Primary Care Commissioning Committee Part One

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

Agenda

13:30 - 13:30 0 min

Agenda

Debbie Bartlett

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

13:30 - 13:30 0 min

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

Information *Debbie Bartlett*

13:30 - 13:30 0 min

2. Apologies for absence

Information *Debbie Bartlett*

13:30 - 13:30 0 min

3. Declarations of Interest

Information *Debbie Bartlett*

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

13:30 - 13:30 0 min

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

Decision *Debbie Bartlett*

2023 09 12 Item 04 NWICB PCCC Minutes Part One.pdf (10 pages)
2023 10 11 Item 04 PCCC Action Log Part One.pdf (1 pages)

13:30 - 13:30 0 min

5. Forward Planner

Decision

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

13:30 - 13:30 0 min

Service Development

13:30 - 13:30 0 min

6. Joint Forward Plan

Information *Sarah Harvey*

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

13:30 - 13:30

7. Delivery Plan for Recovering Access to Primary Care

0 min

Decision *Sarah Harvey*

- 2023 10 11 Item 07 Delivery plan for recovering access to primary care update.pdf (4 pages)
- 2023 10 11 Item 07 Draft System Capacity and Access Improvement Plan.pdf (44 pages)

13:30 - 13:30
0 min

8. Workforce and Training

Decision *Jayde Robinson*

- 2023 10 11 Item 08 Workforce and Training Report.pdf (6 pages)
- 2023 10 11 Item 08 Appendix A - Primary Care Workforce Short Term Pillar Targets.pdf (8 pages)
- 2023 10 11 Item 08 Appendix B – Primary Care Workforce Operational Delivery Plan 2324.pdf (8 pages)

13:30 - 13:30
0 min

9. Performance Report - to follow

Information *Shepherd Ncube*

13:30 - 13:30
0 min

10. Operational Delivery Group Report• General Practice

Information *Sadie Parker*

- 2023 10 11 Item 10 General Practice Operational Delivery Group Report.pdf (4 pages)

13:30 - 13:30
0 min

11. Primary Care Committee Membership – GP practice manager attendee recruitment

Decision *Sadie Parker*

- 2023 10 11 Item 11 PCCC Membership GP Practice Manager Attendee recruitment.pdf (9 pages)

13:30 - 13:30
0 min

12. PCCC Self Assessment - Contract Assurance Framework

Information *Fiona Theadom*

- 2023 10 11 Item 12 PCCC Self Assessment - Contract Assurance Framework.pdf (27 pages)

13:30 - 13:30
0 min

13. Finance Report

Information *James Grainger*

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

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Wednesday 11 October 2023, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	**Chair's introduction and report on any Chair's action**	Chair
2.		**Apologies for absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For Noting*	Chair
4.		**Review of Minutes and Action Log from the September 2023 meeting** *For approval*	Chair
5.		**Forward Planner** *For Approval*	SP
		Service Development	
6.	13:50	**Joint Forward Plan** *For Noting*	SH
7.	14:00	**Delivery Plan for Recovering Access to Primary Care** *For Approval*	SH
8.	14:10	**Workforce and Training** *For Approval*	JRo
9.	14:20	**Performance Report – to follow** *For Noting*	SN
		Finance & Governance	
10.	14:30	**Operational Delivery Group Report** • **General Practice** *For Noting*	SP
11.	14:40	**Primary Care Committee Membership – GP practice manager attendee recruitment** *For Approval*	SP
12.	14:50	**PCCC Self Assessment - Contract Assurance Framework** *For Noting*	FT
13.	15:00	**Finance Report** *For Noting*	JG
		Any Other Business	
14.	15:10	**Questions from the Public**	Chair

Date, time and venue of next meeting
Tuesday 12 December 13:30 – 16:30 – ICB PCCC
To be held by videoconference and You Tube

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

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

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

Declared interests of the Primary Care Commissioning Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Debbie Bartlett	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Interim Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Diss Parish Fields			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			Direct	GP Partner at Attleborough Surgeries	2001	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		MPT Healthcare Ltd	X			Direct	Director of MPT Healthcare Ltd	2020	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Norfolk Community Health and Care Trust (NCH&C)				Indirect	Spouse is employee of NCH&C (Improvement Manager)	2021	Present	
		South Norfolk PCN				Indirect	Clinical Director of SNHIP Primary Care Network	2022	Present	
Steven Course	Executive Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for March Physiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.
Norfolk and Waveney ICB Attendees										
Mark Burgis	Executive Director of Patients and Communities, Norfolk and Waveney ICB	Drayton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Lakenham Surgery				Indirect	Partner is Locum Practice Nurse at Lakenham Surgery	Ongoing		
		Castle Partnership				Indirect	Partner was a practice nurse at Castle Partnership (to be removed Jan 2024)	2020	2023	

Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare	N/A			N/A	N/A	N/A		N/A
Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk		X		Direct	Represent N&WCCG as a member of the Active Norfolk Board	2019	Ongoing	Low risk. If there is an issue it will be raised at the time
		Director of One Norwich Practices Ltd				Indirect	Close personal friendship with Dr Jeanine Smirl, Director of One Norwich Practices Ltd	Ongoing		Risks to be managed as they arise. Professional integrity will be maintained at all times and decisions ran by Executive Director of Patients and Communities where necessary. In situations where risks cannot be tolerated, prepared to not take part in discussions/decisions
NHS England and NHS Improvement Attendee										
Fiona Theadom	Contracts Manager, NHS England and NHS Improvement	Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Local Medical Committee Attendees										
Mel Benfell	Norfolk & Waveney Local Medical Committee Joint Chief Executive	N&W ICB				Indirect	Personal friend of an employee of the ICB	2015	Present	Will not take part in any discussion or decisions relating to the declared interests.
		N&W ICB				Indirect	Close relative is an employee of N&W ICB	Ongoing		Will not take part in any discussion or decisions relating to the declared interests
		Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Lisa Drewry	Executive Officer, Norfolk & Waveney LMC	Burnham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Ian Wilson	Executive Officer with Norfolk & Waveney Local Medical Committee	National Health Service England				Indirect	Father-in-Law is member of national NHSE Sounding Board	Ongoing		
		Norfolk and Waveney Enterprise Services				Indirect	Brother – Senior employee (non-Board member) – Norfolk and Waveney Enterprise Services	Ongoing		
		Drayton & St Faiths Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Naomi Woodhouse	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Long Stratton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice
		Norfolk County Council	X			Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division	Ongoing		Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.
		Norfolk County Council	X			Direct	Cabinet Member for Adult Social Care and Public Health	Ongoing		
		Norfolk County Council	X			Direct	Chair of Norfolk Health and Wellbeing Board	Ongoing		
		Breckland District Council	X			Direct	Elected Member of Breckland District Council, Upper Wensum Ward	Ongoing		

		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing		Low risk. If there is an issue it will be raised at the time.
James Reeder	Suffolk Health and Wellbeing Board	Suffolk County Council	X			Direct	Cabinet Member for Children and Young People's Services	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Suffolk County Council	X			Direct	Children's Services and Education Lead Members Network	Ongoing		
		East of England Government Association	X			Direct	East of England Government Association	Ongoing		
		James Paget University Hospital Trust	X			Direct	James Paget Healthcare NHS Foundation Trust Governors Council	Ongoing		
		Suffolk County Council	X			Direct	Suffolk Safeguarding Children Board	Ongoing		
		Norfolk and Suffolk NHS Foundation Trust	X			Direct	Norfolk and Suffolk Foundation Mental Health Trust – Governors Council	Ongoing		
		Suffolk and North East Essex Integrated Care Partnership	X			Direct	Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership	Ongoing		
		Suffolk Chamber of Commerce	X			Direct	Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce	Ongoing		
		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Surgery	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing		Low risk. If there is an issue it will be raised at the time.
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk	X			Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	
Sally Watson	Healthwatch Suffolk (Community & Engagement Manager)	Nothing to Declare	N/A				N/A	N/A		N/A
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC, General Dental Practice Committee (BDA) Representative for Norfolk	Ongoing		
		Bridge Road Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney Primary Care Commissioning Committee

Part One

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

Voting Members - Attendees

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

In attendance

Name	Initials	Position and Organisation
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Lisa Drewry	LD	Executive Officer, Norfolk & Waveney Local Medical Committee
Michael Dennis	MD	Associate Director of Medicines Optimisation, Norfolk and Waveney ICB
Tony Dean	TD	Chief Officer, Community Pharmacy Norfolk
Carl Gosling	CG	Senior Delegated Commissioning Manager – Primary Care, Norfolk and Waveney ICB
Anne Heath	AH	Associate Director of Digital, Norfolk & Waveney ICB
Catherine Hedges	CH	Dental, Optometry and Pharmacy Primary Care Manager, Norfolk & Waveney ICB
Paul Higham	PH	Associate Director of Estates, Norfolk & Waveney ICB
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Jason Stokes	JS	Secretary Norfolk Local Dental Committee (LDC)
Sarah Webb	SW	Primary Care Administrator, Minute Taker
Naomi Woodhouse	NW	Joint Chief Executive, Norfolk and Waveney Local Medical Committee

Apologies

Name	Initials	Position and Organisation
Debbie Bartlett	DB	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Andrew Bell	AB	Vice Chairman, Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney

Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Deborah Daplyn	DD	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries
Tania Farrow	TF	Chief Officer, Community Pharmacy Suffolk
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
Peter Taylor	PT	Assistant Director, Public Health Commissioning Norfolk County Council, Public Health
Fiona Theadom	FT	Head of Primary Care Commissioning, Norfolk and Waveney ICB

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

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

	SP presented the dental short term plan and slides to Committee for approval. SP confirmed EMT had reviewed this on 11th September 2023 and had supported the plan. SP reflected on the work done by the team to help shape the plan which had been informed by clinical advice and through engagement with and feedback from the local population, councillors and MPs. SP confirmed the team would continue to work on commissioning intentions and longer term plans to be brought to Committee next March. SP confirmed known issues had been set out, current dental provision had been mapped against areas of deprivation and it could be seen from the paper there was not necessarily a match. There were some areas of particularly poor cover (recognising the overall access issues for the system) and these would undoubtedly form part of procurement plans. Consideration had been given to the oral health needs and other key documents such as the workforce plan and joint forward plan. SP then went through the slides and opened for questions and comments. KW thanked SP and complimented the work involved and thought the 5 pillars set out a pathway and recognised the huge challenge. KW thought that the relationship and transformational work would be key to this moving forward. BB thanked SP for the plan and also recognised the amount of work to be done. BB noted one piece of anecdotal feedback was that it was very slow when practices interacted with the regulator on contractual issues and BB had not seen anything about being more responsive and changing things at pace. SP saw this in two parts. Firstly, the team was being responsive to enquiries from contractors by setting up a dedicated email address and a 5-day response time and it was hoped to reduce this now the team was at full capacity. Positive feedback had been received. In respect of contract hand backs and recommissioning activity, SP explained this was the reason for the plan. She recognised the gaps in provision and without a clear plan of services to be commissioned it had been difficult to respond. The short-term plan outlined health inequalities and general access which would inform how we prioritise and commission activity. BB noted SP's response and recognised there was no adequate supply in Norfolk (or anywhere) and BB would be interested to hear how particular issues would be managed if there was a service taken away from any area and prioritised elsewhere. SP confirmed there were no dentists taking new NHS patients anywhere in Norfolk and Waveney, which was not unique to our area and SP confirmed our commitment as an ICS to address health inequalities and deliver against the short-term plan. HW acknowledged comments made by AB that had been shared by SW. HW had a specific question around the UDA rate review for October and asked if this would come into effect in this current financial year or next year. JG confirmed we had not yet confirmed when this would come into effect and HW asked how Committee would be kept up to date of the short term plan and how this would take effect. The proposal was that the UDA rate review work would start straight away and further detail would be brought on this. Items would be added to the forward planner and anything discussed at operational groups would be brought to Committee via that report.	

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

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

	HW had a question on cloud based telephony and asked about the funding for the practices where it had not been implemented. AH confirmed some were already live as part of the first pilot; a number of practices had bought cloud telephony on their own and a further group would be going live over the next few months as part of phase 2 of the national CBT funding. HW thanked AH for the update.	
11.	**Care Quality Commission Inspections** • **Chet Valley Medical Practice** *For Noting*	**SN**
	SN presented the Chet Valley Medical Practice Care Quality Commission Inspection for noting and provided background information to Committee for their attention. The report was noted.	
12.	**Dental Operational Delivery Group Report** *For Noting*	**SP**
	SP presented the Dental Operational Delivery Group Report to Committee for noting. SP opened for questions or comments. KW thought the meeting was positive and provided the necessary detail and seemed really appropriate in terms of support for dental practices and KW was keen to see the evaluation of the Dentaid bus as this was for a vulnerable group of people. HW fed back that he got a sense of the things being discussed from the report and noted the addition of who attended and it would build a picture overtime of how well these were attended and the different groups represented. The report was duly noted.	
13.	**Pharmaceutical Services Regulations Committee Report** *For Noting*	**CH**
	CH presented the first Pharmaceutical Services Regulations Committee Report to Committee for noting. HW thanked CH for the report and asked if there were any stand out decisions made by the Committee out of the ordinary or was it a relatively common set of outcomes. CH noted the four contractors in breach of their contractual terms as they did not fulfil their notice period - they were the Sainsbury's pharmacists that all closed nationally. The report was duly noted.	
14.	**Finance Report** *For Noting*	**JG**
	JG presented the finance report to Committee for noting. HW thanked JG and opened for questions. BB was interested in some of the overspend due to unmet unidentified savings and asked who was responsible, where it sat and where it would be scrutinised.	

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

	practices which were outliers in some of the quality and safety and spend indications. There would also be a report for the Quality and Safety Committee going forward. MD then went on to outline his report in more detail. KW thanked MD for his report and was pleased to note there were plans to visit practices and reflected on the Clinical Director network meeting and thought the Infection Prevention and Control team might want to accompany MD and possibly one of the team as well. HW confirmed the report frequency of once a quarter going forward and acknowledged that the GP operational delivery group would receive more regular reporting. The report was duly noted.	
16.	**Any Other Business** **Questions from the Public**	**Chair**
	One contact from a member of the public had been received by email and the question and response would be published on the website. SP confirmed there were two questions, both in two parts. The first related to the Blakeney branch surgery of Holt Medical Practice. SP read out the questions. 1. In 2 parts a. I asked about steps to ensure Holt Medical Practice were ensuring active engagement with patients at the last meeting. While I had a response, it was a little disappointing in that it lacked detail. Following on from that response, could you please explain how you are going to ensure that ALL feedback submitted to Holt Medical Practice is shared with the ICB and how you are going to address issues that do not necessarily come as part of the feedback – for example, letters written to Holt Medical Practice from bodies such as Blakeney Parish Council? b. The proposal from Holt Medical Practice seems to be entirely based on a 'business' decision and their representations seem to be requesting a rubber stamping of this decision. How are you going to ensure that this is not the case and that both medical and social needs lead the process and that nothing is actually predetermined? How do you expect to factor in future medial needs, particularly in light of population growth as expected in the North Norfolk local Plan? 2. In 2 parts a. What steps are you actively taking to improve access to dental service in and around NR23? Please can you elaborate on both short and medium term plans and give any key dates for when something is likely to be in place. b. In the meantime, how are you ensuring access to dental services for those without the financial means to pay for private treatment and/or the means to travel large distances to access an NHS dentist?	

