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NHS Gloucestershire

Primary Care & Direct Commissioning Committee PT1

Thursday 6th October 2022
2:00pm to 4:00pm, Sanger House/MS Teams

Chair: Colin Greaves

N.	TIMING	ITEM	LEAD	RECOMMENDATION
		PART A		
1.	**2:00pm – 2:10pm (10m)**	**Introduction & Welcome**	**Chair**	**Note**
2.		**Apologies for absence**	**Chair**	**Note**
3.		**Declarations of interest**	**Chair**	**Note**
4.		**Minutes of the last meeting**	**Chair**	**Approval**
5.		**Matters arising**	**Chair**	**Discussion**
6.		**Questions from the Public**	**Chair**	**Discussion**
7.	**2:10pm-2:25pm (15m)**	**Primary Care Infrastructure Plan**	**Andrew Hughes**	**Discussion**
8.	**2:25pm - 2:35pm (10m)**	**Primary Care and PCN Highlight Report**	**Jo White**	**Note**
9.	**2:35pm – 2:45pm (10m)**	**Primary Care & PCN Performance Report**	**Jo White**	**Note**
10.	**2:45pm – 3:00pm (15m)**	**Primary Care Quality Report**	**Marion Andrews-Evans**	**Note**
11.	**3:00pm – 3:15pm (15m)**	**Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry Progress Report**	**Jo White**	**Discussion**

12.	**3:15pm – 3:25pm (10m)**	**Financial Report**	**Cath Leech**	**Note**
PART B				
13.	**3:25pm – 3:40pm (15m)**	**Primary Care Access (presentation)**	**Helen Goodey/ Jo white**	**Discussion**
14.	**3:40pm – 3:50pm (10m)**	**ILP Highlight Report**	**Helen Goodey**	**Note**
15.	**3:50pm**	**Any Other Business (AOB)**	**Chair**	**Note**
Dates in Diaries				
PC&DC Committee PT1 (Public): 1st December 2022 2:00pm – 4:00pm **PC&DC Committee PT2 (Confidential): 1st December 2022 4:00pm – 5:00pm**				

Primary Care & Direct Commissioning Committee PT1

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Thursday 4th August 2022
2:00pm to 4:00pm, Sanger House/MS Teams

Minutes

Members present	Initials	Non-Executive Directors – Committee Chairs
Colin Greaves	CG	Chair, Non-Executive Director
Jane Cummings	JC	Vice Chair, Non-Executive Director
Mary Hutton	MH	Chief Executive Officer
Cath Leech	CL	Chief Finance Officer
Andrew Seymour	AS	Chief Medical Officer
Julie Zatman-Symonds	JZS	ICB Deputy Chief Nurse, deputising for Marion Andrews-Evans

Name	Initials	Participants
Helen Goodey	HG	Director of Primary Care & Place
Jo White	JW	Deputy Director of Primary Care and Place
Jeanette Giles	JG	Head of Primary Care Contracting

In attendance	Initials	
Julie Soutter	JS	Non-Executive Director
Becky Parish	BP	Associate Director of Engagement and Experience
Bronwyn Barnes	BB	Head of Locality Development
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Rachel Carter	RC	Governance Coordinator, Minute-taker

1.	**Introduction & Welcome**
1.1	CG welcomed members and attendees to the inaugural PC & DC meeting and acknowledged the work of the CCG's Primary Care Commissioning Committee.
2.	**Apologies for Absence**
2.1	Apologies were received from Marion Andrews-Evans.
2.2	It was confirmed that the meeting was quorate.
3.	**Declarations of Interest**
3.1	HG declared an interest as Board member and Joint Director of Locality Development & Primary Care with Gloucestershire Health and Care NHS Foundation Trust.
4.	**Minutes of the last meeting**
4.1	The minutes of the previous meeting were agreed upon as an accurate record, subject to the correction of a missing word in paragraph 6.6.
5.	**Matters Arising**
5.1	30/06/2022: Andrew Hughes (AH) to produce Primary Care Infrastructure Report for PC&DC. This matter was raised during the Clinical Commissioning Group Primary Care Commissioning Committee and remains open. CG requested that this be included at the PC&DC meeting in October. **Item to remain open.**
5.2	CG observed that the minutes of the Clinical Commissioning Group Primary Care Commissioning Committee in June included several references to low GP morale in the county. CG stated that he would be looking to identify actions that could be taken forward to address this.
6.	**Terms of Reference (ToR)**
6.1	Primary Care & Direct Commissioning (PC&DC) ToR
6.1.1	CG stated that the PC&DC terms of reference were formally approved by the Board of the ICB on the 1st July 2022, however there was a need for some minor amendments.

6.1.2	CGi commented that the Primary Care Operational Group (PCOG) was referenced in paragraph 10.3, however, PC&DC's authority to approve PCOG's ToR needed to be written more transparently. **Action: CGi to revise the PC&DC ToR to clarify the jurisdiction to approve the PCOG ToR.**
6.1.3	AS raised a query on section 9.5.1 which read 'PCNs shall be accountable to the PC&DC Committee,' noting that the Primary Care Networks (PCNs) enhanced service contract was aligned with NHS England. CG explained that the ICB had delegated authority for the provision of Primary Care services therefore there needed to be governance oversight by the Committee. HG added that the ICB was responsible for delivering the contract and the PCN as an enhanced contract. MH explained that the wording needed to be clarified within the ToR in terms of where the PCNs report. **Action: CGi to revise the wording of section 9.5.1 of the PC&DC ToR and clarify the delegated authority.**
6.1.4	AS further asked why there is a distinction made of PCNs accountability rather than of practices being accountable to PC&DC for all enhanced services. HG responded that this was included because the ICB was responsible for delivering the performance of Primary Care Enhanced Services from a contractual perspective.
6.1.5	CGi commented that further clarification on whether Integrated Locality Partnerships (ILPs) should report to the PC&DC committee may be required. HG answered that as wider non-contractual and non-statutory partnerships, ILPs would not be included within PC&DC jurisdiction. HG explained that there was, however, a relationship between PCNs and ILPs. MH added that the ICB would have a representative on the Integrated Care Partnership. Further work was to be undertaken around governance and approval routes for the ILPs.
6.1.6	MH raised a query on section 4.2 regarding committee membership, stating there were discussions that a lay member should be present alongside the non-executive directors. CG corroborated this and suggested this be updated subject to approval from the Board of the ICB. CG commented on an oversight in section 4.5.1, where the citizen member within the list of participants should have been changed to a Healthwatch participant. **Action: Subject to agreement from the Board of the ICB, CGi to update the membership and attendees of the committee to reflect a broader base. This includes adding a Non-Executive Director, a representative from Healthwatch, and the ICB Director of Clinical Information as a non-voting member.**

