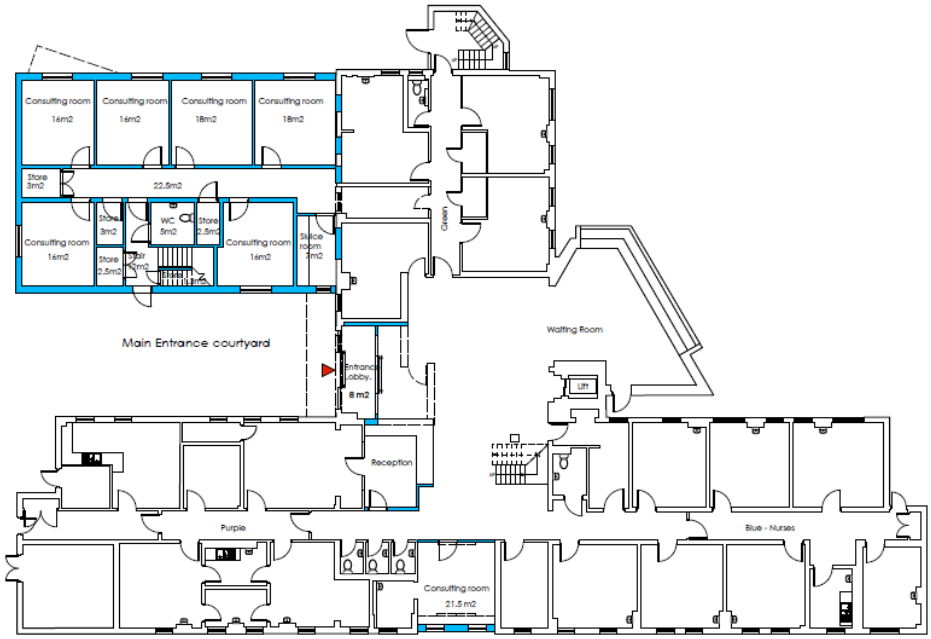
- £0.8m extension fully funded by Community Infrastructure Levy (CIL) from East Suffolk District Council.

- CIL funding secured in Sept 2024. NHS business case and planning completed in August 2025. Tender outcome to be completed during winter months.
- Construction due to start in early 2026 and take 7 to 8 months to complete. Exact programme will be subject to tender outcome.
- Revenue impact of £4k per year for next 15 years. Post abatement increase will be a further £21k.
- Extension to existing building to create an additional five consultation rooms.

Cutler's Hill Surgery: New Ground Floor Plan

Beccles Medical Centre

- £4.2m extension proposed to be fully funded by Community Infrastructure Levy (CIL) from East Suffolk District Council.
- ESDC cabinet approved the CIL application in October 2025.
- Current programme assumes NHS approvals by December 2026 and construction completed by October 2027.
- Expected revenue impact of £8k per year for next 15 years. NHSPS as landlord are fully supportive.
- 2 storey extension to existing building will create an additional ten consultation rooms.
- The extension and reconfiguration will also provide an additional sluice room, storage areas and W/C on the ground floor, and two offices, two W/Cs, a training room and a meeting room on the first floor.