	HW thanked the members of the public for their questions and confirmed the team will prepare a response. As well as a direct response from the team, the response will also be posted on the website. The meeting then closed at 15:10	

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

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log
11 October 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0153	12-06-23	13	AHe	Digital Quarterly Report - AHe to provide an update on the technical deployment of the shared cared records and provide examples of user experience within her next update.	AHe included an update on the shared care record in her report to committee in September. AHe agreed to provide a further update within her next report. Suggest close the action and move to forward planner.	5th March 2024		
0164	08-aug-23	5	SN	Forward planner - Performance Report - SN to check when this would be ready to present to Committee.	Performance report continued to be refined. Expected to have the report for October committee	11-okt-23		
0165	08-aug-23	9	SP	General Practice Operational Delivery Group Report - SP to include more specific detail on performance in future reports to PCCC.	Reports on both ODGs on October Agenda.	11-okt-23		
0166	12-sep-23	4	SW	Send approved minutes to Chair for signature	Signed minutes sent	11-okt-23		13th September 2023
0167	12-sep-23	9	PH	Estates Quarterly Report - PH confirmed that there was something in draft on the planning authorities and would share with SP	An Infrastructure Development Plan is being developed and should be available to share with ICB colleagues by the end of October.	12th December 2023		
0168	12-sep-23	9	PH/JG	Estates Quarterly Report - PH/JG to determine how NHS Trusts disposal capital was dealt with	Disposals, surplus land and ICS infrastructure strategy - Each ICS must make it clear within its estates strategy and in future in its ICS infrastructure strategy, which estate is surplus to requirements both in the short term and in a future disposal pipeline. This is key to efficient use of estates and maximising land values in the medium to long term. Capital proceeds will be available to the system to invest in line with the system estates strategy in the year of disposal and, in subsequent years, subject to overall prioritisation and affordability within system-level envelopes. The usual business case rules and process continue to apply. Significant disposals that are expected to result in large capital proceeds will be managed on a case-by-case basis and require discussion with NHS England and NHS Improvement and DHSC as appropriate. The net book value of disposed assets is recorded as a 'credit' to CDEL and therefore increases CDEL spending power in the year that it occurs – that is, additional in-year capital expenditure can be made to offset this credit and this will not increase CDEL expenditure or consequently increase the charge against ICS capital envelopes. However, where a net profit on disposal, over and above net book value (NBV), is reinvested in capital expenditure, this expenditure is charged to CDEL and does increase the capital expenditure charged against the ICS capital envelope; it will need to be prioritised and managed to ensure this is affordable within the system envelope.	11-okt-23		3rd October 2023

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

		April	May	June	July	August	September	October	November	December	January	February	March	Notes
	Proposed date:	21st	9th	12th	11th	8th	12th	11th	14th	12th	9th	6th	5th	
Standing items:	Risk Register		Y		Y		Y		Y	Y	Y	Y	Y	Nov & Jan updates moved to Dec and Feb respectively
	Monthly Finance Report	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	
	Estates Quarterly		Y	Y			Y						Y	To move to 6-monthly, with operational detail discussed at GP ODG
	Digital Quarterly			Y			Y						Y	To move to 6-monthly, with operational detail discussed at GP ODG
	Prescribing Report	Y	Y	Y	Y	Y	Y			Y			Y	To move to quarterly strategic report with operational detail discussed a GP ODG
	CQC Inspections Report	Y	Y	Y	Y	Y	Y						Y	Individual inspections to move to GP ODG, and reported through their report. Six-monthly update on system picture to PCCC Will include dental report
	Primary Care Performance Report	TBC												Business intelligence work underway. Separate dental dashboard to be developed by end of March. A dental dashboard is also being developed by March 2024
	General Practice Delivery Group Report					Y	Y	Y	Y	Y	Y	Y	Y	
	Dental Delivery Group Report						Y	Y	Y	Y	Y	Y	Y	
	Primary Care Strategic Plan												Y	
	Joint Forward Plan							Y				Y		
	Strategic Workforce Plan	TBC								TBC				
	Locally Commissioned Services	TBC												
	Report on annual changes to primary care contracts and impact analysis												Y	
	Optometry services – contractual changes and other matters	TBC					Y			Y			Y	Brought as and when required. Quarterly report from hosted team
	Reports from the Pharmaceutical Services Regulations Committee	TBC					Y			Y			Y	Brought as and when required. Quarterly report from hosted team
	Primary Care Resilience (strategic report)						Y						Y	
	Dental End of Year report							Y						
Spotlight items:	Annual or Bi Annual Report on Delegation and Assurance including Internal Audit	TBC												
	Terms of Reference Review							Y				TBC		Annually
	Learning Disability /Autism Health checks	Y		Y			Y							to move to ODG and reported through ODG report and PCCC risk register
	PCCC Self Assessment - Contract Assurance Framework							**Y**			TBC	TBC		introduction to CAF in October. Review of final submission TBC subject to NHSE timeline
	Severe Mental Illness Health checks			Y		Y								to move to ODG and reported through ODG report and PCCC risk register
	Healthcheck Stocktake report					Y								TBC
	Dental Short Term Plan						Y							
	Dental Strategy and Workforce Plan												Y	
	Oral Health Needs Assessment			Y						Y				
	Place development and interface with PCCC						Y			Y				Postponed to post organisational change
	TIAA Audit Report									Y				Monitored by ODG
	Delivery Plan for Recovering Access to Primary Care							Y				Y		
	Complaints and contacts (JP)					Y			Y	Y		Y	Y	Nov update moved to Dec mtg, Feb to Mar
Items noted without a date:														

Terms of Reference review deferred until Feb 2024

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 06

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

Purpose of paper:

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

Executive Summary:

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

Two key objectives were developed for 2023-2025:

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

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

Report:

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

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

Two key objectives were developed for 2023-2025:

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

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

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

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

- Develop an outline for key milestones for strategy development
    - It has been agreed that our strategic plan for general practice will be developed and published by March 2024, alongside our longer term plan for Dentistry. This plan will encompass our wider strategic programme of work, including the agreed system access recovery plan.

- Review population health data to identify key priorities within each Place
    - Population health data packs have been produced for each Place with locality teams reviewing the opportunities and priority areas of focus at a very local level.

- Develop local definition of an Integrated Neighbourhood Team
    - As a system, we are looking to move away from the term “integrated neighbourhood team” and take on the term of “integrated neighbourhood working” as this better fits the current development work being undertaken by the locality teams.

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

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

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

Upcoming milestones from October 2023 to March 2024 are:

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

Recommendation to the Primary Care Commissioning Committee:

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

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

Governance

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

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

Purpose of paper:

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

Executive Summary:

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

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

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

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

Introduction

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

Background

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

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

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

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

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

Report

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

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

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

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

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

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

Recommendation

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

Risks

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

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

Governance

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

Improving lives **together**

Norfolk and Waveney Integrated Care System

Norfolk and Waveney System Capacity and Access Improvement Plan

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

Work in progress

Introduction

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

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

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

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

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

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

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

Our Ambition

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

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

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

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

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

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

Our Approach

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

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

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

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

Alignment to strategic plans

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

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

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

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

The Norfolk and Waveney Quality Strategy Four Pillars (add)

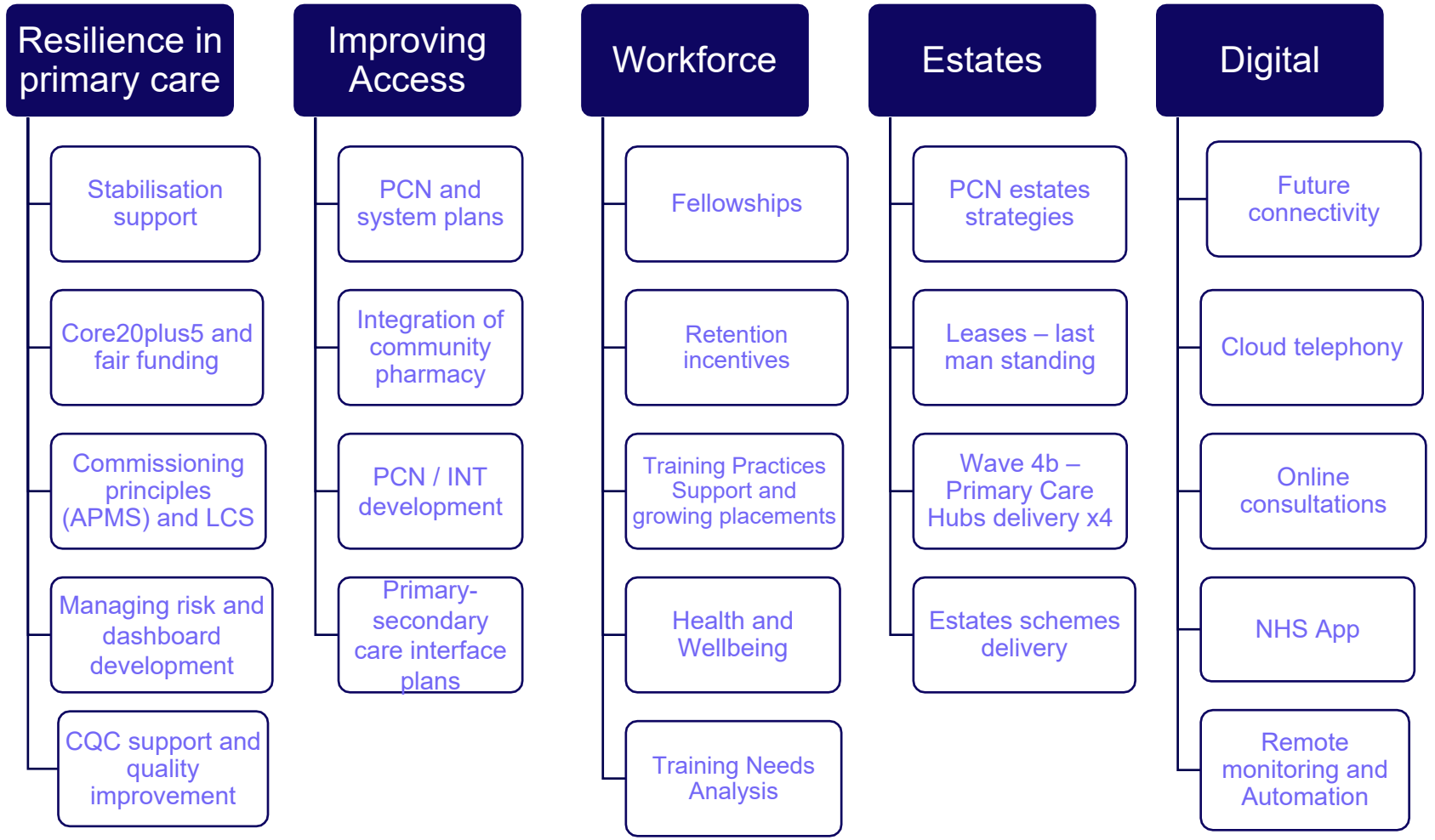
The delivery plan for recovering access to Urgent & Emergency Care objectives of reducing demand for UEC, reducing ED attendances and reducing emergency admissions by taking a Population Health Management approach to development of integrated neighbourhood working and improving same day access in primary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

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

Webb Sarah 04/10/2023 15:53:35

Short term opportunities 2023/2024 and beyond

Work in progress



General Practice 3 Year Plan by March 2024

Webb-Sarah 04/10/2023 15:53:35

Active engagement with the profession and with local people

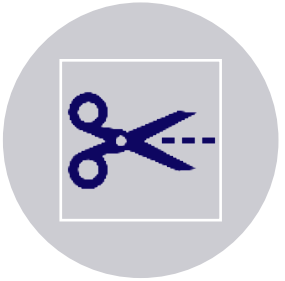
Delivery plan for recovering access to primary care

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

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

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

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



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

Drivers for Change

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

Strained capacity

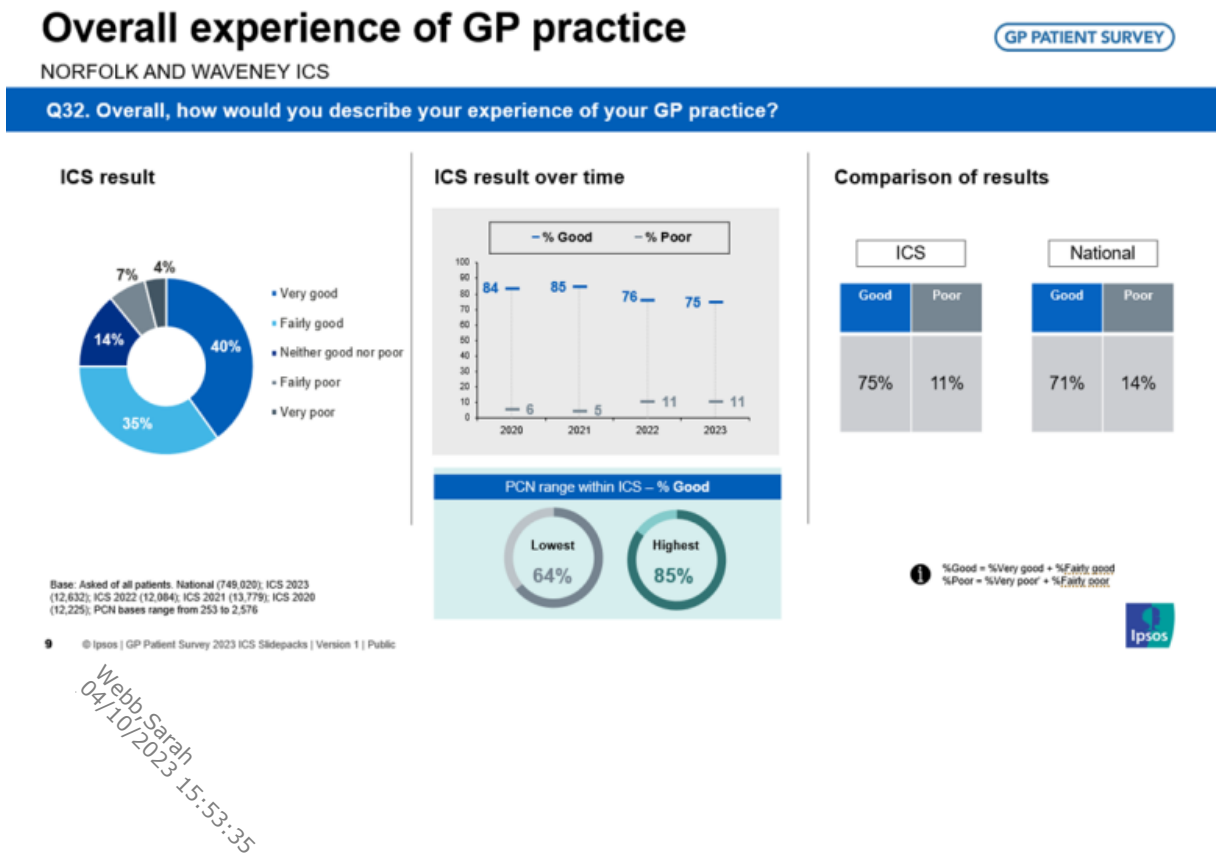
- **20-40% increase in contacts** since pre-pandemic, exacerbated by care backlogs
- **>30% increase in people >70** since 2010, with more **long-term conditions**
- **12% more appointments** since pre-pandemic
- **Only ~7% increase in doctors** working in general practice since pre-pandemic

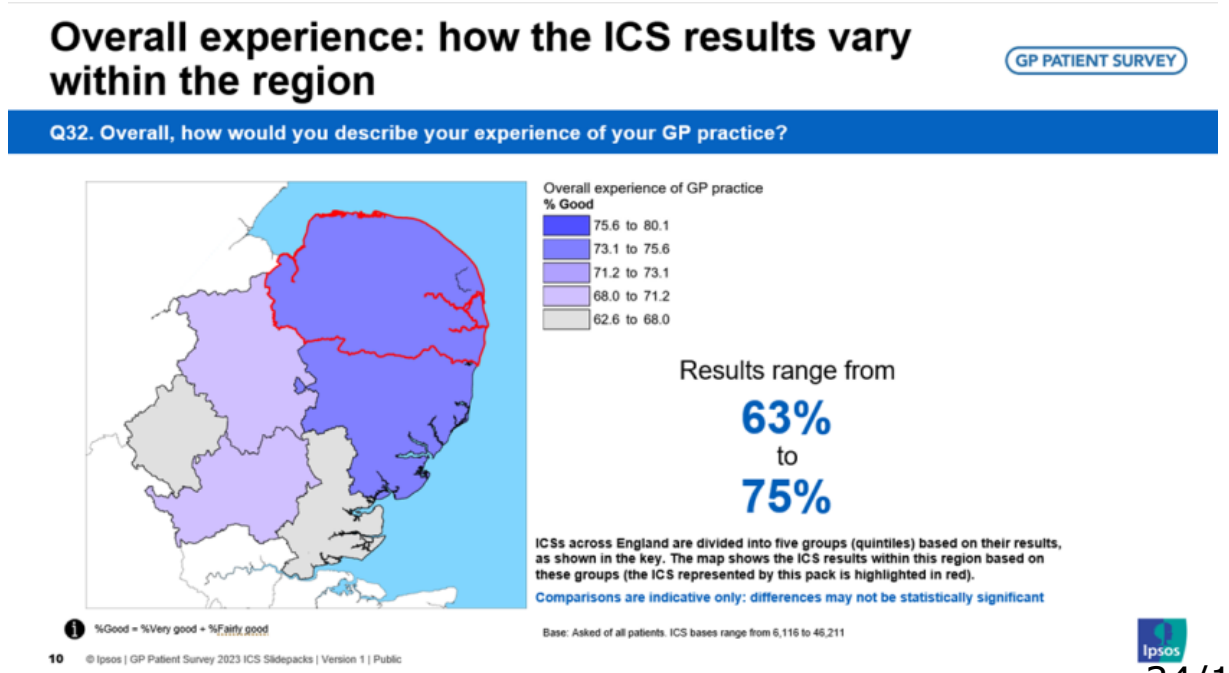
Decreasing patient satisfaction

- **Average satisfaction** with general practice fell from **83% to 72%** last year.
- Over **85% of practices** saw their **satisfaction fall**
- **1 in 5 people unable to get through** or get a reply from their practice when last tried
- **Poor contact creates patient dissatisfaction** with practice overall

Norfolk and Waveney GP Patient Survey results

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





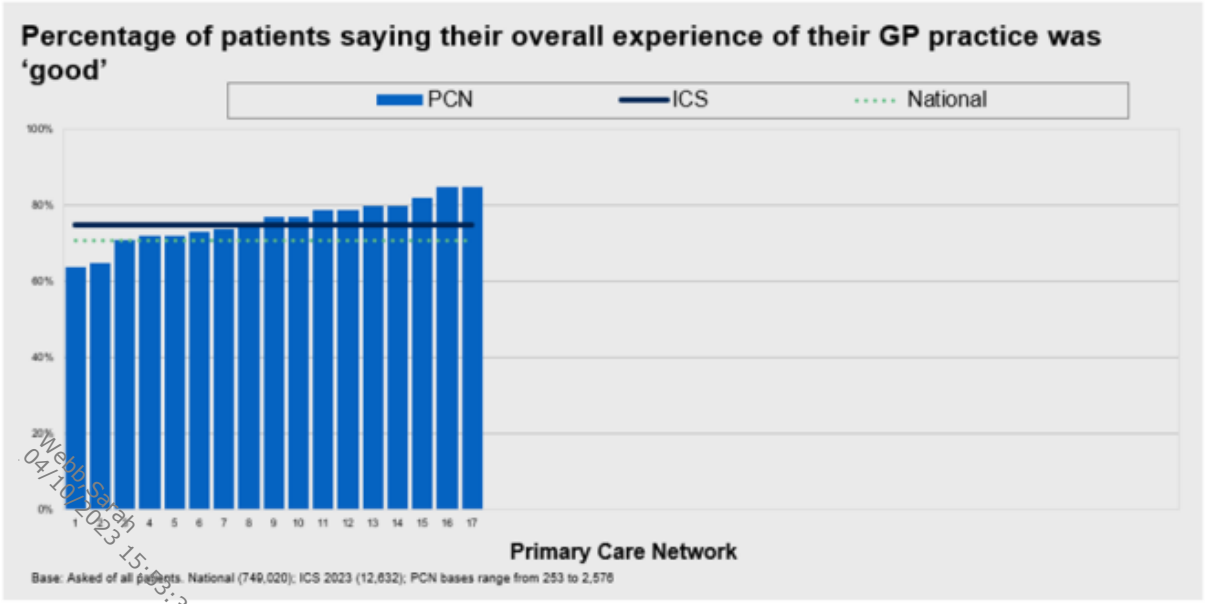
Norfolk and Waveney GP Patient Survey results

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

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

GP PATIENT SURVEY

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



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

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

Commitments from PCNs

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

Key themes of the actions from the PCN plans are:

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

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

Data

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

Expected outcomes for 2023/2024

Placeholder – following discussion with NHSE

Assuring Delivery

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

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

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

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

National and Local Support Offers

General Practice Improvement Programme: *placeholder*

Transition Support Funding: *placeholder*

Care Navigation Training: *placeholder*

System Development Funding: *placeholder*

Work in progress

Implementing Modern General Practice Access

Modern General Practice Access Model

What is the Modern General Practice Access Model?