6.1.7	**Recommendation: The committee noted the Terms of Reference for the PC&DC committee and agreed on the proposed changes to the ToR. The committee agreed that the revised ToR be taken to the ICB Board confidential meeting on 31st August for approval.**
6.2	Primary Care Operational Group (PCOG) Terms of Reference (ToR)
6.2.1	AS said that in the long-term it may not be practical to have a Chief Medical Officer as Chair of PCOG, as there was no requirement for the Chief Medical Officer to have Primary Care experience. CG agreed that going forward this may be reviewed.
6.2.2	CG explained that the constitution did not specify that PC&DC could approve the PCOG ToR. CGi clarified that the model constitution did not name all subcommittees. In section 10.4 in the PC&DC Terms of Reference it was specified that PCOG will act as a subcommittee and shall report to the committee; it was incumbent on this committee to provide the terms of reference. It was agreed that the PC&DC had the authority to approve the PCOG ToR.
6.2.3	**Recommendation: The committee approved the Terms of Reference for the Primary Care Operational Group.**
7.	**Partners in Health Contract Novation**
7.1	CG introduced the Partners in Health Contract Novation item by noting that this had been discussed in detail at previous Primary Care Commissioning Committee (PCCC) meetings.
7.2	JW explained that Partners in Health was an inner-city practice in Gloucester of around 12,500 patients and had been unable to recruit additional partners to help manage the significant workload. The Partners entered discussion with their chosen partner, GDoc Ltd, to provide the same services to their patients and take on the GMS contract. PCCC had agreed the novation of the Partners in Health contract to GDoc Ltd at a meeting on 2nd December 2021. The novation of the Partners in Health contract was effective from 1st August 2022, and a Contract Award Notice (CAN) had been issued.
7.3	**Recommendation: The committee noted the Partners In Health Contract Novation.**
8.	**Enhanced Access Update and Next Steps**
8.1	JW presented the 'Enhanced Access Plans Update' presentation which explained the background and need for enhanced access within Primary Care and the governance process for the PCN enhanced Access Plans. JW explained that the ICB Primary Care Team was working together with PCNs and NHS England to produce plans ready for

	October 2022 to make appointments more accessible. The principle of these plans had been to the Primary Care Operational Group (PCOG). JW informed the Committee that the PCN plans had to be signed off by the end of August.
8.2	MH applauded the use of the survey for patient views on the Enhanced Access Service and expressed the importance of meeting patient needs. MH then expressed the need to assure patients that we are reflecting on feedback as communicating this clearly can be challenging.
8.3	HG emphasised that there had been positive engagement from Gloucestershire PCNs on this service.
8.4	JC commended the Enhanced Access Service but questioned whether there is the wider workforce available to deliver the amount of additional hours. JW replied that though resource has been recently challenging that this is an expected extension of an existing service.
8.5	JC queried whether there is assurance that the Gloucestershire population will make use of the service as during previous attempts patients preferred their own GP and did not want to use other Practices. HG replied that each PCN is designing what will work best for them using feedback from their local population. HG added that in rural areas there is a model where appointments rotate between practices which has been successful.
8.6	JC asked whether this is likely to free up space during the week for urgent on the day appointments and have a knock on effect on helping urgent emergency care demand and capacity long-term. JW responded that some practices are using these additional hours as urgent clinics, increasing overall capacity.
8.7	JS mentioned that the nursing workforce were generally supportive of the model but advised that if patients were regularly using different practices, then clinical governance was prioritised so nurses can ensure consistency in managing ongoing issues and follow-up appointments.
8.8	BP supported the model having been developed locally at a PCN level but mentioned that this means all communications will need to be at the same level, otherwise there would be confusion among local populations. BP added that this may prove to be challenging for our communications team.
8.9	CG observed that there may be a negative financial impact due to running two separate services, which could leave GDoc adversely affected. CG questioned whether GDoc have raised this impact. JW answered that GDoc will be funded for running the weekend and Bank Holiday sessions.
8.10	**Recommendation: The Committee noted the status of the Enhances Access Plans,**

	its governance process, and approved its principles. It was agreed that delegated authority be given to the ICB Operational Executive to sign off the final plans by 31.8.22.
9.	**Primary Care & PCN Performance Report**
9.1	JW began with an explanation on the types of information the Primary Care and PCN Performance Report contained and the different elements of each section of the report.
9.2	JW stated that the goal for the PCN Dashboard was to begin a gradual increase toward achieving the target. JW added that results were being compared and fed back to PCNs and CDs to detect anomalies.
9.3	JW summarised the work which was ongoing with practices in regard to Learning Disability (LD) Health Checks including the support given by a LD liaison nurse. JW highlighted that in 2021-22 there was a target of 75% for LD Annual Health Checks and, in Gloucestershire, we achieved over 79%.
9.4	JC noted the 10% increase in Enhanced Health in Care Homes data within section 3.2. JC questioned if there is a benchmark for this data and if it would be possible to assess the impact of this plan to see if further improvement would make a significantly positive impact over the winter period. HG explained that during the pandemic the running of several enhanced services were temporarily suspended whilst the focus remained on managing the pandemic and reinstated intermittently. HG agreed that an impact evaluation would be constructive. CG added that, prior to the pandemic, there was evidence that the Enhanced Service had a positive impact and reduced hospital admissions.
9.6	**Recommendation: The committee noted the Primary Care & PCN Performance Report**
10.	**Primary Care Delegated Commissioning – Pharmacy, Optometry, Dentistry Highlight Report**
10.1	CG introduced the item by explaining that ICB's would be taking on delegated responsibility of Pharmacy, Optometry and Dentistry from the 1st of April 2023.
10.2	JW outlined key information from the highlight report and expressed that further detail will be given at the next PC&DC committee meeting.
10.3	CL mentioned that fortnightly financial meetings had been set up to research and update budgets and allocations, and advised that all due diligence and understanding of the contracts is undertaken due to the differing nature of each.