Beccles Medical Centre: New Ground Floor Plan

Norfolk and Waveney
Integrated Care Board

Agenda item: 09

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:	**19 November 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 on 12 August 2025	Tuesday 10 October 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 relevant / aligned to this Committee. *To note Operational Risk discussions* *To note details of key risks identified during items discussed*	BAF02 – Primary Care Resilience and Transformation BORR08 – Secondary Care Dental Services BORR09 – Resilience and Stability of Primary Care Dental Services BORRxx – Special Care Dental Services In light of the risk review at Primary Care Commissioning Committee on 1 October 2025, there were no updates for Delivery Group to review.
Key items for Committee to take note of *To highlight if any items include:* • *Changes to national policy/strategy* • *Quality & safety matters*	• The Group received a report on Quality Improvement from the ICB's Quality team noting a slight increase in the number of complaints due to access issues, incident management, collaborative work with system partners and ongoing health inequality projects. • The Group considered a proposal to increase capacity for Armed Forces families and veterans subject to completion of Equality Health Impact Assessment and procurement governance. A final decision would be made once these processes had been completed. • The Group received a comprehensive workforce update, highlighting successful recruitment and training programmes, increase in dental staff numbers and noted the ongoing challenges in some areas around recruitment and retention. Members also discussed the Green Dentistry Initiative and how to increase uptake across dental services.
Items receiving formal approval from the Delivery Group *To include any financial risks*	• Finance report and forecast spend was received and approved. The Group noted an improvement in delivery of 64,000 UDAs in first six months of the year compared to the same period in 2024/25. • The Group approved investment within the dental ring fenced budget to support the new national scheme for urgent dental care should local dental providers accept the national offer. Members also approved an increase in capacity in unscheduled care appointments in North Norfolk. It was noted that a communications plan to improve public awareness of urgent dental care was underway. • The Group approved an increase in activity in South Norfolk replacing reduced activity at another site to ensure access remains stable in the area.
Items for escalation to PCCC	No items for escalation to Committee
Confirmation that the meeting was quorate	The meeting was quorate. No declarations of interest were identified for the meeting.

and all Voting Members (or nominated deputies for making decisions on behalf of Voting Member) present	Voting Members present: Mark Burgis, Executive Director – Patients and Communities Karen Watts, Director of Nursing and Quality Shepherd Ncube, Associate Director of Primary Care Commissioning (deputising for Sadie Parker – Director of Primary Care) Sarah Elliott, Finance Manager – Delegated Primary Care (attending for James Grainger, Head of Finance – Primary Care and Corporate)

Recommendation to the Committee:

To note the report and decisions taken by the Dental Services Delivery Group on 10 October 2025.

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 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.
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/Personal 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 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

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (July 2025 to September 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:	**19th November 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 July 2025 to 30th September 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 July 2025 to 30th September 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.

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

Governance

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

To be completed by Meeting Secretary
Agenda item: 10
Paper No:

Meeting/Committee:	**Primary Care Commissioning Committee**
Venue:	**Teams Meeting**
Date:	**19th November 2025**

Title of Report	**Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (July to September 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 July to 30th September 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.

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 July to September 2025:

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

Application	Health and Wellbeing Board	Decision
NSCR: Application for inclusion in a pharmaceutical list: No significant change relocation within Norfolk HWB's area: Talat Khoshakhlaq & Co Ltd	Norfolk	Granted
Application for inclusion in a pharmaceutical list: consolidation onto an existing site: Donald G Hayden (Chemists) Limited	Suffolk	Granted
Application to change core opening hours: Magdalen Medical Supplies Limited	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	Appeal Refused	SHA/26415

Hurn Chemist Ltd	Norfolk	PSRC Refused Application	Appeal Refused	SHA/26412

Fitness Decisions (within scheduled PSRC meetings):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
None		

Fitness Decisions (via Delegated Decision Making):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
T&C Hunt (Pharmacy) Ltd - COSI	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 Decision	Appeal Ref.
None				

Regulatory Timescales:

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 completed within the relevant quarter that have exceeded the timescales. Where timescales have not been met, a brief reason and mitigations will be provided.

Application delayed	Reason for delay	Mitigation
CAS-246850-R4H6M2 (UB)	Fitness required and missing information had to be sought from the applicant – it took 75 days.	There are no timescales for completing fitness.
CAS-318673-V4X1Q4 (COO)	Fitness required. Additional advice required on Regulation 31 – presented to the Committee during PSRC	COO applications that need to undergo fitness cannot be processed within 30 days. There are no timescales for completing fitness.

Recommendation(s):

Note the decisions made at the PSRC meetings between July to September 2025.

Next Steps:

- Reporting will occur on a quarterly basis.