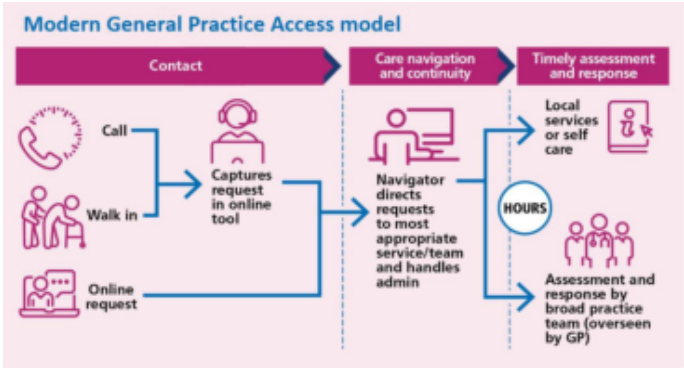
The Delivery Plan for Recovering Access to Primary Care references Modern General Practice as "a modern approach to general practice that makes it easier for patients to contact their practices by phone or online and supports practices to rapidly assess the nature and urgency of requests by involving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

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

The model involves practices:

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

Vision for Modern General Practice in Norfolk and Waveney



Online request

Call the practice

Walk-in

Self-care and self-referral routes

Care Navigation

Access for urgent primary health needs

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

Team based continuity for people with more complex needs

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

Managing health inequalities and supporting prevention

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

Continuity of care – less important ⟷ **Continuity of care – more important**

How will we achieve this?

Access for urgent primary health needs

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

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

Team based continuity for people with more complex needs

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

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

Managing health inequalities and supporting prevention

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

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

Cloud Based Telephony

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

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

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

Online Consultations

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

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

Online Consultations (sharepoint.com)

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

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

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

Additional Digital Offers

SD-WAN and Wi-Fi: The SOGEA Ethernet networks which will be used to provide Wi-Fi throughout practice premises are being installed, just over a third of practices have had their installation complete and almost half of the remainder have installation planned between now and October 2023.

Future Connectivity Investment: The ICB has been awarded funding by the NHS England Future Connectivity Programme for Fibre connections to all practice premises. These networks will give gigabit connectivity to practices, many of whom will experience speeds 10x faster than current performance. Roll out of the Fibre connections is expected to take a year and be complete by September 2024.

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

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

Robotic Process Automation (RPA): The innovation arm of the Digital Team has been working on a pilot to look at the use of Robotic Process Automation in general practice, focusing on administrative tasks that are low risk as a pilot phase. A contract for the provision of robotic workers has been signed and it is planned that the first RPA processes will go live in the next few weeks, filing negative results.

Building Capacity

Building and retaining our workforce

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

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

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

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

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

Building and retaining our workforce

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

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

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

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

Building and retaining our workforce

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

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

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

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

Fellowships

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

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

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

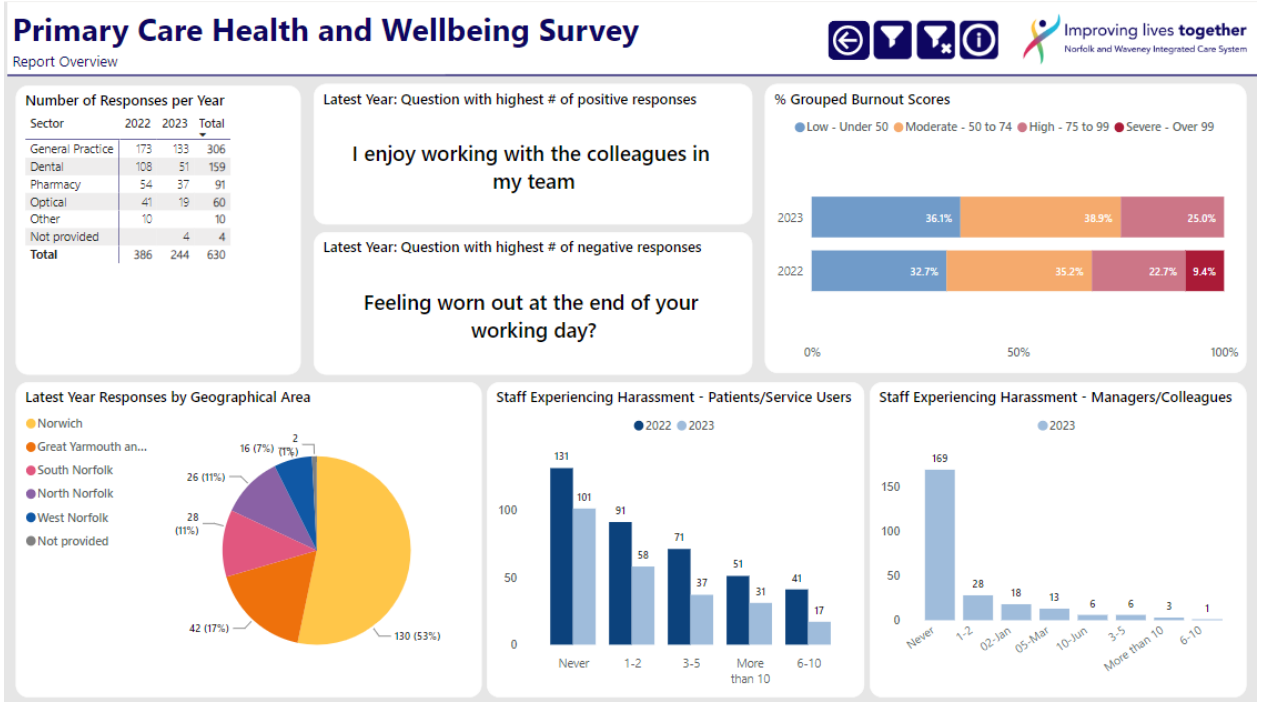
We have developed fellowships for Health Inequalities with a focussing on Learning Disabilities, Severe Mental Illness, Autism and Maternity care.

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

Health and Well-being

Health and Wellbeing offers are being introduced across primary care to support workforce retention and to address the key themes emerging from the Primary Care Health and Wellbeing Survey including burnout, harassment and stress.

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



Developing our workforce

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

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

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

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

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

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

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

Cutting Bureaucracy

Primary-secondary care interface

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

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

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

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

Primary-secondary care interface

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

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

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

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

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

Primary-secondary care interface

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

Empowering Patients

What this means in Norfolk and Waveney

NHS App

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

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

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

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

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

Website Optimisation

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

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

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

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

Social Media Managed Service

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

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

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

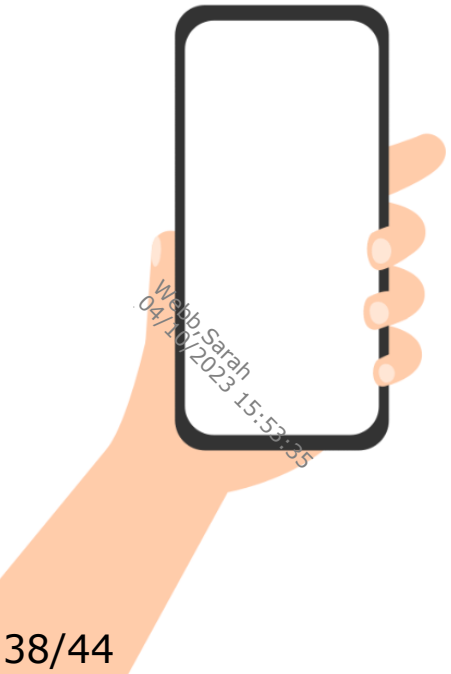
Our intranet page provides more information about the Social Media Managed Service Redmoor Health Provide.

Citizen Access to Records

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

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

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



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

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

Proxy Access to Medication Ordering

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

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

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

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

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

Self-referral pathways

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

Self-referral routes are in place for:

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

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

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

Community Pharmacy Integration

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

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

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

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

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

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

Communications and Engagement

Support Primary Care Campaign

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

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

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

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

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

Support Primary Care - Norfolk & Waveney Integrated Care System (ICS (improvinglivesnw.org.uk)

Support Primary Care Campaign

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

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

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

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

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

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

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

Purpose of paper:

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

This paper seeks approval from the committee for the following:

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

Executive Summary:

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

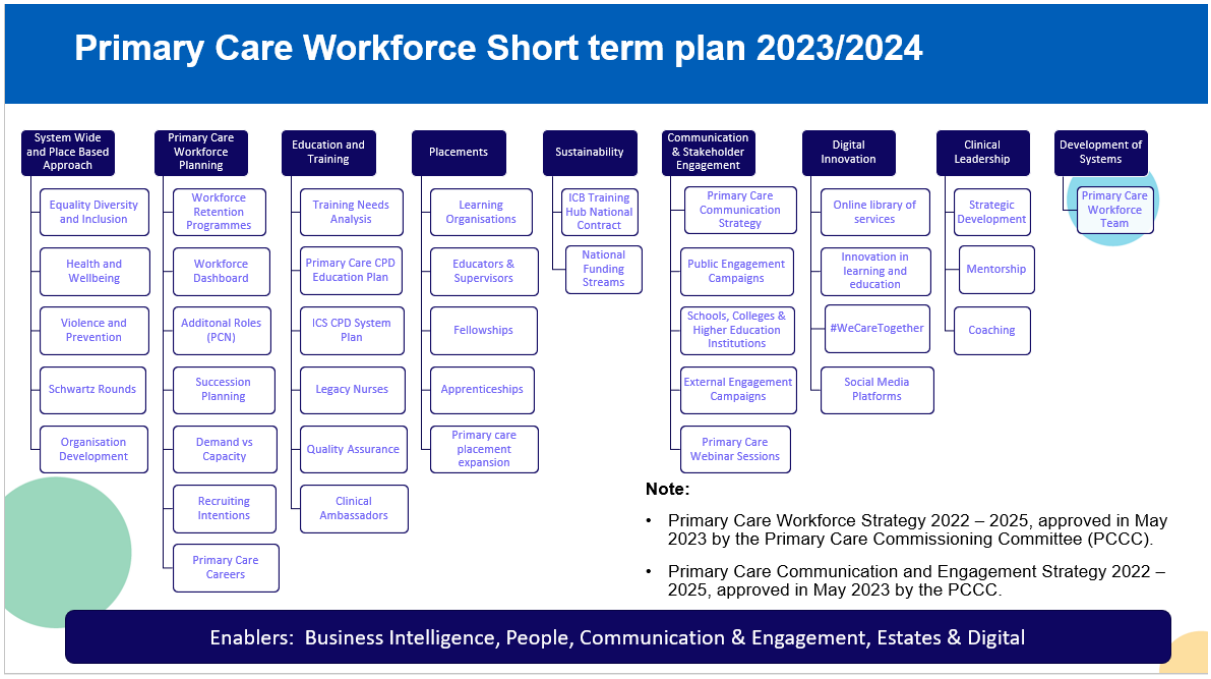
This paper provides an update on all workforce and education workstreams (Appendix B), and outlines plans up to March 2024, we are asking the Committee to note the updates and to approve the outlined direction of work featured (Appendix A).

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

Report

Primary Care Workforce Short Term Plan 23/24
In May 2023, the Primary Care Commissioning Committee approved the Primary Care Workforce Strategy and Communication and Engagement Strategy for 2022 - 2025.

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



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

Primary Care Workforce External Funding Bidding Applications

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

Unsuccessful (£160,000)

1. **Advanced Practice Supervision Ambassador** – The Advanced Practice faculty at NHS England identified HEE underspends which could be utilised to support the extension of the Advanced Practice Supervision Ambassador role. We submitted a bid for **£105,000** to extend the contract for our Advanced Practice Ambassador to March 2026 (current contract ends March 2024). New guidelines meant NHSE were unable to repurpose faculty budgets to support ICS level roles, study days or conferences, so we were unsuccessful in this bid.

2. **Innovation funding for respiratory early and accurate diagnosis with a focus on health inequalities** – The national respiratory programme at NHS England identified additional funding in the region of £400,000 (to be divided into 8 x £50,000 funding pots) to support examples of innovation in relation to early and accurate diagnosis or scaling up spirometry, particularly in addressing health inequalities. We submitted a bid for one of the **£50,000** funds; however, we were unsuccessful and are awaiting feedback from the national team.

Successful (£137,125)

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

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

2. **Volunteer to Career NHSE Programme Grant** – As part of NHSE nationwide Volunteer to Career Programme, we were successful in bidding for **£25,000** to implement the programme in a primary care setting and have joined cohort 4. We are the only participants who are looking to implement this programme in a primary care setting nationwide.

3. **Rural and Coastal Programme –** The programme has been given a further **£100,000** to deliver projects delivered in the pilot sites. Current plans include employing Digital GP/Nurse Fellows, co-creating a Rural & Coastal Careers strategy as well as smaller pots of funding designed to enable small scale proof of concept pilot sites across primary & secondary care.

Awaiting Outcome (£207,499)

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

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

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

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

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

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

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

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

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

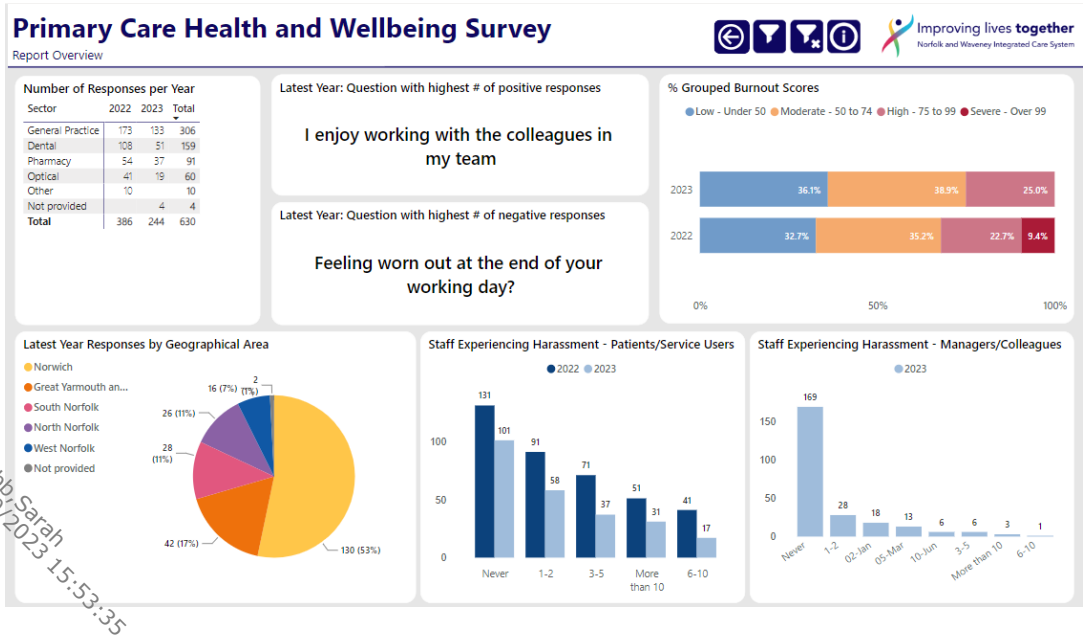
The councils' internal Skills Board met in July 2023 to discuss the project ideas submitted, all ideas were well received and are being used to shape the programme for 2024/25. Funding will be shared across key themes to support individuals gain new or improved skills allowing them to access and progress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

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

Health and Wellbeing Survey

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

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



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

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

Recommendation to the Board:

To note the Primary Care Workforce update on the workforce and educational delivery plans up to the 31st March 2024 (Appendix B). To approve the following: • **Appendix A** – Primary Care Workforce Short Term Pillar Targets