10.4	JC asked the Chair what the collective process would be if the ICB requires additional resources from NHS England to achieve this at a local level. CG replied that an assurance document will be given to NHS England at the end of October.
10.5	CG acknowledged that the contracts were high priority especially due to the tight timescale given. HG informed the meeting that communication was already underway with the local pharmacy, optometry and dental committees.
10.6	**Action:** CG requested a detailed report on Pharmacy, Optometry and Dentistry return to PC&DC Committee for further discussion. (should this be in bold to be consistent?)
10.7	**Recommendation: The committee noted the Pharmacy, Optometry and Dentistry Highlight Report and the above action.**
11.	**Quality Report**
11.1	JS presented the 'Primary Care Quality Report,' which provided an update on assurance as well as safety, experience and effectiveness data. JS highlighted that the report format was new and could be developed further following feedback from committee members. In terms of refugees, JS explained that there were currently 362 residents across three hotels, the asylum hotels in Gloucestershire, and 110 Ukrainian guests in the county. JS added that the latest guidance was for every refugee to be offered a chest x-ray to detect Tuberculosis.
11.2	JS mentioned the National GP Patient Survey and highlighted the current challenge facing primary care. There was obviously a lesson to be learnt from ensuring that patients were fully informed of the new access system.
11.3	JS supplied an update on Migrant Health numbers and the potential strain it could have on our primary care colleagues. JS explained that work is ongoing with GHFT and Primary Care on TB screening.
11.4	HG requested that the Primary Care Operational Group received a detailed Primary Care Quality Report. CG supported this suggestion.
11.5	JS queried about how Primary Care quality would feed into the System Quality Committee. CG advised the assurance for quality would sit within the System Quality Committee. HG emphasised the importance of ensuring the work was joined up.
11.6	BP explained that Gloucestershire performed well on the National GP Patient Survey. BP explained that the Health Service Journal (HSJ) had written a report on the results. BP added that Ipsos would be undertaking further analysis and will ensure a balanced analysis of the results.

11.7	BP added that the Friends and Family Test had been reinstated and reporting will commence from August 2022.
11.8	CG asked when the contract for the Out of Service was due to end. **Action: HG to confirm when the Out of Hours Service was due to end.**
11.9	**Recommendation: The committee noted the Quality Report**
12.	**Financial Report**
12.1	CL explained that in the year 2022-23, months one to three were reported for the CCG and months four to twelve would be reported for the ICB. There were rules that needed to be followed in terms of the close down of the CCG and start-up of the ICB; these rules have affected the reporting of the budgets and phasing.
12.2	CL explained that there was a year-to-date underspend of about £750k. This was in part due to the phasing of budgets for minor improvement grants that will be utilised as we go throughout the year. The other reason for the underspend was due to a prior year benefit. CL explained that it was anticipated that, given the pressures in primary care, the underspend would be fully utilised by the year-end. CL said the forecast for the full financial year is a break-even position and it was expected that there would be some in-year non-recurrent spend.
12.3	**Recommendation: The committee noted the Financial Report**
13.	**Primary Care Strategy Overview**
13.1	HG shared the Primary Care Strategy Overview presentation which detailed the National Primary Care challenges and the Gloucestershire Primary care Strategy. The strategy was first published in 2016 and was refreshed in 2019. HG summarised the six Primary Care strategic goals. HG said the proposal was to refresh the Primary Care Strategy for 2023-24.
13.2	HG summarised some of the key work which had taken place in Primary Care over the last six years, such as Quality Improvement Projects, Direct Enhanced Services, transformational projects and supporting practices to merge. HG summarised the projects that had taken place in the Integrated Locality Partnerships.
13.3	HG explained some of the projects that had taken place with Primary Care Estates and emphasised that a strategic approach was taken to developing Primary Care Infrastructure.

13.4	HG highlighted the work underway and future plans to support Primary Care workforce, an area which is seeing significant challenge.
13.5	CG acknowledged that there were challenges and these challenges would increase over time in certain areas such as primary care premises. JC commended the work undertaken within Gloucestershire Primary Care.
13.6	**Recommendation: The committee noted the Primary Care Strategy Overview**
14.	**Next Steps for Integrating Primary Care: Fuller Stocktake Report**
14.1	JW shared a 'Next Steps for Integrating Primary Care: Fuller Stocktake' presentation which detailed the components of the Fuller Stocktake Report. JW said the report was to provide specific and practical advice to all ICSs on how they can accelerate the implementation of the primary care ambitions. JW explained that the Fuller Stocktake was setting out a new vision for integrated primary care.
14.2	JW explained that the Fuller Stocktake was looking particularly at how ICS's can drive more integrated primary and community and social care services at a local level.
14.3	JW highlighted that content of the Fuller Stocktake report reflected the aims of the local Primary Care Strategy. JW summarised the three functions of preventative care and chronic disease management and complex care.
14.4	HG summarised the next steps for the local approach. HG said Gloucestershire Primary Care was testing new ways of working, particularly around the management of on the day demand; there were currently two pilots running in Gloucestershire.
14.5	HG explained that Gloucestershire ICB Primary Care Team were working with GHC colleagues to see how we can build a neighbourhood that has mental health, community, adult social care, as well as a GP practice hub, and ensure pathways were clear.
14.6	HG said there was an important piece of work to support primary care workforce, focusing on the 'Core 20', which was one of the recommendations from the Claire Fuller Stocktake Report.
14.7	CG advised that applying the principles of a successful small-scale project at a countywide scale needed to be handled carefully as there would be new challenges.
14.8	CG asked for further detail on the resources to deliver the Primary Care Strategy. HG responded that there may be challenges in resources. HG highlighted that she had a dedicated and motivated primary care team within the Gloucestershire ICB and care would be given to prioritise key tasks and focus on the Core 20. CG asked if sufficient resource was available for financial and business informatics support. HG responded that

	the finance and business informatics team were very supportive however it was important to prioritise the work.
14.9	CG asked if a benchmarking exercise would be undertaken. HG responded that it would be.
14.10	**Recommendation: The committee noted the Next Steps for Integrating Primary Care: Fuller Stock Take Report**
15.	**ILP Highlight Report**
15.1	HG explained that the Integrated Locality Partnership (ILP) highlight report provided a high-level overview of the six ILPs and the initiatives running within them.
15.2	HG explained that the highlight report contained the ILP key achievements, key milestones and key risks.
15.3	CG highlighted that ILP's, working in the neighbourhoods, will influence preventative care and primary care. CG stated that it was important for PC&DC to receive ILP data.
15.4	**Recommendation: The committee noted the ILP Highlight Report**
16.	**Any Other Business (AOB)**
16.1	There was no other business discussed.
17.	**Questions From the Public**
17.1	There were no questions from the public.