To be completed by Meeting Secretary
Agenda item: 10
Paper No:

Meeting/Committee:	**Primary Care Commissioning Committee**
Venue:	**Teams Meeting**
Date:	**19 November 2025**

Title of Report	**General Ophthalmic Services (GOS) Contracting – Quarter End Update Report (Q2 2025/26)**	
Presented by	Gregg Syder – Commissioning Manager Pharmacy and Optometry	
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:

- 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 2 (Q2) 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	22

N&W ICB are reminded that historically, where GOS contracts were held by a different ICB, but services performed within your ICB area, the contactor is still included on the P&O Team database. The financial responsibility for these services is deducted from the ICB holding the 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 have been working with PCSE to move the notification to an earlier stage in the PCSE Online claim sequence, however it was anticipated that this will not be completed until summer 2025. Until a system fix was mobilised, a process for clearing the backlog of claims held was implemented by the P&O Team.

The final wave of data was due in May 2025 but this was never received and it is assumed that the 'fix' was put in place and therefore this piece of work has come to an end.

Performer concerns:

During a routine Post Payment Verification (PPV) check, it was identified by the NHS Business Services Authority (NHSBSA) clinical advisor that a performer(s) at Primesight (TP7TL) had been highlighted for further investigation upon a review of the patient records.

This information was passed to the Senior Optometry Clinical Advisor at the ICB who requested 10 record cards for NHS patients who would have had a GOS sight test within the last 12 months from each of the performers.

The clinical records were submitted within the required time frame by each performer at the practices. The records are waiting to be reviewed by the optometry clinical advisor and an update will be given at Q3.

Contractual Concerns:

The East Midlands Primary Care Team informed the Optometry Contracting Team that they had issued a breach notice to First Vision Eyecare (Q4I6A) who is a provider operating across multiple ICB areas.

Following an investigation by the East Midlands Primary Care Team, serious concerns were identified regarding the delivery of NHS domiciliary sight tests at non-approved locations, including temporary accommodation and community venues. These services were delivered to vulnerable patients, primarily asylum seekers aged 20–60, without appropriate clinical oversight, informed consent safeguards, or adherence to contractual eligibility and location requirements.

Key issues included:

- Over 6,800 sight tests claimed as domiciliary visits, many for patients outside the typical eligibility age range.
- Services delivered at unauthorised venues without commissioner approval.
- Absence of GP referrals or clinical verification of eligibility.
- Use of non-NHS-approved translators and a lack of patient-initiated requests.

The Optometry Contracting Team are in discussion with the East Midlands Primary Care Team to ascertain whether these concerns are isolated to the East Midlands area or expand into other ICB areas. A further update will be reported in quarter 3.

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.