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

Governance

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

Appendix A - Primary Care Workforce Short Term Pillar Targets

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

Clinical Leadership	Supporting Mentors	1. Number of newly qualified health professionals who are supported to take up a primary care role. 2. % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.	The aim of this programme is to upskill existing workforce with Coaching & Mentoring training to utilise their existing skills and experience by providing Mentorship to colleagues within Primary Care.	Building Capacity - Retention and Return of experience GP's. 1. Increase the number of matches between mentors and mentees from the previous year (2022/2023) 2.Achieve a mentor-to-mentee ratio of at least 1:4 3.Maintain current mentor numbers, ensuring training, ongoing peer networking and CPD activities are made available 4.Ensure that the scheme meets the mentoring needs of GPs on the General Practice Fellowship programme 5.Increase retention of experienced GPs through access to mentor training and opportunities, and increased retention of local GPs through high quality mentoring support, contributing to increasing the overall numbers GP FTEs 6.Submit a system delivery plan outlining forecast number of mentors, number of mentees and anticipated number of mentoring sessions Retain 1. improve leaver rates by 15% 2. By better supporting staff throughout their	1. Increase the average mentor to mentee ratio to 1:4 by 31/03/24 2. Continue to support 12 mentors to remain active on the scheme by 31/03/24 3. Procure external management scheme for Supporting Mentors Scheme by 31/03/24 to commence 01/04/24, to support infrastructure within PCWT and existing pool of Mentors. 4. Routinely promote opportunities of mentorship to Primary Care workforce (offer includes up to 6 sessions of mentorship by a Mentor on the pool) via newsletter and social media once per quarter by 31/03/24. 5. Ensure all new GP Fellows are offered up to 12 sessions of mentoring per year upon commencement of Fellowship Programme by 31/03/24.
Primary Care Workforce Planning	Advanced Practice	1 % of PCNs who are actively engaged in promoting new roles and how new ways of working in primary care can support population health needs.	The aim of this project is the increase the number of staff in Primary Care to become qualified Advanced Practitioners within Norfolk and Waveney, utilising commissioned funding provided from NHSE for training, with a focus on targeting staff in "Deep-End" practices, to support population health needs. This will help to improve retention rates within general practice by upskilling workforce and helping staff reach career goals.	Building capacity 1. Support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal. Train 1. expansion of advanced practice training by 46% Retain 1. improve leaver rates by 15% 2. By better supporting staff throughout their careers, helping them stay in work through flexible working, and improving culture & leadership Reform 1. Grow the number & proportion of NHS staff working in primary to enable more preventative & proactive care increase these roles by 73% by ‘36/’37	1. For 2024/25 scoping, increase by 20% (6 learners) 2. For 2024/25 - engage with Deep End / Rural & Coastal Project and areas of inequality, to increase learner applications from these areas. 3. Increase number of Advanced Practice supervisors. 4. Pastoral survey to monitor learner satisfaction and support learner retention and governance.
Education and Training	CPD	1. % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. 2. % increase of nurses and AHP staff take-up of CPD funding. 3. % of primary care workforce offered training provided by the ICS Training Hub. 4. Breakdown of professions undertaking training 5. Training Hubs to deliver education and training activity based on ICS plans to reduce health inequalities	This project oversees the utilisation of the CPD budget we receive from NHS England both from a strategic and training facilitation perspective. This project aims to ensure all Registered Nursing Associates, Registered Nurses, Registered Midwives and Registered Allied Health Professionals are offered and undertaking Quality CPD opportunities.	Modern general practice access 1. Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training. 2. Cohort 1 (PCN Digital & Transformation leads) nominated by 7 June 2023. 3. National Care Navigation Training Programme, nationally nominated by 31 July. 4. 50% of 23/24 nominations to be coordinated by the 31st of July 23. 5. Agree with practice/PCN support needs	1. Carry out Training Needs Analysis with practices across N&W and analyse results to influence CPD planning by June 2023. 2. To fully utilise our CPD budget £211,333.33 (2023/24) by 31/03/2024. 3. Monitor utilisation of CPD Top Slice £42k approx. by 31/03/2024, linked to JFP priorities. 4. Co-ordinate nominations to Care Navigator training, Digital Transformation PCN Leads training and Leadership Improvement training by 31/08/2023 as part of the Primary Care Recovery Access Plan (ICB responsibilities). 50% of 23/24 nominations to be coordinated by 31/07/23. 5. Increase in % of staff offered / accessing CPD training by 25%

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

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

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

Education and Training	Dentistry Projects - Continuous Professional Development (CPD)	% of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. % of primary care workforce offered training provided by the ICS Training Hub. Number of non-clinical apprenticeships supported across primary care	The project is to expand the current CPD provision into Dentistry to support their CPD requirement. This project aims to enhance clinical skills, Improve patient care, ensure ethical and legal compliance is met and to improve specialist training and skills.	Train - Expand dentistry training places by 40% so that there are over 1,100 places by 2031/32. To support this ambition, we will expand places by 24% by 2028/29, taking the overall number that year to 1,000 places. Train more NHS staff domestically. This will mean that we can reduce reliance on international recruitment and agency staff. In 15 years' time, we expect around 9– 10.5% of our workforce to be recruited from overseas, compared to nearly a quarter now. Retain - Commit to ongoing national funding for continuing professional development for nurses, midwives and allied health professionals, so NHS staff are supported to meet their full potential. Explore measures with the government such as a tie-in period to encourage dentists to spend a minimum proportion of their time delivering NHS care in the years following graduation.	1. Complete the Dental Training Needs Analysis by November 2023 2. The target is to have at least 3 courses funded and delivered out to the primary workforce team by December 2023.
System Wide and Place Based Approach	Schwartz Rounds	N/A - SDF Funding not a HEE KPI From Local GP Retention Fund Guidance: Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.	The aims of this project is to offer a safe and confidential group reflective practice forum for staff, that will help to combat isolation within Primary Care thus improving morale and increasing workforce retention.	N/A	1. To have a consistent attendance of 20 attendees per virtual Round 2. Increase Schwartz Steering Group from 8 to 10 by March 2024, to support the identification of speakers 3. Deliver five face to face Rounds, one in each locality by March 2024 4. Fourteen virtual Rounds to be delivered by March 2024
Digital Innovation	Social Media	2. % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. 3. % increase of nurses and AHP staff take-up of CPD funding. 4. % of primary care workforce offered training provided by the ICS Training Hub. 6. Number of non-clinical apprenticeships supported across primary care 7. Number of clinical apprenticeships supported across primary care. 8. % of PCNs utilising Knowledge and Library Services (KLS) 11. Number of EDI events to support the ICS EDI strategy.	To have a presence on social media across Norfolk and Waveney and to reach Primary Care staff that we would not usually reach in other means to advertise what we do.	N/A	1. Be live on 4 social media platforms by September 2023 2. By end of 2023 have review of all national days and events planned in Social Media planner, with drafts of posts. 3. Continuously Have two months worth of social media posts completed/ drafted into the calendar plan completed.
Education and Training	Non-Clinical Apprenticeships	4. % of primary care workforce offered training provided by the ICS Training Hub. 6. Number of non-clinical apprenticeships supported across primary care	To increase the number of non-clinical workforce by providing training and education and entry into non-clinical careers via apprenticeships.	N/A	1. Secure Levy Transfers for Practices apprenticeships to access Levy Transfers for at least 70% of new apprenticeships that need it before 31st March 2024. 2. Recruit a minimum of 5 candidates for each management apprenticeship course per year (Level 3 and 5) by 31st March 2024. 3. Support recruitment of 10 Level 2 and 3 admin apprentices within each locality before 31st March 2024.
Education and Training	Nursing Apprenticeships	3. % of placements increase. 7. Number of clinical apprenticeships supported across primary care. 20. Number of newly qualified health professionals who are supported to take up a primary care role.	To increase the number of nursing in the primary care workforce through increasing apprenticeships.	37 new Apprentice Nursing Associates each year (Jan-Dec)	1. Deliver at least 25 new Apprentice Nursing Associates by 31st March 2024.

Education and Training	General Practice Assistant (GPA) Programme		To recruit and train more GPAs in General Practice	TBC	1. Ensure 25 GPAs from 22-23 cohort have completed their portfolios and have been signed off by the GP Lead by September 2023 2. Undertake an evaluation of the 23-24 with a recommendation for 24/24 cohort by December 2023
Primary Care Workforce Planning	Primary Care Careers	N/A - SDF Funding not a HEE KPI This project does support the following KPI's: 1. % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations. 2. All professions to be offered practice placements. 3. % of placements increase. 6. Number of non-clinical apprenticeships supported across primary care 7. Number of clinical apprenticeships supported across primary care. 20. Number of newly qualified health professionals who are supported to take up a primary care role.	The Aim of this project is to support Primary Care in the attraction and recruitment of new staff through procurement of a bespoke recruitment service.	N/A	1. Increase Practice engagement to 60% of practices (63 practices) using PCC within 6 months by March 2024 2. Increase PCN engagement to 60% of PCNs (10 PCNs) using PCC within 6 months by March 2024 3. To fully utilise 10 DOP Pilot placements by January 2024 4. 90% of those using the service find it beneficial compared t o alternative options. 5. Complete a review of the core GP/PCN service by January 2024, with a view to re procurement
Clinical Leadership	Akeso Coaching	N/A - SDF Funding not a HEE KPI From Local GP Retention Fund Guidance: Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.	To enhance the retention of healthcare professionals in the workforce by providing coaching that can help refine skills, foster leadership, and promote well-being.	N/A	1. To procure continued coaching provision up to March 2025 by September 2023. 2. To utilise 150 coaching sessions between October 2023 and March 2025.
Primary Care Workforce Planning	Flexible Staff Pool	N/A - Not HEE KPI. From Flexible Stuff Pool fund. Implementation of a digital platform to enable practices to find and allocate Locum staff to available shifts. Supporting the implementation of GP/GPN recruitment and retention as an integral part of ICS workforce programmes and ensuring that they are meeting the ongoing training and development needs of the primary care sector. Increase in the number and use of flexible staff pools, increase in the number of GPs registered to and employed through flexible pooling.	The aim of this programme is to support the LTP commitment to ensure there are enough people working in the NHS to support patients, through the procurement of innovative staff matching technology using digital solutions for deployment of sessional clinical capacity.		1. Expand the platform to include practice nurses by the end of October 2023. 2. Expand the platform to the wider workforce including roles such as Clinical pharmacists, Dispensers, HCA's and admin staff by May 2024.
Education and Training	Supporting Primary Care Clinicians	1. % of PCNs offered support on workforce planning, advice, and identification of needs for patients and populations. 2. % of nurses and allied health professions (AHP) staff offered continuing professional development (CPD) funding. 3. % increase of nurses and AHP staff take-up of CPD funding. 4. Training Hubs have an equality, diversity, and inclusion (EDI) strategy with an operational plan to support the ICS EDI strategy. 5. Training Hubs are expected to demonstrate their process for dealing with complaints and quality concerns to include:	The aim of the programme is to offer support to clinical professionals out of work for under 2 years to return to work or those in need of additional support to stay in the work place by provision of bi-monthly CPD and support sessions.	N/A	1. Number of clinical professionals attending all sessions is at or above 15. 2. Ensure 100% of participants are offered the EDI questionnaire at sessions. 3. 90% positive feedback from those that complete the feedback survey.

Primary Care Workforce Planning	GP Careers Plus	N/A - SDF Funding not a HEE KPI From Local GP Retention Fund Guidance: Regional and local office teams should use this fund to facilitate the establishment of local schemes and initiatives that enable local GPs to stay in the workforce, through promoting new ways of working and offering additional support.	The programme seeks to support and retain GP's who may otherwise consider leaving the area of Norfolk & Waveney, Primary Care, or clinical practice. This includes supporting newly qualified GPs who have not yet chosen a path/practice, those stepping back or reducing hours mid-career, and those considering early retirement.	N/A	1. To onboard and maintain a group size of 75 Locum GP's on to the membership by March 2024. 2. Produce a map of where locums are located and distance they are willing to travel to be done once all new members have been signed up and to be updated as and when new members join end December 2023. 3. 100% of existing members moved to the new offer have singed and returned the MOU by the end of October 2023. 4. Preplanned peer group events to be sent out to the members by end of August and updated to new members by end of September 2023.
Clinical Leadership	FCP Supervisor Project	3. % of primary care workforce offered training provided by the ICS Training Hub.	To support FCP's moving towards supervisor status as we have identified a lack of accessible FCP supervisors across the locality.	N/A	1. To Hold x2 FCP training days in 2023/24. 2. To provide a minimum of 15 (20% of FCPs) training grants by March 2024 supporting them towards supervisor status. 3. Develop and support a peer network of FCP's to reduce siloed and isolated working and improve adherence, recognition and progression through Health Education England's road maps to practice that has 80% (56 of 71) of FCPs attending throughout the year.
Education and Training	Physician Associate MH Upskilling Project	3. % of primary care workforce offered training provided by the ICS Training Hub.	To upskill PAs to increase their confidence and knowledge in mental health treatment and conditions and increase multidisciplinary working	N/A	1.Scope the mental health training needs of PAs by May 2023 2.Offer mental health upskilling (crisis prevention, suicide prevention, eating disorders, substance misuse, dementia awareness) courses to PAs by September 2023 3.Scope PA specific mental health upskilling to add to the offer By May 2023 4.Enable access to upskilling programme via a single access and market offer directly to PAs by September 2023 5.Provide ambassador support to PAs to access and plan their upskilling continuous up to January 2024 in how many - how will it be measured. 6.Evaluate and write a report outlining future recommendations for post registration mental health upskilling for PAs by January 2024
Education and Training	Higher Development Award	3. % of primary care workforce offered training provided by the ICS Training Hub.	To support staff to develop their career within Primary Care where they may not have achieved the functional skills in Math's and English and would like to develop into a clinical or non-clinical role.	N/A	1.To ensure 1 person from Norfolk and Waveney is signed up to the national HDA by 31st March 2023.

Norfolk and Waveney
Integrated Care Board

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

Primary Care Networks (PCN) Additonal Roles Planning Timelines

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

Continuing Professional Development (CPD)

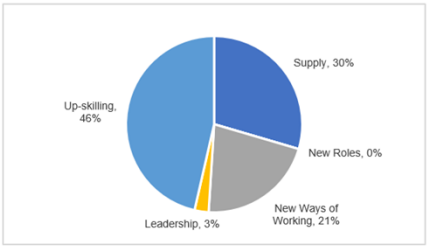
CPD Investment Plan Update

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

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

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

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



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

CPD Task and Finish Group Update

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

Non-Clinical Training

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

Health and Wellbeing Enhancement Programme

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

Pharmacy Student Summer Placements (PSSP)

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

Primary Care Integration Leads Programme

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

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

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

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

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

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

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

Pharmacy Pre-Registered Pharmacy Technician (PTPT) Placements

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

Advanced Practice

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

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

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

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

EoE Rural and Coastal (R&C) Programme

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

Supporting Mentors Scheme

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

Fellowship Scheme

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

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

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

Norfolk and Waveney Primary Care Schwartz Rounds

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

GP Partnership Incentive

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

Trainee GP to a Salaried GP Incentive

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

GP Careers Plus

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

Supporting Primary Care Clinicians

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

Flexible Staff Pool

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

Social Media

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

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

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

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

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

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

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

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

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

Physicians Associate (PA) Ambassador

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**General Practice Operational Delivery Report**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Primary Care Committee**
Date:	**11 October 2023**

Purpose of paper:

To provide the Board with a report of the General Practice Operational Delivery Group meeting held on 27 September 2023.

Group:	General Practice Operational Delivery Group
Chair:	Mark Burgis, Executive Director of Patients and Communities (Sadie Parker, Director of Primary Care chaired the September meeting)
Meetings since the previous update:	27 September 2023
Overall objectives of the GPODG:	The purpose of the Delivery Group is to provide a framework for effective decision making in relation to certain contractual matters for general practice under delegated authority from the ICB's Primary Care Commissioning Committee.
Main purpose of meeting:	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the Primary Care Committee on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.

BAF and any significant risks relevant / aligned to this Group:	At this stage, the risk register is still monitored by committee. Further work will be undertaken in due course about how risks can be monitored across the GPODG and PCCC.
Key items for assurance/noting:	• The group reviewed the practices currently deemed to be experiencing significant resilience issues and the ICB multi-disciplinary process for supporting practices individually. Going forward, the GPODG would review the individual practices at risk and the Committee would receive a strategic resilience report every six months. There are currently eleven practices being supported, ten of which are due to issues identified during CQC inspections and one due to issues with their estate. • The group received two reports on health checks, updating on efforts to improve uptake for people with learning disabilities (LD) and severe mental illness (SMI). • For LD health checks, there had been improvement in the West Norfolk and Norwich localities over the same period last year, however overall fewer health checks had been delivered. The uptake at the end of July was 14.1%. It was thought that this was due to resilience issues being experienced by practices. The team was developing a proposal for commissioning alternative provision to support access to health checks. • For SMI health checks, some practices were reporting issues with scheduling checks more evenly across the year due to competing pressures with other time-sensitive requirements, such as the flu campaign. The latest available 12-month rolling average uptake was 50.1%. 4 practices would be targeted for support. It was also noted that not all elements of the check were being recorded, so a focus on data quality would be undertaken. • A draft System Access Recovery Plan was discussed by members and noted as a work in progress. An updated draft would be taken to PCCC for approval in October, noting this would be presented to the ICB Board, along with a progress report in November. • The CQC inspection report for the Humbleyard Practice was received. The practice had been rated as Requires Improvement and was working through its agreed action plan with support from the ICB.
Items for escalation to Committee:	The resilience of general practice continues to be a concern and is monitored through the risk register.