The next PC&DC Committee meeting takes place on the 6th October 2022.

PC&DC

Action No.	Meeting Date	Reference	Owner	Action	Updates	Status
1	04/08/2022	6.1.2	CGi	To revise the PC&DC ToR to clarify the jurisdiction to approve the PCOG ToR.		Open
2	04/08/2022	6.1.3	CGi	To revise the wording of section 9.5.1 of the PC&DC ToR and clarify the delegated authority.		Open
3	04/08/2022	6.1.6	CGi	Subject to agreement from the Board of the ICB, to update the membership and attendees of the committee to reflect a broader base. This includes adding a Non-Executive Director, a representative from Healthwatch, and the ICB Director of Clinical Information as a non-voting member.		Open
4	04/08/2022	10.6	HG/JW	CG requested a detailed report on Pharmacy, Optometry and Dentistry return to PC&DC Committee for further discussion.		Open
5	04/08/2022	11.8	HG	To confirm when the Out of Hours Service was due to end.		Open

Agenda Item 7

Primary Care & Direct Commissioning Committee

6th October 2022

Report Title	**Primary Care Infrastructure Plan (PCIP) overview & 2022/ 2023 annual programme progress report**						
Purpose	**For Information**		**For Discussion**		**For Decision**		
			X				
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
	N/A	N/A	N/A	N/A			
Purpose	The purpose of this report is to provide members of the meeting with a summary of the PCIP Plan handed over to NHS Gloucestershire Integrated Care Board (ICB) and an update on the 2022/ 2023 key work programme.						

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Summary of key issues	The current primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. Within the strategy, there is a prioritised PCIP, which covers targeted proposals for consideration up to 2026. The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding. The core strategic objectives are as follows: • Ensure facilities can support service strategies in primary care; • Ensure facilities are safe with a focus on constraints caused by significant under-sizing and the condition of the building; • Ensure there is enough future capacity for service provision, through an understanding of evidenced housing and population growth. Around the equivalent of £63m capital investment has been previously approved – 20 schemes. Nearly all were completed and delivered. Four schemes will finish around the Autumn of this year and two schemes approved by the CCG have yet to commence. At the point of transition, there is an agreed work programme in place for 2022/ 2023, including a review of the PCIP itself. There are nine active schemes progressing Business Cases. Current progress is contained within the report. A current strategic risk assessment is provided in the report. It is reported that the construction sector is currently experiencing a significantly volatile and inflationary period caused by a combination of post-Brexit, post-pandemic issues and the wider impact of the Russian invasion of Ukraine. It is noted that a strategic financial review has been completed and following this, the Strategic Estates Team are working with Practices, Developers, Advisors and the DV so that proposals to deliver key strategic priorities can still be brought forward for consideration by this Committee.
Key Risks:	All individual projects have their own risk register. Key programme risks covering financial, commercial and reputational matters are set out in the report.

Management of Conflicts of Interest	No conflicts of interest			
Resource Impact	**Financial**	X	**Information Management & Technology**	X
	Human Resource		**Buildings**	X
Financial Impact	The PCIP includes a financial framework of anticipated revenue implications for identified strategic priorities. However, funding is formally committed following the full consideration of a detailed Business Case. At the point of transition from the CCG to the ICB, new annual revenue commitments formally agreed but not started are included in the report. These total £719,185.			
Regulatory and Legal Issues (including NHS Constitution)	The ICB will need to apply NHS Premises Directions to rights and responsibilities of the practice and the ICB. In terms of the NHS Constitution the author considers 'You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary' and 'You have the right to be cared for in a clean, safe, secure and suitable environment' as the most pertinent NHS Constitution rights applicable to this scheme.			
Impact on Health Inequalities	No health inequalities assessment has been completed for this report.			
Impact on Equality and Diversity	An Equality Impact Assessment (EIA) has not been completed for this report.			

Impact on Sustainable Development	The Building Research Establishments Environmental Assessment Method (BREEAM) is the national standard for assessing the sustainability of new construction developments. It aims to differentiate between developments with higher environmental performance by providing sustainability ratings across 9 indicators (management, health and wellbeing, energy, transport, water, materials, wastes, land use and technology and pollution). There are 6 performance levels (unclassified, pass, good, very good, excellent and outstanding) There is a national government requirement that generally for new public buildings, the rating should be excellent. The NHS oversees compliance with this, although the NHS stipulates this applies to schemes that cost over £0.5m to complete.		
Patient and Public Involvement	The PCIP Plan sets out a clear engagement and involvement approach and provides a recommended checklist. All specific business case proposals will include patient engagement feedback.		
Recommendation	PCDC are asked to note the key elements of the PCIP handed over to the ICB on the 1st July 2022 and the progress being made on the 2022/ 2023 work programme.		
Author	Andrew Hughes	**Role Title**	Associate Director, Commissioning
Sponsoring Director (if not author)	Helen Goodey, Director of Primary Care & Place		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
PCIP	Primary Care Infrastructure Plan
DV	District Valuer
BREEAM	Building Research Establishments Environmental Assessment Method
PCD	Premises Costs Directions

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Agenda Item 7

Primary Care & Direct Commissioning Committee

6th October 2022

Primary Care Infrastructure Plan (PCIP) overview & annual programme review

1. Purpose

The purpose of this report is to provide members of the meeting with a summary of the PCIP handed over to NHS Gloucestershire Integrated Care Board (ICB) and an update on the 2022/ 2023 key work programme.

2. Background

The ICB's responsibilities with regards to primary care premises are set out in The National Health Service (General Medical Services - Premises Costs) Directions 2013 (PCDs) and include:

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant;
- Managing the reimbursement of business rates and other recurring expenses defined in the PCDs for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant;
- Determining improvement grant priorities: the NHS can provide some funding to help surgeries improve or extend their building
- Determining new primary care premises priorities;
- Funding the annual revenue requirements of new premises as a result of additional/new rent reimbursement requirements

Whilst individual proposals are presented to PCOG and the PCDC for decision, the purpose of this report is to provide members with an update on the PCIP programme for 2022/ 2023 agreed by the previous organisation in April 2022 and handed over to the ICB as part of the transition arrangements

3. Context

The current primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. Within the strategy, there is a prioritised Primary Care Infrastructure Plan (PCIP), which covers targeted proposals for consideration up to 2026. The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding.