Improving lives **together**

Norfolk and Waveney Integrated Care System

2025/26 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

M7 2025

Primary Care Commissioning Committee 19th November 2025

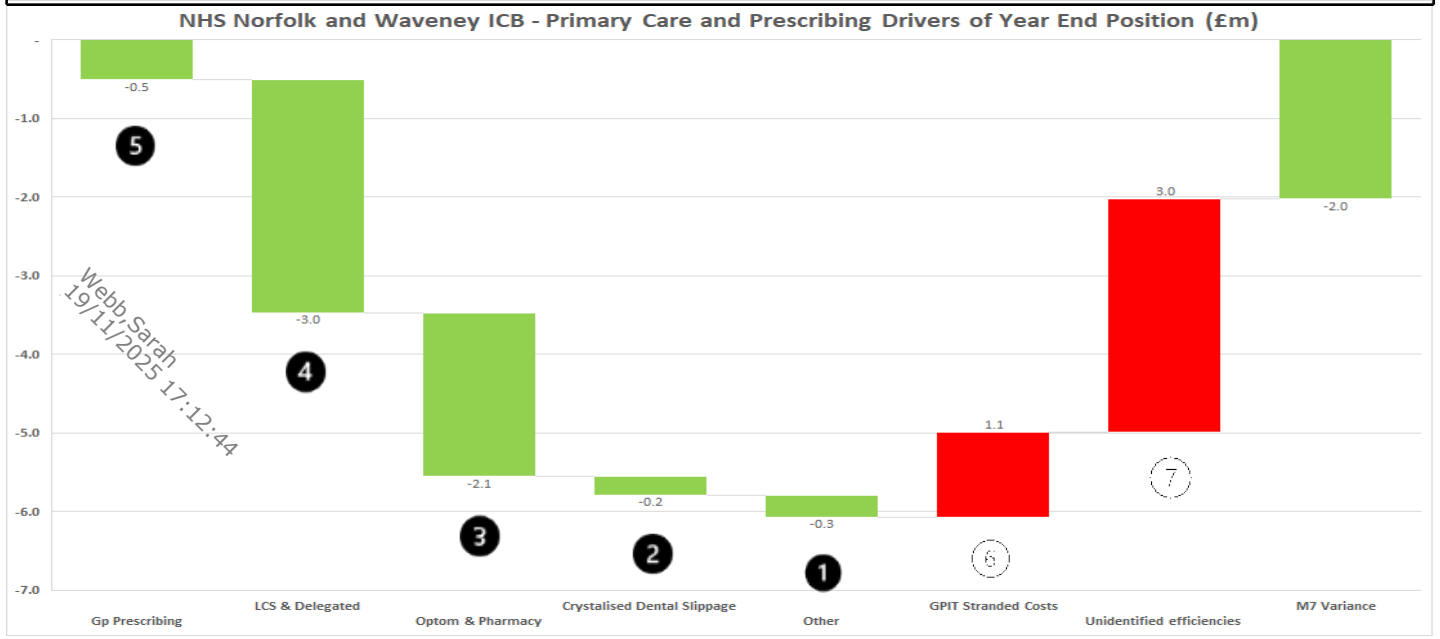
Contents

1.0 Executive summary – Reporting

Reported Financial Position: As of October 2025 (M7), the Primary Care & Prescribing reported position is £2.02m underspent due to underspends in GP Prescribing, LCS, Delegated PC, Optom and Pharmacy driven by the budgeted efficiencies within this area reduced partly by the budgeted unidentified efficiencies and GPIT stranded costs.

	Annual Budget	Budget	Actual	Variance	Forecast	FOT Variance
	£m	£m	£m	£m	£m	£m
Reported	629.5	365.1	365.2	0.1	627.4	(2.0)

Variances:
The key operational variances are shown below:



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

- The budgeted unidentified Efficiencies in Primary Care amount to approx. £3m. There are now schemes identified and are showing benefits outside of this sub-directorate (7)
- Within GPIT the termination of the GPIT contract with AGEM CSU will be require the agreement of stranded costs including 3rd party contracts, redundancy and corporate overhead. Circa £1m has been currently provided for this. (6)
- 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 3
- LES 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. In addition, there are some allocation benefits for new schemes in 25/26 4
- GP prescribing is under plan due to exceptional benefits compared to previous years in Cat M & NCSO. 5
- Dental broadly on plan with some PY adjustment, but this is before any adjustment for activity claw back. 2