	There are indications that, in some practices, this is having an impact on their ability to deliver services such as LD and SMI health checks.
Items requiring approval:	• Locally Commissioned Services Review – the group approved the new process for reviewing and finalising locally commissioned services. It was noted that 3 service contracts were due to expire at the end of March 2024. All would be clinically reviewed by ICB leads and the LMC would also be consulted before any final changes proposed for approval.
Confirmation that the meeting was quorate:	Yes. Attendance at the meeting is set out below: **Voting members** Sadie Parker, Director of Primary Care (chairing) Shepherd Ncube, Associate Director of Primary Care Commissioning Karen Watts, Director of Nursing and Quality James Grainger, Head of Primary Care Finance **In attendance** Alex Stuart, Chief Executive, Healthwatch Norfolk Andy Yacoub, Chief Executive, Healthwatch Suffolk Ian Wilson, Norfolk and Waveney Local Medical Committee Lisa Drewry, Norfolk and Waveney Local Medical Committee Fiona Theadom, Head of Primary Care Commissioning Holly Butcher, Primary Care Commissioning Officer Benita Oakenfold, Primary Care Commissioning Officer Julian Dias, Senior Primary Care Commissioning Manager Debbie Ebenezer, Primary Care Commissioning Manager Rachel Fields, BI and Performance Manager Sarah Harvey, Head of Primary Care Strategic Planning Carl Gosling, Senior Lead Primary Care Commissioning Manager Stuart White, Finance Manager

Key Risks	
Clinical and Quality:	The group monitors progress in developing our dashboard and our overall monitoring framework
Finance and Performance:	Finance and BI are part of the quorum, performance will be monitored in detail with a dashboard in development.

Impact Assessment (environmental and equalities):	N/A
Reputation:	Healthwatch Norfolk and Suffolk and the Local Medical Committee is part of the group.
Legal:	Terms of reference, primary medical services contracts, premises directions and policy guidance manual
Information Governance:	N/A
Resource Required:	Primary care commissioning team
Reference document(s):	Primary medical services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Primary Care Committee Membership – GP practice manager attendee recruitment**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**11 October 2023**

Purpose of paper:

To seek Committee approval for the appointment of a GP practice manager attendee for Primary Care Commissioning Committee and the process for appointing a person.

Executive Summary:

The Norfolk and Waveney Primary Care Commissioning Committee includes a GP practice manager role within its membership. This paper sets out the proposed process and application pack to be issued to all practices in Norfolk and Waveney following this meeting, if agreed.

Recommendation to the Committee:

To note the report and approve the process for appointment of a GP practice manager attendee to the Committee.

Report

1. Introduction

The purpose of this paper is to seek approval from Committee members on the proposed process for appointing a GP practice manager attendee to this Committee and it includes the draft applicant pack for information and discussion.

2. Background

The Norfolk and Waveney Primary Care Commissioning Committee Terms of Reference include a GP practice manager as an attendee of the meeting. The role would suit an applicant who is currently involved in service delivery, or a recently retired manager who has a knowledge of the Norfolk and Waveney area, along with understanding the current challenges facing general practice.

The previous term of office has now expired, and as such we must now go through the process to appoint a practice manager to the vacancy, which starts with approval at the Committee.

3. Proposed process

The draft application pack is appended to this paper. This sets out the role description and a simple form for interested applicants to describe their skills and experience.

The proposal is to issue the final draft of the pack to all practices in Norfolk and Waveney during September with the full process timeline set out in the covering letter below. We would also promote via social media and the ICB's website. The role and payment have already been approved by the Remuneration Committee, however there will also be an internal governance process running in parallel to gain approval to advertise the role, in accordance with current vacancy controls.

In line with the recent Clinical and Care Professionals review, the role will be named as a Specialty Advisor, albeit the advice will only be provided to PCCC.

4. Recommendation

Committee members are invited to note the report and approve the process for appointing a GP practice manager attendee.

Key Risks	
Clinical and Quality:	The Committee oversees primary care quality issues and as such having appropriate attendance from a suitably experienced professional is vital
Finance and Performance:	The role forms part of the running costs of the committee
Impact Assessment (environmental and equalities):	N/A
Reputation:	The role will provide specialist advice and guidance on matters to PCCC related to delegated commissioning of primary care medical services
Legal:	N/A
Information Governance:	N/A
Resource Required:	The primary care team will run the process with support from the corporate governance team
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	Conflicts of Interest will be managed in accordance with ICB policies
Reference to relevant risk on the Board Assurance Framework	N/A

NHS
Norfolk and Waveney
Integrated Care Board

DATE

address

GP practice managers
Norfolk and Waveney

Dear Colleague

GP practice manager speciality advisor role on the Norfolk and Waveney ICB Primary Care Commissioning Committee – invitation to apply

NHS Norfolk and Waveney ICB has a vacancy for a formal GP practice manager specialty advisor role on the Primary Care Commissioning Committee (PCCC). We would like to encourage a GP practice manager who is currently working in NHS general practice in Norfolk and Waveney or who is very recently retired to read the enclosed pack and consider applying to join the Primary Care Commissioning Committee.

The purpose of the role is to bring general practice experience and expertise into the Committee, rather than being representative of a particular practice or locality. The post holder will provide advice and support to the Committee in support of its responsibilities for the delegated commissioning of primary medical services and will provide specialist input into identified aspects of the primary medical care commissioning agenda. This role is in addition to and distinct from the representative from the Local Medical Committee who is also a formal attendee at the Committee.

The term of office for this post will be agreed with the successful applicants although it is anticipated to be for 2 years. A shorter period if preferred may be possible subject to agreement with the individual and the Committee Chair.

The terms of reference for the Primary Care Commissioning Committee, together with the GP practice manager specialty advisor role description are appended to this letter.

Payment for the role will be at the ICB's agreed specialty advisor rate of £300 per session and the individual appointed will be required to join the ICB's payroll.

The timeline for the appointment process is as follows:

October 2023	Invitations issued by ICB office seeking applications.
November 2023	Return of application form by interested parties
	Applications assessed against Role Specification

November 2023	Interviews for position will be online via MS TEAMS (the panel will consist of the Chair of the Committee, Director of Primary Care/ Associate Director of Primary Care Commissioning and the Head of Primary Care Commissioning)

Thank you for your interest in this role. If you have any questions or would like to have an informal discussion about the role, please do not hesitate to contact Sadie Parker on XXXX.

Our website is also available which provides further information about the ICB www.improvinglivesnw.org.uk

Yours faithfully

Debbie Bartlett
Chair, Norfolk and Waveney Primary Care Commissioning Committee
Partner Member – Local Authority (Norfolk) Norfolk & Waveney ICB

Webb Sarah
04/10/2023 15:53:35

GP practice manager specialty advisor role on Norfolk and Waveney Primary Care Commissioning Committee Application form to be submitted to XXXX by 5pm on XXXX

Name:	
Practice (if applicable):	
Personal statement:	*This statement should include how your personal attributes, competencies and experience meet the requirements of the role*
Conflicts of interest:	*Please note any conflicts of interest*

NHS
Norfolk and Waveney
Integrated Care Board

GP practice manager specialty advisor role

Norfolk and Waveney Primary Care Commissioning Committee

Job Summary

The purpose of the role is to bring GP practice experience and expertise to the Primary Care Commissioning Committee (PCCC). The post holder will provide advice and support to the PCCC in support of its responsibilities for the delegated commissioning of primary medical care. The person undertaking the role will provide specialist input and capacity into identified aspects of the primary care commissioning agenda, they will not represent a particular practice, specialism, or locality. The person undertaking the role must have very recent or current experience of working in a GP practice with knowledge and understanding of the Norfolk and Waveney area.

The role of GP practice manager specialty advisor will support corporate decisions made by the PCCC and any sub-groups as a whole and will help ensure that:

- Our open and honest culture is maintained which ensures the experience of GP practices and the public/patients is heard, and the interests of communities and patients remain at the heart of discussions and decisions.
- The ICB addresses achieving the best outcomes for the health and wellbeing of the local population, including addressing health inequalities.
- The ICB commissions the highest quality services with the intent of securing the best possible outcomes for patients, within the resources available, and maintaining a consistent focus on quality, safety, integration with other services provided to the public.
- Decisions are taken which will support the best use and value of public funding.
- The ICB is responsive to the views of local people and promotes self -care and shared decision making, being sensitive to the needs of localities but recognising the aim of providing a consistent level of access and quality across all GP practices.
- Decisions support the achievement of the aims and rights enshrined within the NHS constitution.
- Good governance remains central at all times.

Main duties and responsibilities for the role

- Prepare for, attend and actively participate in PCCC and other related meetings.
- Demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer.
- Embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny.
- Bring a sound understanding of GP practice management and general medical services provision to the committee to aid discussion and decision making, while remaining balanced and not representing a particular practice or locality
- Bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution
- Be committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business.
- Behave in line with the ICB values of being inclusive, respectful and innovative.

Personal Development and Commitment

- Actively participate in annual review process.

- Participate in any relevant induction, development programmes or training sessions for committee members, as commissioned by the ICB.
- To commit to regularly attend formal and informal PCCC meetings and workshops, including the general practice operational delivery group.
- To undertake mandatory training required for the role and provide evidence of completion.
- To declare conflicts of interest for the ICB's register and as appropriate in meetings, agreeing any resulting action with the chair.
- To be responsible for one's own health and safety while performing the role of PCCC GP practice manager specialty advisor.

Corporate responsibilities

- To work with other members of the ICB team and Primary Care Commissioning Committee to ensure that the PCCC delivers satisfactory performance, governance and management of risk.
- To promote constructive working relationships with the Norfolk and Waveney wider health system, to ensure that obligations are discharged effectively and any opportunities for more efficient working with partners are identified.
- To represent the PCCC as required at external meetings and functions and to act as an ambassador for the committee.
- To champion the development of resilient, high quality general practice
- To champion the integration of services through Primary Care Networks

Time Commitment

Typically, 1 to 1.5 sessions per month - worked flexibly, to include meeting attendance and preparation for meetings.

Remuneration

The rate of reimbursement is on the ICB agreed specialty advisor rate of £300 per session and the individuals will be required to join the ICB's payroll. The successful candidate will be expected to attend at least 80% of meetings, there will be no payment if meetings are not attended.

Mileage and parking expenses from the successful applicant's normal place of work to meeting locations will also be reimbursed.

Tenure

The term of office will be two years. A shorter term may be possible by agreement if preferred.

Voting rights

Non-voting attendee.

Base

The successful candidate's base will remain as their normal place of work. Committee meetings will be online on MS Teams.

Key relationships

- ICB PCCC Chair
- PCCC members
- ICB GP practices
- Local Medical Committee
- Staff of NHS England and other regional/national organisations
- Members and staff of Norfolk and Suffolk local authorities – county and district

- Staff of third sector and other voluntary/charitable organisations
- Patients and members of the public
- Healthwatch Norfolk and Healthwatch Suffolk

Person Specification

The GP practice manager specialty advisor must:

- Be able to demonstrate commitment to the development of general medical services in the Norfolk and Waveney area.
- Show an understanding of the population needs and circumstances across the Norfolk and Waveney area.
- Bring valuable skills and experience as a specialty advisor.
- Prepare for, attend and actively participate in local meetings where relevant to the role as necessary.

Core Understanding and Skills

- A general understanding of good governance and of the difference between governance and management
- Have a good knowledge of service developments nationally, regionally and locally within primary care particularly in relation to quality requirements.
- Capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform ICB deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions.
- The confidence to question information and explanations supplied by others, who may be experts in their field.
- The ability to influence and persuade others, articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill.
- The ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives.
- The ability to recognise key influencers and the skills in engaging and involving them.
- The ability to communicate effectively, listening to others and actively sharing information.
- The ability to demonstrate how your experience, skills and abilities can actively contribute to the work of the PCCC and how this will enable you to participate effectively as a team member.
- The ability to assess clinical and management information and draw practical conclusions.
- Bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution
- Demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in the work of the PCCC.

Core Personal Experience

- Preferable previous experience of working in a collective decision-making group such as a board or committee, or high-level awareness of 'board-level' working.
- A track record in securing or supporting improvements for patients, customers, clients, or the wider public.

Specific Attributes and Competencies

- Able to give an independent view on possible internal conflicts of interest.
- Demonstrable ability to provide objective advice to the ICB in support of its delegated commissioning responsibilities, through regular contact with key members of staff and attendance at committee.
- To undertake learning and development in relation to primary care commissioning requirements

- Able to undertake specific actions as agreed at Primary Care Commissioning Committee, providing advice, and reviewing data/documentation received.
- Able to develop and maintain relationships with a number of organisations including, but not limited to, the LMC
- Able to act on own initiative.
- Ability to work successfully as part of a team.
- Bring balanced experience to the development and monitoring of services and the commissioning of primary medical services.

Terms of reference to be added to application pack before distribution

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**Primary Care Commissioning Assurance Framework**
Presented by:	**Fiona Theadom, Head of Primary Care Commissioning**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**11 October 2023**

Purpose of paper:

To inform the Primary Care Commissioning Committee of the NHS England Primary Care Commissioning Assurance Framework (PCCAF) and the actions being taken to ensure Norfolk and Waveney will be compliant for 2023/2024

Executive Summary:

The assurance framework sets out how NHS England will be assured that integrated care boards (ICBs) are exercising the delegated functions safely, effectively, and in line with legal requirements. The aim of the framework is to provide ICBs with details of what NHS England will need to be assured of and how they can evidence this to demonstrate compliance. It was updated in April 2023 to reflect delegation of all primary care services.

NHS England » Primary care commissioning assurance framework

This paper describes the key areas of enquiry and the actions that are being taken by the ICB to ensure compliance for 2023/2024. It is anticipated that a submission will be made to NHS England before the end of this year.

Report

Introduction

When ICBs assumed responsibility for the delegated functions, the liability for those functions moved to the ICB. NHS England will retain overall accountability for the discharge of its responsibilities under the Act and therefore requires the necessary assurances that its functions are being discharged safely, effectively and in line with

the legal requirements. NHS England remains legally accountable to the Department of Health and Social Care (DHSC), led by the Secretary of State, which is in turn accountable to Parliament.

The Operating Framework for NHS England sets out the accountabilities and responsibilities of NHS England and ICBs.

The Primary Care Assurance Framework sets out how NHS England will be assured that integrated care boards (ICBs) are exercising the delegated functions safely, effectively, and in line with legal requirements. The aim of the framework is to provide ICBs with details of what NHS England will need to be assured of and how they can evidence this to demonstrate compliance. NHS England's approach is intended to be supportive, developmental and collaborative, and enable emerging issues or risks to be identified early on and to help identify where support may be required.

The ICB will be required to submit a report to NHS England during 2023/2024 however a date for this has yet to be confirmed. Quarterly Assurance and Oversight meetings are being established by NHS England East of England team with individual ICBs and the first meeting with Norfolk and Waveney takes place on 3 October 2023.

Members are reminded that whilst the ICB has responsibility for pharmaceutical and optometry services, the team managing and delivering the work is hosted by Hertfordshire and West Essex ICB (HWE ICB) under a Memorandum of Understanding (MOU) with all six ICBs in the East of England. The Primary Care team work closely with HWE ICB to ensure safe delivery of the MOU. The HWE ICB contracting team works to nationally set procedures and policies in line with the NHS England Pharmacy Manual and pharmaceutical regulations.

Primary Care Contract Assurance Framework

The Contract Assurance Framework covers all four primary care services which are delegated to ICBs: general practice, dentistry, pharmaceutical services and optometry services.

Elements of assurance

The assurance of the delegated functions will be structured around a number of domains that relate specifically to the core commissioning and contracting requirements that have been set out in the standard delegation agreement. For consistency across each of the delegated functions, the assurance requirements have been grouped into four distinct domains, each covering core components of commissioning assurance (figure 1).

It is important to note that there will be some differences in the elements required for assurance between contractor groups due to differences in the functions that have been delegated. The expectations across functions and domains expectations have been developed jointly with national and regional teams and are set out in Table 1. Much of the information to demonstrate assurance will be collected through pre-

existing data collections or through the self-declaration process, so as not to create additional burden on ICBs.

Domain 1: Compliance with mandated guidance issued by NHS England

This domain concerns assurance that ICBs are complying with all nationally set operating procedures, including confirmation that operating procedures are updated in line with changes to national amendments to guidance, where necessary.

Domain 2: Service provision and planning

This domain covers areas of assurance related to how ICBs identify local health needs, ensure that the necessary services are in place and commission new services where unmet needs are identified. This domain also includes general commissioning planning assurance, where appropriate.

Domain 3: Contracting

This domain covers elements of assurance related to how contracting takes place, that local processes comply with the necessary published guidance for contracting, and that ICBs are participating appropriately in any contracting specific processes that are required.

Domain 4: Contractor/Provider compliance and performance

This domain covers elements of assurance related to how ICBs evidence due diligence in respect of in year contract management, and how ICBs ensure that appropriate levels of contractor/ provider performance and compliance are being met.

NHS England primary care commissioning assurance domains

General

Domain (delegated function/responsibility)	What will NHS England need to be assured of?
Compliance with the Delegation Agreement	ICB's compliance with the terms and associated responsibilities and measures required to ensure the effective and efficient exercise of the Delegated Functions.
Governance structure in place for commissioning and contractual functions	The ICB has appropriate governance structures in place for commissioning and contractual functions for the delegated services to enable the commissioning and delivery of high quality care.

A breakdown of the domains and areas for assurance for each primary care service area is set out in Appendix 1 together with the actions and work in progress by the ICB to provide assurance to NHS England and to identify risks and issues.

Overall compliance

To streamline decision making for the Primary Care Commissioning Committee, the ICB established two Operational Delivery Groups under a scheme of delegation, one for Dental and one for General Practice. Terms of Reference for PCCC and the ODGs to be reviewed in February 2023 as to their effectiveness. The ICB has identified a need for pharmacy issues (non PSRC related) and it is likely responsibility will be included in the General Practice ODG. This allows PCCC to have a more strategic and assurance role. Discussions at both ODG meetings have allowed deep dives into areas of concern or risk and to identify actions etc.

The ICB has developed a strategic commissioning approach and framework to support decision making in relation to how we commission future services under delegated commissioning functions.

An internal audit of primary care commissioned services was completed in May this year and a recommendation was made for the ICB to update its overarching assurance framework to reflect changes in the commissioning landscape.

Primary Care Policy and Guidance Manual (PGM) training has been held this year to support Primary Care Commissioning Committee members and commissioners in developing further understanding of their roles and responsibilities.