The full PCIP is an appendix to the existing primary Care strategy and is available to ICB members on request. The focus of the PCIP is on the following: -

- A long-term horizon looking to needs up to 2031;
- To ensure facilities can support service strategies in primary care including a greater range of services, supporting practice sustainability, facilitating transformation of operational delivery and new models of care;
- Ensuring facilities are safe with focus on constraints caused by significant under sizing and the condition of the building;
- Ensuring there is enough future capacity for service provision, through an understanding of evidenced housing and population growth;
- Streamlined, timely and clear governance and decision-making processes;
- Recognition that significant revenue investment required within a pipelined financial framework to meet strategic objective;
- Seek national (ETTF), other funding sources (e.g. Section 106) and use of larger improvement grants wherever possible, to reduce revenue requirements.

Around the equivalent of £63m capital investment has been approved – 20 schemes. Nearly all completed and delivered. Four schemes will finish around the Autumn of this year and two approved schemes approved have yet to commence. Appendix 1 provides a summary of these.

3.0 Current active Strategic priorities

Table below provides a summary of 9 strategic priorities currently preparing detailed Business Cases that will now be considered by the Integrated Care Board.

Proposal	Status
New Tetbury surgery – South Cotswolds	New surgery building for around 10,000 patients to replace existing Romney House. Business Case being finalised and focus on financial and commercial framework
New Brockworth Surgery-Gloucester	New building on new site for around 14,000 patients. Business Case completed with current focus on financial and commercial framework
New Hucclecote surgery-Gloucester	New building on new site for around 10,000 patients. Business Case completed with current focus on financial and commercial framework
Chipping Campden – North Cotswold	New Chipping Campden surgery on a new site for around 6,000 patients. Business Case in progress
Overton Park & Yorkleigh surgeries-Cheltenham	New surgery to co locate both Practices at a new central Cheltenham site for around 24,000 patients-Business Case commenced.
Beeches Green surgery – Stroud	Replacement of Beeches Green surgery on existing site for around 9,500 patients. Business Case commenced.
Severnbank & Lydney – Forest of Dean	New single site for co-location of two practices for around 15,000 patients – Draft Business Case in progress
Phoenix Health - South Cotswolds	Replacement of existing main surgery building in Cheltenham with a new building on a new site for around 13,000 patients. Business Case commenced.

Cirencester Health Group and possibly Upper Thames – South Cotswolds	Replacement of up to three town centre surgeries buildings and the co-location of up to two practices in a single building on a new site for around 22,000 patients. – Business Case commenced.

The table below sets out a further four identified strategic priorities where Business Cases have not yet commenced or have not needed to be commenced yet.

Strategic priority	**Status**
North West Cheltenham	New surgery building for around 10,000 patients linking to large scale housing development- watching brief likely to take forward towards the end of the 2020's
Alney Practice – Cheltenham Road practice – Gloucester	Project has not started and waiting for Practice decision
Stonehouse – Stroud	Strategic plan to be agreed with practices
Drybrook & Mitcheldean surgeries- Forest of Dean	Watching brief- identified as a priority, if required, to overcome specific operational issues. Although currently no longer expected.

4.0 Financial framework

The PCIP includes a financial framework of anticipated revenue implications for identified strategic priorities. Funding is formally committed following full consideration of a detailed Business Case. At the point of transition from the CCG to the ICB, new revenue commitments already agreed but not started at the point of transition are as follows:

Scheme	Additional (net)annual revenue commitment for rent and rates
New Minchinhampton surgery	£175,376
New Five Valleys Medical Centre in Stroud;	£281,575
New Coleford Medical Centre	£184,253
Extension to Underwood Surgery, Cheltenham	£ 15,887
Extension to Quedgeley Medical Centre, Gloucester	£ 49,719
Modernisation of Culverhay, Berkeley	£ 12,375
Total	£719,185

5.0 Current challenges

A report was provided earlier in the year regarding the impact post Brexit and COVID -19/ post pandemic issues, which have now been further impacted by the Russian invasion of Ukraine on the construction industry. There continues to be uncertainty in the market with potential for delays in procuring key materials for projects. It is difficult to predict how/ when the market will recover and whether there will be further price increases to materials.

Specifically, across Gloucestershire, there are several schemes and projects currently being impacted, or at risk of delivery now, or in the future, across the following broad themes: -

- Delays in completing construction work caused by lack of and delays in receiving materials and supplies plus labour shortages;
- Delays in completing detailed work prior to construction due to impact of pandemic working over the last two years;
- The ability to complete successful tenders based on previously agreed financial appraisals, due to a volatile and significant inflationary constructive market since NHS approval granted;
- The level of funding required for future schemes considering the volatile construction market over the next two to three years against NHS value for money and affordability.

A strategic financial stocktake was completed in June 2022 to explore options for continued delivery of the PCIP. Members of the Strategic Estates Team continue to work Developers, Advisors and the District Valuation Office, to bring forward proposals for future consideration by the ICB within an overall financial envelope.

Each business case and proposal have specific risk registers. From an overall plan perspective, the key strategic risks are set out below: -

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Financial	The costs of delivering the Primary Care infrastructure Plan are no longer affordable to the ICB due to competing financial pressures and rising costs	5	3	15 (High)	Prioritisation of proposals, involvement of District Valuation to ensure proposals achieve Value for Money, minimising financial expenditure wherever possible (e.g. reducing fee support) encouraging joint developments, progressing improvement and extension grants to surgeries wherever possible, encouraging shared facilities wherever possible to reduce costs. Five year financial framework and pipeline management of proposals. Update for handover summary. The construction sector is currently experiencing an exceptional inflationary and volatile period. Current market rent values cannot keep pace with these increases. Key strategic priorities might not be able to proceed without addition revenue support and options have been explored to manage this	4x3 =12 (high)

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Financial	There is a risk that the costs of schemes rise following business case approval and by the time of construction are no longer affordable and cannot proceed	5	4	20 (High)	Process for review by PCCC in exceptional circumstances, further DV review and alternative commercial delivery	4x3 = 12(medium)
Reputational	Specific proposals are not supported by large number of patients and other key stakeholders	4	2	8 (medium)	Business Case process includes requirements for detailed patient engagement. Regular communication and information sharing with patients and key stakeholders. Sharing on long term plan with key priorities identified	4x1= (low)