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 M7

Sub-Directorate (£m)		Full Year Variance (underspend) / overspend	Variance – significant items
GP Prescribing		£(1.77)	Year To Date Efficiencies delivered and exceptional year on year Cat M & NCSO
Budget	£208	-0.8%	
Other Prescribing costs		£1.26	Increasing Mental Health Drugs costs and Weight Loss drugs both outside of FP10 transactions and leading to overspend.
Budget	£21	6.1%	
Delegated Primary Care		£(2.75)	GP Procurement Savings (captured as efficiencies) and allocation benefits in new schemes for 25/26
Budget	£253	-1.1%	
Local Enhanced Services(LES)		£(0.21)	Q1 underspent on schemes creating an operational variance, needs to be monitored to see if soend increases in subsequent quarters.
Budget	£20	-1.1%	
Other Primary Care Incl GPIT		£0.80	GPIT Stranded costs less Other PC benefits
Budget	£13	6.1%	
Dental		£(0.24)	Broadly on plan this is beforfe any under activity claw back
Budget	£72	-0.3%	
Optom		£(0.23)	Small operational variance due to reduced activity in sight tests
Budget	£12	-1.9%	
Pharmacy		£(1.9)	CPCF Underspent, due to fair shares distribution of allocation centrally.
Budget	£32	-5.7%	
Sustainable Commissioning QIPP		£3.0	Delivered in Pharmacy and Delegated PC
Budget	-£3	-100.0%	
Total	**£629**	**£(2.0)**	

3. ICB Financial Position M7

Directorate Full Year Budget (£m)	Full year Variance (underspend) / overspend	Variance – significant items
Acute Budget £1,403	£10.25 0.7%	Sustainable commissioning QIPP
Spec Comm Budget £225	£0.00 0.0%	On Plan
Community and Better Care Fund (BCF) Budget £261	£5.00 1.9%	Sustainable commissioning QIPP
Continuing Healthcare Budget £168	£(4.13) -2.5%	Patient levels and referrals have remained stable up to M07. Current efficiency plans, including new stretch commitment, are on target to deliver creating
Mental Health Budget £335	£2.81 0.8%	Sustainable commissioning QIPP
Prescribing Budget £229	£(0.51) -0.2%	Cat M & NCSO benefits
Primary Care Budget £401	£(1.51) -0.4%	Procurement and Allocation benefits offset by GPIT Stranded costs
Other - Combined areas Budget £24	£(2.56) -10.4%	Sustainable commissioning QIPP
Planning Budget £8	£(9.35) 112.3%	Sustainable commissioning QIPP in above areas partially offset
Running Costs Budget £17	£(0.00) 0.0%	On Plan
Total £3,053	**£(0.00)**	

4.0 Prescribing Efficiencies M7

Prescribing Efficiencies Top Performing by value	Budget (£000's)	Forecast (£000's)	Var (£000's) Fav (Adv)	Variance – significant items
OptimiseRx			£442	Increased savings than plan as more surgeries use Optimise Rx
Budget	£2,100	£2,542	21.0%	
Rivaroxaban savings			£49	Increased savings as more patients prescribed Rivaroxaban
Budget	£1,650	£1,699	3.0%	
Low Risk, cost effective switching programme			£465	Increased Savings than plan
Budget	£1,500	£1,965	31.0%	
Other Switches			£(149)	Savings lower than expected
Budget	£1,250	£1,101	-11.9%	
Oral Nutritional Supplements			£(350)	Lower than plan
Budget	£750	£400	-46.7%	
Deprescribing SMRs			£0	On Plan
Budget	£750	£750	0.0%	
Patent expirations			£48	Increased savings than plan
Budget	£660	£708	7.3%	
Sitagliptin Switch			£(83)	Slightly lower than plan
Budget	£600	£517	-13.8%	
Dressings			£(150)	Slightly lower than plan
Budget	£500	£350	-30.0%	
Other Efficiencies			£280	Increased Savings than plan
Budget	£2,655	£2,935	10.5%	
Sub-Total	£12,415	£12,428	£272	
Dapagliflozin savings			£(13.00)	Stretch Target
Budget	£1,585	£1,572	-0.8%	
Grand Total	**£14,000**	**£14,000**	**£0**	Net delivery on 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	338,780	88.9%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Diabetes	655,787	570,154	86.9%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Eating Disorders	183,469	145,614	79.4%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Inclusion Health	428,280	276,800	64.6%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Mental Health SMI Health Checks	313,490	246,842	78.7%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Phlebotomy	6,597,102	6,516,128	98.8%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Proactive Healthcare	4,180,234	4,157,142	99.4%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
PSA	476,468	494,468	103.8%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Shared Care	1,486,348	1,463,728	98.5%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Spirometry	453,256	396,495	87.5%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Treatment Room	4,005,914	3,976,957	99.3%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Warfarin	587,411	531,852	90.5%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
MGUS	180,000	185,888	103.3%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Henoch-Schönlein purpura (HSP)	20,000	15,592	78%	Forecast based on Q2 submissions plus estimates for missing /rejected claims
Total	**19,948,986**	**19,316,441**	97%	