Good working relationships have been established with all local representative committees (LRCs) and Local Professional Networks since April with informal meetings and also attendance by ICB staff at LRC meetings. All LRCs are represented at the PCCC, and where relevant the Operational Development Groups.

The ICB has commissioned PCC to provide helpdesk expert support and technical courses for primary care. HWE ICB also utilise PCC to provide expert guidance and support for pharmacy and optometry services.

Delegation Agreement

The Delegation Agreement also describes the intervention policy that NHS England can take, should they choose to do so, including setting out reasons for non-compliance and plans to remedy. NHS England also has the power to override or change an ICB's decision or in a worst case scenario terminate the Delegation Agreement. NHSE have however confirmed that it is committed to taking a supportive and collaborative approach to delegation of primary care commissioning.

NHS England has published four Policy and Guidance manuals, one for each service, to guide and support commissioners in delivering their responsibilities for commissioning and contracting of primary care services. They are regularly updated by NHS England. A commissioning toolkit for pharmacy, optometry and dental

services has also recently been shared by NHS England for ICBs to use for reference.

NHSE East of England has also shared a protocol for ICBs in relation to contract management notification from ICBs to NHS England in line with the Delegation Agreement. Through Primary Care Directors, the region has set out its local governance process for quarterly formal touchpoint and assurance oversight meetings which aim to determine that ICBs are commissioning and contracting safely, effectively and legally. In between the quarterly touchpoint meetings, there will be instances where ICBs are required to notify NHS England of contractual changes that has could have wider implications for commissioned services and examples have been set out in the protocol.

Work continues to ensure that the ICB can demonstrate compliance with the Contract Assurance Framework or where appropriate to highlight barriers and risks through regular meetings with NHS England regional team and to discuss and agree actions to resolve where possible.

Recommendation to the Committee:

The Committee is asked to note the report and actions being taken to ensure compliance with the Primary Care Commissioning Assurance Framework under the Delegation Agreement in 2023/2024

Key Risks	
Clinical and Quality:	Compliance with the Contract Assurance Framework demonstrate the ICB's responsibilities for commissioning and contracting primary care services for our local population.
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	The ICB's reputation may be impacted if the ICB is unable to deliver its responsibilities under the Delegation Agreement with NHS England for primary care services
Legal:	
Information Governance:	N/A
Resource Required:	Primary Care Commissioning team, Director of Primary Care, Finance, Quality
Reference document(s):	NHS England » Primary care commissioning assurance framework Delegation Agreement with NHS England March 2023

NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

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

Primary Care Service domains

Pharmaceutical services

Domain (delegated function/responsibility)	What will NHS England need to be assured of?	Actions being taken by the ICB
Compliance with mandated guidance issued by NHS England	ICB's understanding of and compliance with all nationally set operating procedures and policies (e.g. the Pharmacy Manual, Pharmaceutical Regulations). See Schedule 9 of the delegation agreement.	The MOU with HWE ICB sets out the operational framework for the Pharmacy team to deliver its responsibilities for pharmaceutical services for six ICBs in the East of England. Monthly meetings have been established between the ICBs, and N&W Quality and Pharmacy Integration Leads. **Example**: Market Entry processes are followed as per the Manual and all applications granted or refused by the Pharmaceutical Services Regulatory Committee (PSRC) using Terms of Reference (TOR) that are defined in the Pharmacy Manual. PSRC is hosted by Herts and West Essex ICB (HWE ICB) on behalf of the 6 ICBs in East of England. All ICBs are invited to attend every PSRC. The ratified TOR are below: Final ToR - June 2023 onwards.docx Applicants and stakeholders are informed of decisions in line with the Pharmacy Manual. A quarterly report is provided to the ICB for governance purposes on all decisions made at PSRC. PSRC is normally held monthly. There is provision for additional

		meetings if required. Quarterly report for April – June 2023 was shared with PCCC in September 2023 **Example**: Amendment to the Pharmaceutical Regulations 2013 – Latest set of amendments came into force 25 May 2023 "the 2023 regulations", with one exception regarding Business Continuity Plans and temporary suspensions which came in on 31 July 2023. Range of amendments including ability to amend the 100-hour condition. Process set out in regulation and guidance issued by NHS England. 100- hour applications processed in line with regulations and guidance. 19 applications were submitted for N&W (some were re-submissions following refusal due to regulatory requirements being met). No decisions were appealed to NHS Resolution (Primary Care Appeals), demonstrating regulation and due process followed. The HWE ICB team attends national training provided by PCC to ensure the team have the ability and expertise and are working consistently within regulations. PCC helpdesk is commissioned to ensure any queries relating to policy and regulation, can be raised to ensure adherence to guidance and regulation. The HWE ICB team attends the national Pharmacy Contract Managers meeting with NHS England, ICB peers and key stakeholders e.g. NHSBSA to receive updates on key policy updates/changes. Opportunity to liaise with counterparts, raise questions and ensure consistently applying regulations.
Service provision and planning	ICB's active involvement with all Pharmaceutical Needs	The HWE ICB team attend the stakeholder meetings arranged by Health and Wellbeing Boards (HWB). Meetings took place in December 2021, January, March and May 22 prior to publication

	Assessments (PNA) in their area, as undertaken by HWBs.	in October 2022. Following publication, in June 2023 a meeting was held to review changes in pharmaceutical services since the publication of the PNA. Processes are in place to inform the HWB and other stakeholders of any changes to pharmaceutical services (as set out in the Pharmacy Manual) in order for the HWB to make a further assessment of the area. If changes were such that the HWB were concerned about pharmaceutical service coverage, they would instigate a stakeholder meeting and a member of the ICB teams would attend. It is the responsibility of the HWB to determine if an additional meeting/review is needed.
	Assurance that there are no material gaps (as defined by the PNA) in pharmaceutical provision and the ICB has taken action to address any gaps identified.	The 2022-2025 Norfolk PNA (published Nov 2022) does not identify any gaps in pharmaceutical provision and can be found at the following link: Norfolk Pharmaceutical Needs Assessment 2022 (norfolkinsight.org.uk) Document library - JSNA - Norfolk Insight If a review of provision was needed, the ICB would be part of the process and a supplementary statement issued by the HWB. If a gap is identified, an applicant could apply to open a new pharmacy via the market entry process (pharmaceutical services are not commissioned). Applications are managed by PCSE and the HWE ICB team in line with the NHS Pharmaceutical Services Regulations 2013, and the Pharmacy Manual. Decisions on any applications received are made by the PSRC.

	All payments made to community pharmacy contractors, dispensing appliance contractors and dispensing doctors are as outlined in the Drug Tariff, in line with usual NHS Business Services Authority (NHSBSA) custom and practice such as for lost batches or are made within other formal contractual routes such as LPS contracts or NHS Standard Contract.	Payments are not made outside the Drug Tariff. Arrangements for local payments are made in line with NHSBSA, using established codes as established by NHSBSA / NHS England. All N&W ICB 3 services will be paid through the Local payments scheme through the NHSBSA
	All contracts put in place for local enhanced services are in line with The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013	There are currently 3 locally commissioned services: **Urgent supply scheme**- the ability to provide emergency supply of prescription only medicines to patients without the need for them to contact 111 or their GP. This is available to all pharmacies within N&W ICB. All supplies must be in accordance with the emergency supply legislation This transaction is governed by the Regulation 225 of the Human Medicines Regulations 2012 http://www.legislation.gov.uk/uksi/2012/1916/regulation/225/made **Covid stock and supply service**- Launched in August 2023 following approval from PCCC. 25 pharmacies commissioned to stock and supply oral anti-virals following the EPS Prescription being received from procured

		prescribing organisation. The confirmed pharmacies were commissioned following an EOI process. **Essential Meds stock service**- in final stages of contract review and commissioning. A set number of Pharmacies are paid a retainer to stock specified end of life medication and any other defined essential medicines. Also, if medicines go out of date due to inactivity the cost of these medicines will be reimbursed. **Bank holiday opening (in devt)** ICB approval from PCCC to commission 10 pharmacies across 4 bank holidays (including Christmas Day and Easter Sunday) to be open for patient services.
	The ICB has obtained written consent of NHS England prior to making any new LPS schemes.	Confirmed
	All applications received for the Pharmaceutical List by the ICB related to community pharmacy contractors, dispensing appliance contractors and dispensing doctors have been decided within their regulatory timescales. Reasons are provided where this is not the case.	Applications processed by the HWE ICB team are managed within the regulatory timeframes. On occasion an additional PSRC is scheduled should a decision be required to meet regulatory timescales. Additional meetings and any decisions made are clearly documented and form part of quarterly reporting to the ICB. Prior to 31 July 2023, the “fitness” element and notification process was managed by NHS England’s Performance Standards Team via the Performance Advisory Group (PAG) and the Performers List Decision Panel (PLDP). The team at NHS England are managing a number of “aged” cases that have exceeded the regulatory timescales. Reasons for delays include

		high volume of cases, delays and capacity issues at Primary Care Support England (PCSE) and delays caused by applicant's not providing missing information /references in a timely manner.
Contractor/provider compliance and performance	Compliance with all guidance/regulations for contractor compliance. The ICB has taken appropriate action where necessary. This includes (but is not limited to): • Completion of the Community Pharmacy Assurance Framework (CPAF) by contractors. The ICB has taken appropriate action where this is not the case. • Compliance visits • Issuing remedial and breach notices • Withholdings, suspensions and removals • Provider Activity Assurance (Post Payment Verification) investigations • Completion of Data Security and Protection Toolkit (DSPT)	**CPAF** - Completion of CPAF is carried out in line with the Pharmacy Manual. Administration for the process is managed by the NHSBSA in conjunction with the HWE ICB team. Contractual visits are undertaken to the required 1-3% of contractors across the 6 ICBs in East of England, following review of long questionnaire and triangulation of other data e.g concerns identified by post payment verification (PPV), breach / remedial action, formal complaints, "concerns" etc. N&W ICB has appointed a Pharmacy Quality lead to manage quality issues and provide support to community pharmacies. Remedial and Breach Notices - No remedial notices were issued to contractors who failed to engage with the CPAF process in N&W. The number of breaches and reasoning for breach is reported to the NHS England national team. **PPV** - The HWE ICB team works with the NHSBSA Provider Assurance Team on any PPV. PSRC is responsible for making decisions about reclaiming monies that may have been claimed in error / inappropriately by any contractor and the NHSBSA inform the contractor. The HWE ICB team link with contractors over any lack of engagement and/or if a longer repayment period is required to ensure contractors are not financially destabilised.

		Data Security and Protection Toolkit - Completion of the DSPT forms part of the terms of service and non-compliance is managed and monitored by the HWE ICB team in conjunction with NHS Digital. As the DSPT is a contractual requirement, any contractors not completing the DSPT is subject to contractual action in line with the Pharmacy Manual and following a decision made by PSRC.
	Dispensing doctors: • All changes to controlled localities have been notified to NHS England • Dispensing patients lists have been maintained and cleansed	There has been no change to controlled localities however the HWE ICB team is aware of the need to notify NHS England if the position was to change. Any known discrepancies to dispensing patient lists are addressed by the team in line with regulations and guidance. Dispensing practices can only dispense to patients who live in a controlled locality at a distance of more than 1.6km from the pharmacy premises. In July, 7 practices in N&W were asked to review their patient lists as they were dispensing to patients who may not have been eligible for dispensing:  Validation of DP letter to GP practices.d

Ophthalmic services

Domain (delegated function/responsibility)	What will NHS England need to be assured of?	Actions being taken by the ICB
Compliance with mandated guidance issued by NHS England	ICB's understanding and compliance with relevant policies and guidance for discharging the delegated functions (e.g. Eye Health Policy Book) See schedule 9 of the delegation agreement.	The HWE ICB team works to nationally set procedures and policies as per the Eye Health Policy Book and GOS contracts. The team is responsible for issuing GOS contracts to those contractors who provide NHS sight tests. This process is managed in conjunction with the NHSBSA who provide the administration relating to GOS for all ICBs across the country. **Example**: A recent national contract update has been issued (2023 contract) and contract variation. This new contract / contract variation will be issued to all GOS contract holders. The HWE ICB team has linked with Local Optical Committees and all contractors to advise them that the contracts / contract variations are being populated and will be issued imminently – in line with new national GOS arrangements:  PHA130_ NHS GOS contracts 2023.msg  PHA131_ NHS GOS contracts 2023.msg

		The ICB contracting team attends a range of national training provided by PCC on GOS contracting to ensure team have the ability and expertise and are working consistently within GOS contracting terms. PCC helpdesk also commissioned to ensure any queries relating to policy / contracts, can be raised to ensure adherence to guidance and regulation. The HWE ICB team attends the national Optometry Contract Managers meeting with NHS England, ICB peers and key stakeholders e.g. NHSBSA to receive updates on key policy updates/changes. Opportunity to liaise with counterparts, raise questions and ensure ICB contracting team consistently applying regulations.
Service provision and planning	The ICB has processes in place to plan and manage service provision, including: • Identifying unmet eye care needs • Taking population health needs into account when planning and commissioning eye health services • Managing risks related to NHS eye care provision • Actively planning the provider landscape in the area	The ICB will be developing plans to manage service provision. There are currently 31 additional services contracts (domiciliary) in place across N&W ICB. The additional services contract sets out clear eligibility criteria for patients. No concerns or complaints have been made outlining difficulty in accessing services and the ICB is not aware of any patient who has struggled to access an additional services contractor or had any sort of delay.

	• Reviewing eye care provision in their area, and identifying potential access issues • Assuring that there is an appropriate number of domiciliary contracts in place, and that all eligible patients are able to access domiciliary services without delay	
Contracting	The ICB is managing the processes involved for new, varied and terminated contracts effectively and efficiently. This includes (but is not limited to): • Reviewing applications and associated documentation • Carrying out practice visits • Ensuring contractors are set up on the financial system • Decision-making and approval • Responding to contractor queries • Reviewing General Ophthalmic Services (GOS) complaints and acting on issues as required • Identifying and escalating cases to ensure completion in a timely manner	The HWE ICB team works closely with the NHSBSA who provide administrative support to all ICBs on GOS contracting matters. The NHSBSA provide this service to ensure consistency and a national approach to contract administration – in line with the Eye Health Policy Book. Administration includes: • New contract applications • Relocations • Contractor initiated contract terminations • Director changes • Bank details and change of address • Contract variations The NHSBSA hold a “tracker” of all administrative work undertaken on behalf of the ICB. A monthly meeting takes place with the NHSBSA to review the tracker and any issues and to agree actions. A practice visit is required prior to commencement of a new contract, a relocation

		or a refurbishment. Practice visits are undertaken by a clinical advisor at NHS England (transitioning to HWE ICB) or a clinical advisor at the NHSBSA if the NHS England advisor is unable to attend. Following a practice visit, the outcome is shared by the NHSBSA with the HWE ICB team. Any actions identified at the visit by the clinical advisor will be communicated to the contractor by NHSBSA who will follow up to ensure all actions are completed. Progress is reviewed via the tracker and as part of the monthly meeting. **Financial set up** – Prior to commencement of a new GOS contract, NHSBSA and PCSE are responsible for setting up the contractor to claim under GOS. PCSE generate statements that are sent to N&W ICB for authorisation. PSCE are holding a number of workshops to support all ICBs regarding financial arrangements and reporting. New contracts are signed by N&W Executive Director of Finance. **Responding to contractor queries** – HWE ICB team has a generic address for contractor queries. The team will link with the Local Optical Committee (LOC) who can support contractors

		with queries and help the ICB with communications. **GOS complaints** – N&W ICB is responsible for the handling of complaints through ContactUs. The complaints team will contact HWE ICB if a patient complaint is made relating to the provision of GOS to provide narrative for the response. The ICB contracting team will respond to complaints within the required statutory timescales. Contractors are required to complete a submission regarding the number of complaints they have had each year, a process managed by the NHSBSA. The ICB issues reminders to non-responders. **Escalation** – GOS contracting is transactional and significant contractual breaches, risk and terminations on behalf of the ICB are few and far between. In the event of an ICB initiated termination, the matter would be escalated to the N&W PCCC. This situation has not yet arisen within an ICB following delegation.
Contractor/provider compliance and performance	• The ICB has processes in place to gain assurance that contractors are complying with all relevant regulations, legislation and guidance.	If the ICB becomes aware of a contractual matter through dialogue, a patient, another contractor or stakeholder, HWE ICB team will review and address the matter from a contractual basis, liaising with N&W ICB.

	• The ICB ensures that domiciliary service providers are included in the practice visits carried out.
	• The ICB is actively utilising contract assurance data to manage compliance.
	• The ICB has taken appropriate compliance action where necessary. This includes (but is not limited to):
	  ○ Gathering data and evidence
	  ○ Carrying out compliance visits
	  ○ Ensuring compliance actions are completed to a satisfactory standard/outcome
	  ○ Issuing remedial and breach notices and/or sanctions
	  ○ Post Payment Verification (PPV) activities
	• The ICB has processes in place to identify and escalate incomplete compliance tasks by the commissioner.
	• The ICB is managing and identifying risks and escalating where necessary
	• The ICB gathers data on patient complaints relating to NHS eye care provision from General Ophthalmic Services (GOS) contractors.
		In the event of a new domiciliary services contract, a clinical advisor from NHS England / NHSBSA undertakes a visit to review and check equipment. Contractors who do not engage with this compliance check will be asked to withdraw their application and will not be able to provide NHS sight tests.
		
		There is a Provider Assurance meeting with the NHSBSA, Counter Fraud and the HWE ICB team each month.
		