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Commercial	There is a risk that a key priority cannot be delivered due to a practice, or practices, not being willing to take forward a proposal due to development costs, financial and commercial risks	4	3	12 (medium)	Reviewing different delivery models, reviewing risk management arrangements, particularly around lease provision	4x2= 8 (medium)

4. 2022/ 2023 Work programme

An annual work programme setting out key objectives and focus for 2022/2023 was agreed by the CCG in April 2022 and was assured as part of the handover report in June 2022. It should be noted that a key element of this year's work is to review the PCIP, business and governance processes and identify further priorities for consideration for revenue funding for the five -year period April 2026 to March 2031. A summary of progress is provided in the table below

Item	Planned date	Progress
Review of PCIP, refinement, consideration of business case and governance process changes, including consideration of a strategic move towards/ to net zero carbon and additional strategic priorities between 2026 to 2031.	April to December 2022	Being taken forward with PCN work. Currently on track with draft available in January 2023.
PCN service planning and estates implications (also digital and workforce) toolkit programme.	April to December 2022	Work commenced in June 2022. Initial workshops held. Tools refined for local use PCN estate plan requirements on track.
Business Case for new Severnbank & Lydney Practices completed and submitted for consideration.	June 2022	Submission now no sooner than Mid October 2022.
A Business Case for a new surgery in Tetbury to replace the existing Romney House surgery to be completed.	June 2022	Commercial delivery route changed to 3rd party development. Business Case expected before the end of the calendar year.
Completion of extension to Underwood surgery.	June 2022	Extension completed.
Minchinhampton request for additional funding request submitted for consideration by PCCC.	June 2022	Revised financial proposal submitted and waiting for PCDC consideration.
Completion of refurbishment and extension of Quedgeley Surgery.	August 2022	Expected to be completed no later than the end of the calendar year.

Business Case for new Chipping Campden Surgery completed and submitted for consideration.	August 2022	Now expected before the end of the calendar year
Completion of modernisation of Marybrook Medical Centre in Berkeley.	October 2022	Now expected to be completed by December 2022
Opening of new Stroud Town Centre Primary Care Centre (Five Valleys) to co-locate Locking Hill and Stroud Valleys Family practice.	October 2022	On track for the end of October 2022
Subject to planning approval and successful tender, construction of new Coleford Medical Centre starts.	By November 2022	Planning approval granted. Commercial delivery route being reviewed. Construction expected to start Spring 2023
A revised Business Case for a new Brockworth Surgery	August 2022	Commercial delivery route now 3PD rather than GP led and current plan is to submit Business Case in Mid-October 2022
A revised Business Case for a new Hucclecote surgery	August	Commercial delivery route being reviewed, and discussions being held with 3PD developers.
A Business Case for a new surgery in Central Cheltenham to accommodate Overton Park and Yorkleigh surgeries completed and submitted	By March 2023	Business Case being progressed with site options being explored.
A Business Case for a new surgery in Cirencester to replace the existing Phoenix Health Group, Chesterton Lane surgery completed and submitted	By March 2023	Business Case progresses with focus on identifying suitable and affordable site options.
A Business Case for primary care premises development relating to Beeches Green Surgery commences	By March 2023	Agreement with NHSPS for GPs to acquire part of existing site on a long lease. Business Case now commencing.

5. Recommendations

Members of PCDC are asked to note the key elements of the PCIP Plan handed over to the ICB on the 1st July 2022 and the progress being made on the 2022/ 2023 work programme.

Andrew Hughes
Associate Director, Commissioning
2nd September 2022

APPENDIX 1 –

Primary Care Infrastructure Plan completed or approved schemes up to June 2022

- Extension to Longlevens surgery to provide additional capacity for existing patients and around an extra 1,000 patients;
- Devereux Centre in Tewkesbury Devereux for around 32,000 patients to co-locate Church Street and Mythe surgeries;
- New Churchdown surgery for around 20,000 patients;
- New Glevum surgery in Gloucester for around 20,000 patients);
- New Kingsway Surgery in Gloucester for around 13,000 patients;
- Extension and modernisation of Stoke Road surgery to accommodate capacity for an extra 2,500 patients;
- New Cleevelands surgery in Bishops Cleeve for around 12,000 patients;
- New Cinderford Medical Centre to co locate Dockham Road and Forest Healthcare practices for around 16,000 patients;
- New Stow surgery for around 8,000 patients;
- New Quayside Health Centre in Gloucester for 18,000 patients to co-locate Gloucester Health Access Centre and Severnside surgeries;

- Extension to Highnam surgery to provide additional capacity for existing patients and an extra 1,000 patients;
- Extension to Chipping Surgery in Wotton-under-Edge to provide additional capacity and for extra 1,500 patients;
- Extension to Bartongate surgery to increase capacity completed;
- Refurbishment of Rendcomb surgery, just outside Cirencester completed.
- New Wilson Health Centre in Cheltenham for 25,000 patients to co locate Berkeley Place, Royal Crescent and Prestbury Park surgeries open;
- New Five Valleys Medical Centre, to house merged Locking Hill surgery and Stroud Valley Family practice for around 16,000 patients, due to open around October 2022;
- Extension to Quedgeley surgery in Gloucester for additional capacity and a further 2,000 patients due for completion by the end of 2022;
- Extension to Underwood surgery in Cheltenham to increase capacity and space for up to an extra 1,000 patients due for completion by the end of 2022;
- New Minchinhampton surgery for around 9,000 patients approved by CCG in October 2019. Planning not achieved until March 2022. Consequently, scheme currently requires a financial review before progressing to tender stage;
- New Coleford Health Centre for around 15,000 patients to co locate merged practice from Brunston & Lydbrook Practice and Coleford Family Doctors approved by CCG in August 2020. Planning permission granted in July 2022. It is likely that time required to get through planning will mean a financial review required before proceeding to tender stage.