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- Eating disorders, Inclusion Health & SMI are the largest variances to budget based on Q2 submissions plus estimates for missing or rejected claims.
- Eating disorders has lower patient activity compared to budget assumptions, SMI health check's we believe is a budget phasing issue and the percentage will increase over subsequent quarters. Finally, inclusion health has a slightly lower sign-up rate compared to previous years (85% compared to 90%). The same applies to Eating disorders.
- The finance team work closely with practices to ensure that any missing claims are investigated, and late claims go through a fair process of assessment for payment.

Appendix A – Detailed Financial Position

Norfolk and Waveney ICB		N&W ICB	N&W ICB Position at Month 7 £000s			N&W ICB Forecast £000s	
Service Line	Description	Annual Budget	Budget	Actual	Variance	Forecast	FOT Variance
Prescribing	Central Drugs	6,171,637	3,510,701	3,624,805	114,104	6,285,740	114,103
	GP Prescribing	208,224,822	121,548,114	121,530,841	(17,273)	206,459,214	(1,765,608)
	Medicines Management - Clinical	3,072,707	1,733,470	1,730,419	(3,051)	3,049,391	(23,315)
	Other Prescribing	7,170,253	3,848,402	4,748,848	900,446	8,462,515	1,292,262
	Oxygen	2,788,684	1,565,250	1,514,859	(50,391)	2,663,293	(125,391)
	Prescribing Incentives	1,318,877	0	0	0	1,318,877	0
Prescribing Total		**228,746,980**	**132,205,937**	**133,149,772**	**943,835**	**228,239,030**	**(507,950)**
Primary Care	Community Dental	3,607,334	2,104,277	2,188,992	84,715	3,592,857	(14,477)
	DOP Delegated pay	362,073	195,602	126,652	(68,950)	243,451	(118,622)
	GP Forward View	1,074,263	191,105	211,491	20,387	1,014,594	(59,669)
	Local Enhanced Services	20,349,304	11,865,966	11,651,302	(214,664)	20,134,639	(214,664)
	Optom	11,903,391	6,889,053	6,688,270	(200,783)	11,673,532	(229,858)
	Other Primary Care	4,673,956	2,467,419	2,291,817	(175,602)	4,455,014	(218,942)
	Pharmacy	32,464,252	17,853,285	16,595,418	(1,257,867)	30,613,303	(1,850,949)
	PMS to GMS Transition	0	0	0	0	0	0
	Primary Care Delegated Co-Commissioning	253,256,430	147,957,193	146,025,172	(1,932,022)	250,506,900	(2,749,530)
	Primary Care IT	7,469,421	4,956,581	4,989,549	32,968	8,551,625	1,082,204
	Primary Dental	53,167,783	31,005,379	32,303,297	1,297,918	53,063,306	(104,478)
	Secondary Dental	15,360,016	8,960,009	8,960,009	0	15,360,016	0
	Sustainable Commissioning QIPP	(2,964,849)	(1,564,551)	0	1,564,551	0	2,964,849
	Unidentified efficiencies	0	0	0	0	0	0
Primary Care Total		**400,723,374**	**232,881,318**	**232,031,969**	**(849,349)**	**399,209,237**	**(1,514,137)**
Prescribing & Primary Care Total		**629,470,353**	**365,087,256**	**365,181,742**	**94,486**	**627,448,267**	**(2,022,086)**