		Contractual compliance/assurance: Certain claims (GOS 3 and 4) require prior approval by a clinical advisor. HWE ICB team manage and monitor compliance. GOS 3 claims are made when a second pair of glasses is required due to non- tolerance. The contractor will place a request via the HWE optometry generic inbox who ensure the appropriate form is completed and forwarded to the clinical advisor for approval or refusal. A record of all prior approvals is retained, in view of post payment verification.
		
		Since delegation it has not been necessary to issue any remedial or breach notices in N&W.
		
		The annual return on complaints managed by the NHSBSA is as outlined in previous section

Dental services

Domain (delegated function/responsibility)	What will NHS England need to be assured of?	Actions being taken by the ICB
Compliance with mandated guidance issued by NHS England	ICB's understanding and compliance with relevant policies and guidance for discharging the delegated functions (e.g. Policy Book for Primary Dental Services) See Schedule 9 of the delegation agreement.	The PCCC received training in 2022/2023 in relation to their responsibilities under delegated authority from Apri 2023. The ICB team are aware of their obligation to comply with regulations and the NHS England Dental Policy & Guidance manual when making decisions. The Dental Services Operational Delivery Group has been established under delegation from PCCC to make decisions relating to commissioning and contracting, e.g. two recent contract novations and Year End policy, and escalate to PCCC as necessary. The ICB is developing local SOPs and policies as required.
Service provision and planning	The ICB has processes in place to plan and manage service provision, including: • Actively planning the provider landscape in the area • Reviewing commissioned activity and unmet needs • Reviewing services in the area	An Oral Health Needs Assessment is in place for 2023 and being updated to reflect inclusion health groups. A short term dental plan has been agreed for 2023/2024 to improve resilience in practices and

	• Planning and delivering new services • Establishing new service providers and awarding new contracts • Meeting legal duties to involve people and communities when changing services • Delivery against patient demand and % of local population/assessment of commissioning • Commissioning specialist services (i.e. orthodontic, sedation, domiciliary) and demonstrating that capacity meets clinical need. • Commissioning CDS services and demonstrating that capacity meets clinical need. • Understanding of waiting lists and how many patients access services • Ensuring that any underspend is used to bolster access before end of financial year • Ensuring budgets are being utilised for purpose and to best use	access for patients. An urgent treatment pilot is being mobilised. The ICB has committed to publishing its long term plan by March 2024 as part of its wider primary care strategy.
Contracting	The ICB is managing the processes involved for new, varied and terminated contracts effectively and efficiently. This includes (but is not limited to): • Keeping records of all contracts (including provider name, location, value etc)	Quarterly meetings have been established between the ICB (Primary Care and Quality teams), NHSBSA and dental clinical advisor to review performance concerns and agree actions. Informal meetings are being established with CQC.

	• Agreeing local prices, managing agreements or proposals for variations/modifications • Issuing contract queries and agreeing remedial action plans or related contract management processes • Undertaking clinical reviews where appropriate • Ensuring dentist are referring appropriately • Supporting contractors to reduce closures /handbacks/ retirements • Recommissioning decommissioned Units of Dental Activity (UDAs) • Making sure practices are delivering 100% and providing support where contacts have capacity to deliver over 100% • Having ongoing conversations with practices failing to deliver >30% and undertaking contractual sanctions where necessary • Ensuring that practices are fulfilling contract obligations e.g. not refusing treatment to patients. • Processes in place for the collection of data relating to decisions on Discretionary Payments or Support	A register of contracts is held on Compass with management information provided via eDEN. Active engagement with dental providers over the past six months and through the year end process. All practices are actively encouraged to engage with the ICB if any concerns and to participate in pilot schemes being developed, offer feedback on how the ICB can support them to inform ICB commissioning and workforce plans. Mid year discussions underway with practices failing to achieve >30% of their activity as at Sept 2023 with a view to providing supportive interventions. Flexible commissioning is agreed with BSA in advance of any pilot schemes so they can be monitored effectively.

Contractor/provider compliance and performance	The ICB has taken appropriate compliance action where necessary. This includes (but is not limited to): • Issuing remedial and breach notices • Dental assurance • Post Payment Verification (PPV) activities • Contractual reviews The ICB shares information on practice complaints and concerns with regulatory bodies: • Review of relevant documentation relating to concerns and complaints • Collaborating with the CQC to share information in a timely manner • Responding to CQC assessments • Putting processes in place where a provider is in Special Measures • The ICB is making decisions relating to the management of poorly performing service providers including liaison • The ICB is managing and identifying risks and escalating where necessary	Complaints are managed by the ICB's ContactUs team who liaise with the Primary Care team to provide expert advice and where possible resolution of concerns and complaints. The ICB has recruited a Dental Quality Nurse in the Quality team to provide expert advice and dentist clinical advice is currently available through NHS England employed advisors (this is subject to review by all ICBs for April 2024). Quality improvement and support pathways are being developed as part of the ICB's short term plan. A risk for dental resilience exists at Board and PCCC level however an operational risk register is being developed for monitoring by the ICB's Operational Delivery Group.

Primary Medical Services

Domain (delegated function/responsibility)	What will NHS England need to be assured of?	Actions being taken by the ICB
Compliance with mandated guidance issued by NHS England	ICB's understanding and compliance with relevant policies and guidance for discharging the delegated functions (e.g. Primary Medical Care Policy and Guidance Manual) See Schedule 9 of the delegation agreement.	Primary Medical Care Policy and Guidance Manual (PGM) training has been held this year to support Primary Care Commissioning Committee members and commissioners in developing further understanding of their roles and responsibilities. Norfolk and Waveney ICB has followed the guidance set out in the Primary Medical Care Policy and Guidance Manual.and has undertaken a risk based approach to reviewing contracts, The ICB is putting in place a 3 year GP Practice visiting programme which includes a deep dive contract reviews. The 'Principles of Best Practice' and any other guidance relating to the Premises Cost Directions 2013 have been adopted when receiving Estates funding requests. Section 96 funding requests are considered against Guidance relating to Primary Medical Care discretionary payments. A SOP has been put in place to support GP Practices undertaking list cleansing, mergers and closures of GP practices and/or Primary Medical Care providers.

Service provision and planning	Management of processes for the following commissioning activities: • Assessing needs • Designing, planning and implementing new services (including Local Incentive Schemes) • Commissioning Urgent Care for Out of Area Registered Patients • Establishing new or varied commissioning arrangements • Awarding new contracts • Approving mergers and closures • Patient list dispersals • Meeting legal duties to involve people and communities when changing services	Norfolk and Waveney ICB has commissioned and implemented 12 new Locally Commissioned Services and invited GP Practices to sign up. There is a SOP in place for practices to follow when applying to close their list and patient list dispersals, with applications governed and signed off by PCCC. There is a SOP in place to manage Practice mergers and contractual closures with applications governed and signed off by PCCC. Any Procurement of new services is supported by the ICB's dedicated Contracts and Procurement Team, with Tender waivers completed accordingly. An ICB Multi-Disciplinary Team is set up, including Finance, Contract Management, PMO, Procurement, Commissioning and Clinical support is put in place to ensure the process is completed within given procurement timelines. The process is governed by timely reports to PCCC. Monitoring Network Contract DES – Enhanced Access Delivery via GPES data
Contracting	Processes in place for the collection of data relating to decisions on Discretionary Payments or Support	The ICB's Contract Reissue project is making good progress towards completion. Norfolk and Waveney ICB has a process in place to monitor receipt of Section 96 agreements and other payment requests and support from

		practices. Any application received is given consideration with a report taken to EMT/PCCC for approval.
	Implementation of Premises Costs Directions Functions	Norfolk and Waveney ICB has a dedicated Primary Care Estates Team which oversees and has processes in place to process applications from GP Practices requesting funding and support for Estate matters, ensuring Premises Costs Directions are followed. The process is governed by regular Estates reports to PCCC for approval and sign off
Contractor/provider compliance and performance	Systems and processes in place to manage quality and performance. The ICB has taken appropriate action where necessary. This includes (but is not limited to): • Managing contractual reviews • Issuing notices • Collaborating with the CQC • Responding to CQC assessments • Processes where a provider is placed in Special Measures	A review of the GP Annual Electronic Self declaration eDec has been completed for last year and approved via PCCC. Norfolk and Waveney ICB are taking steps to introduce a GP Practice visiting programme in order to undertake a deep dive contract reviews of all 105 GP Practices (89 GMS, 9 PMS and 7 APMS contracts). All 7 APMS contracts are reviewed on a quarterly basis against specific KPIs stated in the APMS contract. Regular monthly touchpoint meetings are held with the CQC to discuss practice areas of concern. Any GP Practices rated as Requires Improvement or Inadequate by the CQC are visited and an ICB MDT Team is put in place to support the practice in the relevant areas stated

		in the inspection report, including putting in place a practice action plan so progress may be monitored. Monthly assurance meetings are held with each Practice to ensure the Practice continues to turn around the areas stated in the practice Action Plan, where improvement is required. Regular reports are taken to PCCC reporting on the progress made, as well as the full inspection report so the PCCC are aware. The have been no Breach or Remedial Notices issued during the last 12 months. TIAA internal Audit has recently audited and evaluated the effectiveness of the arrangements put in place to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement and provided feedback.

Improving lives **together**

Norfolk and Waveney Integrated Care System

2023/24 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

August 2024

Primary Care Commissioning Committee 11th October 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M5 (August-23) of the ICB accounts.

- As at Month 5 (August), the Year to Date (YTD) spend is £ 226.7m as against a plan of £223.2m leading to an overspend of £3.6m for Primary Care and Prescribing in combination.

- The forecast spend is £538.9m as against a plan of £535.9m leading to a forecast overspend of £3.0m. The Primary care spend is mainly a combination of Prescribing, Delegated Commissioning, Pharmacy Optometry and Dental (POD) which the ICB has taken over from April-23.

- The Efficiencies this year was identified at 5% for all areas and whilst in Prescribing, a majority of efficiencies are identified, it is not the case in other areas and hence the majority of adverse variance is due to Unidentified Efficiencies.

- Details of the major areas of variance for Primary Care are reported in section 3.0 Detailed Variance Analysis.

2.0 Total Financial Summary

23/24 Primary Care & Prescribing:	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and M04 to M05 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
GP & Other Prescribing									
GP Prescribing	189.7	79.8	81.6	1.8	192.1	2.5	193.1	(0.9)	The improvement in FOT between July and August is because of £1.8m Unidentified efficiencies in GP Prescribing (part of the 5%) now identified but reduced forecast in identified efficiencies
Other Prescribing costs	18.8	7.9	7.8	(0.1)	19.1	0.3	19.0	0.2	Central Drugs and Oxygen unidentified efficiencies and increase in Oxygen due to electricity costs.
Total GP & Other Prescribing	**208.5**	**87.7**	**89.4**	**1.7**	**211.3**	**2.8**	**212.1**	**(0.8)**	
Primary Care									
Delegated Primary Care	208.1	86.7	87.3	0.6	204.9	(3.3)	204.3	0.5	Dispensing Fees Cost Pressures
Local Enhanced Services	11.3	4.6	6.5	1.9	15.6	4.3	15.6	(0.0)	
Other Primary Care	13.2	4.7	4.1	(0.7)	12.2	(1.0)	12.0	0.2	new allocation received and hence increased forecast
Total Primary Care	**232.6**	**96.1**	**97.9**	**1.8**	**232.6**	**0.0**	**231.9**	**0.8**	
DOP									
Dental	63.6	26.4	26.4	0.1	63.8	0.2	63.8	(0.0)	On Plan
Optom	10.2	4.2	4.2	(0.0)	10.2	(0.0)	10.2	0.0	On Plan
Pharmacy	21.0	8.7	8.7	0.0	21.1	0.1	21.0	0.1	marginal increase
Total DOP	**94.8**	**39.3**	**39.4**	**0.1**	**95.0**	**0.2**	**95.0**	**0.1**	
Total Prescribing and Primary Care	**535.9**	**223.2**	**226.7**	**3.6**	**538.9**	**3.0**	**538.9**	**0.1**	
Variance as a % of Budget				*1.6%*		*0.6%*		*0.0%*	

Variance Signage: (Favourable)/Adverse

3.0 GP And Other Prescribing

23/24 Primary Care: Prescribing	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and M04 to M05 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
GP Prescribing Costs	199.7	84.0	83.7	(0.3)	200.6	0.9	201.6	(1.1)	The improvement in FOT between July and August is because of £1.8m Unidentified efficiencies in GP Prescribing (part of the 5%) now identified but reduced forecast in identified efficiencies
Recharges to Local Authorities & NHS England	(5.6)	(2.3)	(0.9)	1.5	(5.4)	0.2	(5.5)	0.1	Slight reduction in recharges for sexual health and smoking cessation
Rebates from pharmaceutical companies	(4.4)	(1.9)	(1.2)	0.6	(3.0)	1.4	(3.0)	0.0	
Central Drugs	5.1	2.2	2.2	0.1	5.4	0.3	5.4	0.0	
Dressings & wound care	5.3	2.2	2.0	(0.2)	4.9	(0.4)	4.9	(0.0)	
Others (Medicine Management, Oxygen, incentives etc.)	8.4	3.5	3.6	0.1	8.8	0.4	8.7	0.1	Revised Oxygen forecast due to electricity cost pressures.
Total Prescribing	**208.5**	**87.7**	**89.4**	**1.7**	**211.3**	**2.8**	**212.1**	**(0.8)**	
Variance as a % of Budget				*1.9%*		*1.3%*		*-0.4%*	

Variance Signage: (Favourable)/Adverse

The above table details the categories of expenditure within GP and Other Prescribing.

4.0 Delegated Co Commissioning

23/24 Primary Care: Delegated	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and M04 to M05 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
Contractual	130.58	54.41	54.27	(0.1)	130.12	(0.5)	130.1	(0.0)	benefit in contract and contract KPI's, where contract paid out in full and clawed back where necessary
QOF	16.17	6.74	6.74	0.0	16.17	0.0	16.2	(0.0)	On Plan
Premises cost reimbursements	15.56	6.48	6.52	0.0	15.60	0.0	15.5	0.1	On Plan
Other - GP Services	14.89	6.21	6.41	0.2	15.41	0.5	15.0	0.5	Dispensing fee's continued trend & emergency locum spend at South practice
Enhanced services	11.19	4.66	4.68	0.0	11.21	0.0	11.2	0.0	On Plan
CCG Spend	0.57	0.23	0.23	(0.0)	0.56	(0.0)	0.6	(0.0)	On Plan
PCN ARRS Staff	17.40	7.25	8.64	1.4	17.40	0.0	17.4	0.0	On Plan
PMS to GMS	4.18	1.74	0.00	(1.7)	0.00	(4.2)	0.0	0.0	Variance offset in LCS cost centre
Prior Year	(2.39)	(1.00)	(0.20)	0.8	(1.60)	0.8	(1.6)	0.0	Allocation shortfall in 23/24
Total Delegated	**208.1**	**86.7**	**87.3**	**0.6**	**204.9**	**(3.3)**	**204.3**	**0.5**	
Variance as a % of Budget				*0.6%*		*-1.6%*		*0.3%*	

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

5.0 System Development Fund / GPFV

23/24 Primary Care: SDF / GPFV	12months Budget ICB	Year to Date(July)			Forecast (ICB)		Forecast as at June		Comments on material Forecast Variances and M04 to M05 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
Training Hub	0.25	0.11	0.11	(0.0)	0.2	(0.0)	0.2	0.0	On Plan
Training Hub Default	0.33	0.03	0.12	0.1	1.0	0.6	1.0	(0.0)	On Plan
Online Consultation System	0.00	0.00	0.00	0.0	0.0	0.0	0.0	0.0	On Plan
GP Fellowships	0.17	0.17	0.15	(0.0)	0.2	(0.0)	0.16	0.0	On Plan
Nurse Fellowships	0.00	0.00	0.02	0.0	0.0	0.0	0.0	0.0	On Plan
Supporting Mentors	0.04	0.04	0.04	0.0	0.0	0.0	0.04	0.0	On Plan
GP Retention	0.33	0.14	0.05	(0.1)	(0.0)	(0.3)	(0.0)	0.0	On Plan
Flexible Staff Pools	0.12	0.05	0.05	0.0	0.0	(0.1)	0.0	0.0	On Plan
Infrastructure & Resiliance	0.13	0.05	0.05	0.0	0.0	(0.1)	0.0	0.0	On Plan
ARI Hubs	0.00	0.00	(0.00)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	On Plan
GP Accelerate	0.00	0.00	0.00	0.0	0.0	0.0	0.0	0.0	On Plan
Total SDF	**1.4**	**0.6**	**0.6**	**(0.0)**	**1.4**	**0.1**	**1.4**	**(0.0)**	£0.1m adverse variance is due to Unidentified Efficiencies
Variance as a % of Budget				*-1.2%*		*4.4%*		*-1.0%*	

Variance Signage: (Favourable)/Adverse

- The above table details the schemes within the System Development Fund (SDF).
- NHSE have awarded the allocation under Transformation Fund and work is carried out by the Primary Care Commissioning Team to allocate funding to different projects.
- The ICB received separate allocation for GP Fellowship, GP Supporting Mentors.