Agenda Item 8

Primary Care & Direct Commissioning Committee

6th October 2022

Report Title	**Primary Care & PCN Highlight Report**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
	x					
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**	**Date**		
	PCNDG PCOG	14 Sep 13 Sep		dd/mm/yyyy		
Executive Summary	This 'Primary Care Strategy and PCN DES Programme Plan' highlight report updates about the project's progress to date. It also provides an opportunity to raise concerns and issues, and alert to any changes that may affect the project.					
Key Issues to note	Key issues include: • Availability of workforce for Primary Care is limited • Some PCNs, particularly FoD & Inner City, have significant recruitment challenges					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Please note that since this report was written, NHSE/I have written to advise of Immediate changes to the Network Contract DES including changes to ARRs. IIF indicators, and service specifications.					
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	None – data information sharing.					
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.					
Impact on Health Inequalities	N/A – paper is on primary care performance data					
Impact on Equality and Diversity	N/A – paper is on primary care performance data					
Impact on Sustainable Development	N/A – paper is on primary care performance data					

Patient and Public Involvement	N/A – paper is on primary care performance data		
Recommendation	The Committee is requested to: Note the information provided		
Author	Jo White / Charlotte Griffiths	**Role Title**	Deputy Director of Primary Care & Place PCN Service Development Manager
Sponsoring Director (if not author)	Helen Goodey, Director of Primary Care & Place		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
ARRS	Additional Roles Reimbursement Scheme
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CYP	Children & Young People
F2F	Face to Face
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HAP	Health Action Plan
ICB	Integrated Care Board
ICS	Integrated Care System
IIF	Investment and Impact Fund
LD	Learning Disability
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCSP	Personalised Care and Support Plan
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

Primary Care & PCN Highlight Report Agenda Item 8

Programme Status: Amber

Programme Name:	Primary Care Strategy and PCN DES Programme Plan	Key Points of Escalation	
This highlight report updates the Board about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board, and alert them to any changes that may affect the project.		• Capacity for PCNs to deliver expanding DES requirements and specifications	
Project Name:	PCS & PCN DES 22/23	**ICS Programme Area:**	Primary Care Strategy
Project Lead:	Charlotte Griffiths	**Senior Manager Lead:**	Helen Edwards/Jo White
Programme Sponsor:	Helen Goodey	**Programme Director:**	Helen Goodey
Author of Report:	Charlotte Griffiths/Katrice Redfearn	**Clinical Sponsor:**	Dr Andy Seymour
Date of Report:	1st September 2022	**Reporting Period:**	August 2022

Project Overview:

This highlight report is derived from the Primary Care Strategy and PCN Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues.

Primary Care Strategy

The Primary Care Strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. The ambition is to support patients to stay well for longer, connect people to sources of community support and ensure people receive joined-up out of hospital care. The six strategic components of the strategy, which we plan to update on within the report, are: access, primary care at scale, integration, greater use of technology, estates, and developing the workforce.

PCN DES Contract

The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31st March 2024.

For 2022/23, an updated Network Contract DES was released on 31st March 2022 and commenced on 1st April 2022. Due to Covid-19 placing pressures on primary care, certain aspects of the DES have previously been delayed and are now being introduced in a phased approach The PCN DES involves significant investment in new workforce through the 'Additional Roles Reimbursement' (ARR) Scheme, which requires an overarching ICS approach/offer to achieve delivery of this in a sustainable and equitable way without impacting the wider system.

The ARR workforce investment is there to support the PCN delivery of specifications along with specific other requirements of PCNs detailed within the PCN DES, specification's active from April 2021 were:

- Enhanced Health in Care Homes (EHCH)
- Structured Medication Reviews
- Early Cancer Diagnosis

A further 4 specifications originally planned from April 2021 were postponed due to the reprioritisation required by the Covid-19 pandemic and associated vaccination programme. Service requirements for these specifications will not be introduced in full, from October 2021 as thought, but phased from this date in a gradual way, as outlined below:

- CVD Prevention and Diagnosis – Some elements commenced October 2021 and further requirements were introduced April 2022
- Tackling Neighbourhood Health Inequalities - Preparatory requirements were introduced Oct 21 - Feb 22, with PCNs required to deliver plans from March 2022
- Personalised Care – Phased approach from April 22 focussing on proactive social prescribing and shared decision making
- Anticipatory care – PCNs to contribute to ICS plans by December 2022 – service to commence 23/24

The Investment and Impact Fund for 22/23 has been reinstated, with 1153 points available across 36 indicators.

1. Status			
Overall Project RAG:	Amber	**Previous RAG:**	Amber

2. Project Manager Update Overview *(for reporting period)*

Key Achievements since last report

1. PCN Network DES & Service Specifications

NHSE released the 2022/23 PCN DES contract late on 31 March 2022; below we have outlined specific changes and updates to the seven service specifications and IIF indicators.

PCNs Core Network Practices automatically enrol in the Network Contract DES update for 22/23. The ICB have circulated a sign-up form for practices to complete and return in order to fulfil the requirement of practices entering into a written variation of their Primary Medical Services Contract. To date we have received 66 returns (out of 70) and are following up with practices that have not yet returned their form.

a) Investment and Impact Fund

2022/23 – The updated IIF guidance for 2022/23 advised that there will be a total of 1153 points across all 36 IIF indicators, each point is worth £200 (a total of £230,600). The Local PCN Dashboard (please see section 1J for further information).

b) PCN DES Service Specifications

The PCN Team are developing a self-assessment checklist for PCNs around the PCN DES service specifications, to understand current status of the services across the county including barriers/challenges and any areas of best practice that we can learn from. The PCN Team are working closely with Business Managers and ICB Service Leads to ensure this is a useful tool for both PCNs and the ICB.

c) Enhanced Access

- All 15 PCNs submitted their draft Enhanced Access Plan by 31st July.
- Please note the national specification no longer asks for Sunday and Bank holiday provision currently provided through GDOC, nor is it centred around appointments delivered by a GP.
- 15 EA Plans have been agreed in principle by the Primary Care Team to allow further planning.
- The ICB Operational Executive have approved the Governance process the team have followed, and subsequently the plans that the Primary Care Team had agreed in principle.
- Please see the below slide deck for governance process and assessment criteria:

Enhanced Access SLides for PMO.pptx

- Fourteen out of the fifteen PCNs have signed up to the GDoc Saturday Afternoon GP Service and an NHSE sub-contract is being drawn up by Primary Care Contracting Team
- We are fully aware that all PCNs want to offer a fuller range of GMS services during their Saturday Enhanced Access clinics including blood tests and health checks as per the DES specification. We are in the process of requesting additional funding from the ICB to support a Saturday morning phlebotomy service for Primary Care. There are lots of discussions taking place at Senior ICB level to agree the service and process, and we will continue to keep PCNs updated when there is further information.

d) PCN Dashboard

A local PCN dashboard has been developed to show performance against a range of metrics, including IIF performance, to support PCNs (in addition to the national Dashboard). Please see latest dashboard available on CCG live here. The latest dashboard has been updated with useful information, including coding guidance to support PCNs and Practices with the IIF requirements. The PCN Team are reviewing the dashboard on a monthly basis and providing PCNs with additional information/helpful reminders to support them with the IIF requirements, previous issues can be accessed on the CCG live page.