6.0 Dental

23/24 Primary Care: Dental	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances and M04 to M05 FOT movements
	Budget £m	Budget £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Variance (Fav)Adv £m	Actual £m	Movement in FOT (Fav)Adv £m	
Primary Dental									
Patient Revenue	(20.0)	(8.3)	(5.5)	2.8	(14.0)	6.0	(14.0)	0.0	As patient revenue started to be collected we can see a drop off compared to budget, as this was set on 19/20 levels and access is still limited
Baseline Payments (Inc Perf Adj)	58.0	24.2	23.5	(0.7)	57.2	(0.8)	57.2	(0.0)	Baseline adjusted to bring the forecast back to balance for now, this is in lieu of the in-year performance adjustments
Pay & Pensions	1.9	0.8	0.9	0.1	2.2	0.3	2.2	(0.0)	The pay is offset by a budget in Other Primary Care, due to the ring fenced nature of this budget
Minor Oral Surgery	0.5	0.2	0.2	0.0	0.5	0.0	0.5	0.0	On Plan
Other Primary Dental	0.7	0.3	0.2	(0.1)	0.5	(0.1)	0.6	(0.1)	Small benefits in property costs, and reduction in pay costs due to recategorisation
General Reserve	5.1	2.1	(0.0)	(2.1)	(0.0)	(5.1)	(0.0)	0.0	Reserve show as utilised, but will be reversed when the in year claw backs are known and can be used for investment
Total Primary Dental	**46.2**	**19.2**	**19.3**	**0.1**	**46.4**	**0.2**	**46.5**	**(0.1)**	
Secondary Dental									
Baseline payments	14.0	5.8	5.8	0.0	14.0	0.0	13.9	0.1	On Plan but slight change in forecast between July and August as new allocation received in August
Low Volume Activity & NCA	0.1	0.0	0.0	0.0	0.1	(0.0)	0.1	(0.0)	On Plan
Other	0.0	(0.1)	(0.1)	0.0	0.0	0.0	(0.0)	0.0	On Plan
Total Secondary Dental	**14.1**	**5.7**	**5.7**	**0.0**	**14.1**	**0.0**	**14.0**	**0.1**	
Community Dental									
Baseline Payment	2.6	1.1	1.0	(0.1)	2.5	(0.1)	2.6	(0.1)	Actual baseline payments lower than budget
Specific Items	0.7	0.3	0.3	0.0	0.8	0.0	0.7	0.0	On Plan
Other	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	On Plan
Total Community Dental	**3.4**	**1.4**	**1.4**	**(0.0)**	**3.3**	**(0.0)**	**3.4**	**(0.0)**	
Total Dental	**63.6**	**26.4**	**26.4**	**0.1**	**63.8**	**0.2**	**63.8**	**(0.0)**	Full Year variance offset by pay budgets held in Other primary care
Variance as a % of Budget				*0.4%*		*0.3%*		*0.0%*	

Variance Signage: (Favourable)/Adverse

6.0 Dental Reserve's

	Actual FOT 000's	Budget 000's	Variance 000's	Comment
Contractual				
Revenue	(13,273)	(19,996)	6,724	Revenue based on 19/20 outturn so hugely overvalued
Missing Revenue			-	Some additional revenue may be forthcoming
Contract	54,006	57,998	(3,992)	Contract hand backs. Does not include underperformance of current year contracts
Reserve		5,139	(5,139)	NHSE Reserve budgeted for 23/24
Performance Adjustment 23/24	(16,500)	-	(16,500)	Underperformance in contracted activity not yet known
Performance Adjustment 22/23	(10,400)	-	(10,400)	Per NHS England, this will be retained by them NHS England
Claw back ICB to NHSE	10,400	-	10,400	Clawback as per NHSE
Sub-Total Contractual	24,233	43,140	(18,907)	
Investments				
Emergency Pathway	1,000	-	1,000	New scheme in 23/24
Children's Pathway	600	-	600	New scheme in 23/24
Other UDA & Activity Changes	87		87	As per DODG 10/08/23
Other Primary Care Budget		1,741	(1,741)	Unmet need and pay, offset by other above budgeted for in 23/24
Sub-Total Investments	1,687	1,741	(54)	
Other (Inc Pay)	3,219	3,048	171	Staff cost not in budget
Other Primary Care Budget	-	415	(415)	Pay Budget
Sub-Total Other	3,219	3,463	(244)	
Net variance			(19,205)	
Bottom Line Requirements				
Closing the Gap Requirement			1,000	Originally 2.5m risked down to 1m, to be taken to bottom line
Original Planning Asumption			1,250	Efficiency already taken to bottom line
Problem / (Additional Reserve)			**(16,955)**	

This Reconciliation is essentially on "off-ledger" schedule of the general reserve within dental, and the additional **potential** for claw back within year. As there is a certain amount of risk in the value of the potential claw back, none has yet been recognised in the financial position. In addition there is an amount of budget held outside of the dental cost centre (due to ring fenced reasons). This reconciliation takes into account all of these items for **illustrative purposes only**. This does however show the affordability of the current investments agreed through PCCC and those in the pipeline for dental.

7.0 Optom

23/24 Primary Care: Optom	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances
	Budget £m	Budget £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Variance (Fav)Adv £m	Actual £ m	Movement in FOT (Fav)Adv £m	
Optician Sight Tests	6.2	2.6	2.6	0.0	6.2	0.0	6.2	0.0	On Plan
Vouchers for SuppSpec	3.3	1.4	1.4	0.0	3.3	0.0	3.3	0.0	On Plan
Domestic Visits	0.3	0.1	0.1	0.0	0.3	0.0	0.3	0.0	On Plan
Other	0.4	0.1	0.1	(0.0)	0.4	(0.0)	0.4	(0.0)	On Plan
Total Optom	**10.2**	**4.2**	**4.2**	**(0.0)**	**10.2**	**(0.0)**	**10.2**	**(0.0)**	
Variance as a % of Budget				*0.0%*		*0.0%*		*0.0%*	

Variance Signage: (Favourable)/Adverse

8.0 Pharmacy

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

Variance Signage: (Favourable)/Adverse

9.0 Efficiencies (Planned)

23/24 Primary Care: Efficiencies	Scheme Reference	Planned / CTG	Area	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances
				Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv	Actual	Movement in FOT (Fav)Adv	
				£m	£m	£m	£m	£m	£m	£m	£m	
Continuation of 22/23												
Low Risk, cost effective switching programme	22/23 FYE	Planned	Prescribing	300.0	300.0	182.0	118.0	182.0	118.0	182.5	0.5	Underperformance in 22/23 continuation of plan is mitigated by 23/24 overperformance below so net effect is on plan
Opioid costs (supported by PQS/rebates) - 10%	22/23 FYE	Planned	Prescribing	600.0	600.0	186.0	414.0	186.0	414.0	552.1	366.1	
Greener/lower cost inhalers (supported by PQS/rebates) - 5%	22/23 FYE	Planned	Prescribing	450.0	375.0	459.0	(84.0)	566.0	(116.0)	509.9	(56.1)	
Oral Nutritional Supplements (supported by PQS/FK rebate) - 5%	22/23 FYE	Planned	Prescribing	150.0	125.0	6.0	119.0	17.0	133.0	115.6	98.6	
Over the counter	22/23 FYE	Planned	Prescribing	150.0	125.0	41.0	84.0	51.0	99.0	133.5	82.5	
Specials (supported by PQS) - 5%	22/23 FYE	Planned	Prescribing	90.0	75.0	71.0	4.0	86.0	4.0	90.0	4.0	
Subtotal Continuation of 22/23 Schemes				**1,740.0**	**1,600.0**	**945.0**	**655.0**	**1,088.0**	**652.0**	**1,583.5**	**495.5**	Underperformance in Low risk cost effective switches 22/23 continuation of plan is mitigated by 23/24 overperformance below so net effect is on plan
Switches & Medicines Review												
Transformation and expansion of Prescription Ordering Direct (POD)	MED034	Planned	Prescribing	1,506.0	234.0	134.0	100.0	321.0	1,185.0	321.0	0.0	Restructure resulting in reduced savings
Blood glucose testing strips (PQS and switch)	MED040	Planned	Prescribing	450.0	100.0	100.0	0.0	450.0	0.0	450.0	0.0	
Lancets (PQS and switch)	MED041	Planned	Prescribing	15.0	6.0	6.0	0.0	15.0	0.0	15.0	0.0	
Novarapid vs Trurapi	MED042	Planned	Prescribing	200.0	60.0	60.0	0.0	200.0	0.0	200.0	0.0	
Sitagliptin windfall and switch	MED043	Planned	Prescribing	250.0	75.0	75.0	0.0	250.0	0.0	250.0	0.0	
Home Oxygen targeted reviews	MED044	Planned	Prescribing	75.0	21.0	21.0	0.0	75.0	0.0	75.0	0.0	
OptimiseRx	MED045	Planned	Prescribing	1,800.0	750.0	749.0	1.0	1,816.0	(16.0)	1,797.8	(18.2)	
Low Risk Cost Effective Switches (facilitates all other switches)	MED046	Planned	Prescribing	100.0	30.0	150.0	(120.0)	220.0	(120.0)	220.0	0.0	
Opioid Costs (supported by PQS/rebates)	MED047	Planned	Prescribing	500.0	150.0	150.0	0.0	500.0	0.0	500.0	0.0	
DOAC edoxaban rebate and overall costs	MED048	Planned	Prescribing	1,000.0	416.0	416.0	0.0	1,000.0	0.0	1,000.0	0.0	
Lower cost greener inhalers (Luforbec switch)	MED049	Planned	Prescribing	750.0	225.0	225.0	0.0	750.0	0.0	750.0	0.0	
Oral Nutritional supplements (supported by PQS and FK rebates)	MED050	Planned	Prescribing	90.0	20.0	20.0	0.0	90.0	0.0	90.0	0.0	
Self Care	MED051	Planned	Prescribing	50.0	15.0	15.0	0.0	50.0	0.0	50.0	0.0	
Outlier Practices	MED052	Planned	Prescribing	150.0	50.0	50.0	0.0	150.0	0.0	150.0	0.0	
Specials and high cost items	MED053	Planned	Prescribing	75.0	31.0	70.0	(39.0)	114.0	(39.0)	75.0	(39.0)	
Dressings	MED054	Planned	Prescribing	300.0	0.0	0.0	0.0	300.0	0.0	300.0	0.0	
Repeat prescribing audit	MED056	Planned	Prescribing	75.0	21.0	21.0	0.0	75.0	0.0	75.0	0.0	
Stoma managed service pilot	MED057	Planned	Prescribing	100.0	30.0	30.0	0.0	100.0	0.0	100.0	0.0	
Subtotal Switches & Review				**7,486.0**	**2,234.0**	**2,292.0**	**(58.0)**	**6,476.0**	**1,010.0**	**6,418.8**	**(57.2)**	Restructure resulting in reduced savings
Unidentified Efficiencies as in July now identified in August				**1,885.0**	**77.0**	**77.0**	**0.0**	**1,885.0**	**0.0**		**(1,885.0)**	
Total Efficiency				**11,111.0**	**3,911.0**	**3,314.0**	**597.0**	**9,449.0**	**1,662.0**	**8,002.3**	**(1,446.7)**	
Variance as a % of Budget							*15.3%*		*15.0%*		*-18.1%*	
Variance Signage: (Favourable)/Adverse												

9.0 Efficiencies (Closing the Gap)

23/24 Primary Care: Efficiencies	Scheme Reference	Planned / CTG	Area	12months Budget ICB	Year to Date(August)			Forecast (ICB)		Forecast as at July		Comments on material Forecast Variances
				Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv	Actual	Movement in FOT (Fav)Adv	
				£m	£m	£ m	£m	£ m	£m	£ m	£m	
General Reserve	TBC	CTG	Dental	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	Cannot yet put in position due to sensitivity with NHSE (potential claw back)
Bath and Shower	Agreed	Planned	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed at Prescribing Savings meeting
Branded Prescribing	Agreed	Planned	Prescribing	0.15	0.00	0.00	0.00	0.15	0.00	0.00	(0.15)	Agreed at Prescribing Savings meeting
Dandruff	Agreed	Planned	Prescribing	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Agreed at Prescribing Savings meeting
Dental	Agreed	Planned	Prescribing	0.00	0.00	0.00	0.00	0.00	(0.00)	0.00	(0.00)	Agreed at Prescribing Savings meeting
Ibuprofen caps and liquids	Agreed	Planned	Prescribing	0.01	0.00	0.00	0.00	0.01	(0.00)	0.00	(0.01)	Agreed at Prescribing Savings meeting
Topical Nail Treatments	Agreed	Planned	Prescribing	0.00	0.00	0.00	0.00	0.00	(0.00)	0.00	(0.00)	Agreed at Prescribing Savings meeting
Vitamin B	Agreed	Planned	Prescribing	0.01	0.00	0.00	0.00	0.01	0.00	0.00	(0.01)	Agreed at Prescribing Savings meeting
Dry eyes/sore tired eyes	Agreed	Planned	Prescribing	0.12	0.00	0.00	0.00	0.12	0.00	0.00	(0.12)	Agreed at Prescribing Savings meeting
Conjuctivitis	Agreed	Planned	Prescribing	0.03	0.00	0.00	0.00	0.03	0.00	0.00	(0.03)	Agreed at Prescribing Savings meeting
Indigestion and Heartburn	Agreed	Planned	Prescribing	0.04	0.00	0.00	0.00	0.04	0.00	0.00	(0.04)	Agreed at Prescribing Savings meeting
Infrequent constipation	Agreed	Planned	Prescribing	0.08	0.00	0.00	0.00	0.08	0.00	0.00	(0.08)	Agreed at Prescribing Savings meeting
Mild dry skin/sunburn	Agreed	Planned	Prescribing	0.16	0.00	0.00	0.00	0.16	0.00	0.00	(0.16)	Agreed at Prescribing Savings meeting
Mild to mod HF/Allerg Rhin	Agreed	Planned	Prescribing	0.20	0.00	0.00	0.00	0.20	0.00	0.00	(0.20)	Agreed at Prescribing Savings meeting
Minor conditions associated with pain	Agreed	Planned	Prescribing	0.13	0.00	0.00	0.00	0.13	(0.00)	0.00	(0.13)	Agreed at Prescribing Savings meeting
New Rebate opportunities	Agreed	Planned	Prescribing	0.06	0.00	0.00	0.00	0.06	0.00	0.00	(0.06)	Agreed at Prescribing Savings meeting
DT Windfall	Agreed	Planned	Prescribing	0.61	0.08	0.00	0.08	0.61	0.00	0.00	(0.61)	Agreed at Prescribing Savings meeting
Switch from GLP1 (eg to Sitagliptin)	Agreed	Planned	Prescribing	0.12	0.00	0.00	0.00	0.12	0.00	0.00	(0.12)	Agreed at Prescribing Savings meeting
Insulin needles	Agreed	Planned	Prescribing	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Agreed at Prescribing Savings meeting
Fostair (part of low cost effective) but t	Agreed	Planned	Prescribing	0.06	0.00	0.00	0.00	0.06	0.00	0.00	(0.06)	Agreed at Prescribing Savings meeting
General LES Slippage	TBC	CTG	LCS	0.40	0.05	0.00	0.05	0.40	0.00	0.00	(0.40)	Can be shown now in FOT and YTD from M05 once Q1 payments made
Participation Fees	TBC	CTG	Other PC	0.05	0.00	0.00	0.00	0.05	0.00	0.00	(0.05)	Needs to be agreed with locality teams but likely
PIPS Screens	TBC	CTG	GPIT	0.03	0.03	0.00	0.03	0.03	0.00	0.00	(0.03)	Spare budget zero risk budget increased at M04
Total Efficiency				**3.4**	**0.2**	**0.0**	**0.2**	**2.4**	**1.0**	**0.0**	**(2.4)**	
Variance as a % of Budget							*0.0%*		*29.8%*		*0.0%*	
Variance Signage: (Favourable)/Adverse												

10.0 LCS Activity Tracker

Locally Commissioned Service	Q1 Activity Budget (£)	Quarter 1 (Incl Mid Sept Payment) Claimed (£)	Utilisation %	Comment
Care Homes	88,744	63,169	71%	
Diabetes	139,106	116,399	84%	
Eating Disorders	115,149	60,972	53%	
Inclusion Health	126,985	89,660	71%	
Mental Health SMI Health Checks	139,347	56,067	40%	
Phlebotomy	1,259,417	1,245,618	99%	
Proactive Healthcare	1,045,058	1,045,058	100%	
PSA	74,626	74,064	99%	
Shared Care	319,409	341,246	107%	Over performances by some practices
Spirometry	127,065	120,434	95%	
Treatment Room	401,288	479,003	119%	Injections and Minor injuries based on activity hence overperformance
Warfarin	219,241	211,644	97%	
	4,055,435	**3,903,335**	**96%**	Contractually practices have until 31 December 2023 to claim for quarter 1

- The above shows the take up of claims for Locally Commissioned Services, this is subject to an additional payment window up until the middle of September for Q1 of 23/24
- The above is a mixture of block and activity based schemes up until Q1 only
- Q2 onwards they will be converted to substantively activity based, hence the requirement to monitor this against the budget awarded.

Appendix Financial Risk(s)

Risk	Mitigation
2023/24 outturn position deteriorates from the current forecast	There is robust management and oversight arrangements, detailed review of the underlying position, via monthly review of actual expenditure compared to plan and specific mitigations agreed with budget managers.
Full Year Impact of 22/23 NICE Guidelines in 23/24	NICE guidance which was published in March-22 led to additional costs in the 2022/23 expenditure as a result of Continuous Glucose Monitoring (CGM) and prescribing of Sodium-glucose Cotransporter-2 (SGLT2) inhibitors. The full year impact of the same would be seen for the first time in 23/24, whilst this is included in Forecast numbers but there could be volatility.
Non delivery or under delivery of £14.2m Transformation Savings assumed in the financial position for Prescribing and Primary Care.	Practice Level Prescribing budgets, based on a scientific process to include deprivation, care home beds and list size has been calculated. Actual spend is being compared on a monthly basis to understand the outlying practices and take corrective steps. There is an oversight group also setup to monitor and take corrective action. Similar processes in the Dental and Primary Care areas.
Chance of clawback of dental underspends from NHSE	Regular monitoring and engagemnet with regional teams

Appendix Financial Risk(s)

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