2. Primary Care Contracting

a) Learning Disability (LD) Annual Health Checks (AHC)

The local targets for 2022/23 are to aim for:

- 75% of people on the GP Learning disability register have received an annual health check during the year
- 100% of people having a LD Annual Health Check receive a Health Check Action Plan
- Increase the number of people on the GP LD Register from 0.63% of the general population to 0.65%
- Increase the number of CYP onto the register to 1200; Increasing 14-17 having LD AHC 75%

LD AHC progress is also being captured in the PCN DES/IIF Dashboard as it falls under the tackling health inequalities IIF indicators.

As of 31st August 2022, the ICB average for LD patients with an Annual Health Check (AHC) and a Health Action Plan (HAP) was 16.7%; an increase of 4.2% in the last month. Please note that historically most LD AHC take place in Q3 and Q4 in general practice.

The Primary Care Team plan to reach out to Practices in Q3 on a monthly basis to highlight the current progress from the PCN DES/IIF Dashboard and to remind practices of the offer of support from the LD Liaison Nurse who can:

- support with completing Annual Health Checks with an HCA from the practice
- support contacting those that have not received an Annual Health Check
- support with considering reasonable adjustments

In Q4, the Primary Care Team plan to communicate with practices on a more frequent basis (fortnightly/weekly) as this was a successful and positive supportive method for engagement in LD AHC in 21/22.

b) Severe Mental Illness (SMI) Physical Health Checks

The national aim for 2022/23 remains at 60%, and local plans are being put in place to help achieve this. The local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly. As of 31st August, the ICB average for SMI physical health checks was 16.3% for 22/23; this is an increase of nearly 2% in the last month. A high performing PCN has completed 41% of their SMI physical health checks this year.

As noted in the LD AHC section, the Primary Care Team plan to reach out to Practices in Q3 on a monthly basis to highlight the current progress from the PCN DES/IIF Dashboard and to remind practices of the offer of support from the system including The Independence Trust. In Q4, the Primary Care Team plan to communicate with practices on a more frequent basis (fortnightly/weekly) as this was a successful and positive supportive method for engagement in SMI physical health checks in 21/22.

c) GP CPCS (Community Pharmacist Consultation Service)

A meeting was held on 9th August 2022 to discuss moving forward with the continued use and roll out of the GP CPCS. There was enthusiasm to do this from those attending (meeting included representatives from the LMC, LPC and primary care). A few issues to review were raised and since then, smaller group meetings have taken place to identify areas to progress and a project plan is being developed. Adel Jones is leading work with the LPC on pharmacy issues and an

email has been sent to all practice managers regarding training; some have responded and been linked again with Judith Poulton (NHSEI) who is arranging refresher training. The group will meet again on 4th October to discuss the project plan and progress to date. A link has also been established into the NHSEI meetings for Gloucestershire on GP CPCS – the next one will be on 6th October 2022.

d) Enhanced Services

All 70 practices have now returned their Enhanced Service sign up form and the Primary Care Team have planned the review process for the specifications for 23/24 through the ESRG governance route. Work is underway to develop a local enhanced service to set out expectations and support for GP registration and the management of the initial health needs for individuals and families coming to England fleeing the conflict in Ukraine; including the Ukraine Family and/or the Ukraine Sponsorship (Homes for Ukraine) Schemes.

e) Migrant Health

Homes for Ukraine (HFU)

Since the scheme started, 1381 visas have been issued for HFU scheme for Gloucestershire and over 200 more are awaiting visas as of 23/8/22. Cotswold, Stroud, and Cheltenham have the highest numbers arriving in county.

Number of guests arrived in UK (or within the next week)	1120
Number of properties where guests have arrived	488
Number of properties visited	474

A key factor is to continue registering the arrivals as they come to the GP practices, the 3-month visits from GARAS/GCC are underway and they remind Ukrainian residents to register with a GP practice. All residents over 11 years old need to be offered a chest x-ray for TB screening and the process for this in Gloucestershire is currently being worked through.

f) Contingency Hotels

The three contingency hotels remain full, there has been some movement over the past week allowing a young family to be moved to more suitable accommodation in the Ibis. Occupancy as at 30/08/22:

Ramada	72 occupying 47 rooms
Orchard	88 occupying 60 rooms
Ibis	202 occupying 127 rooms

The project team have moved fortnightly meetings to monthly meetings. At hotel level, work continues with managing health needs and GP registrations.

3. Primary Care & PCN Funding Streams

a) PCN Quality Improvement Non-Recurrent Funding

All 15 PCNs MOUs have been received for both allocations of the QI Funding. PCNs are proceeding to deliver their planned QI projects. The PCN Team have been liaising with Business Intelligence and Finance colleagues to discuss data requirements to support evaluating the projects.

Following the Clinical Directors meeting in July 2022, the Business Intelligence team have finalised the resources to support PCNs to submit data requests for PCN projects, such as the Quality Improvement (QI) projects; this slide pack and data request form has been shared with PCNs.

b) PCN Development Funding 21/22

- There are currently 13 PCNs with QI project managers in post, the 2 remaining PCNs are working to recruit their QI project manager.
- The ICB service improvement and redesign team have offered a QI training programme for the QI project managers which has commenced with good representation from PCNs.
- The ICB are waiting for confirmation on information and instruction of the funding for 22/23.

c) Funding Assurance

All PCNs have submitted a funding assurance template detailing the activities they have undertaken, and the funding spent for PCN Development Funding 2020/21, PCN Transformation Funding (£1.89) 2019/20 and 2020/21 and Care Navigation and Clinical Correspondence, as assurance was paused during the Covid-19 pandemic. Outstanding queries have been returned by 13/15 PCNs, which have been reviewed and we are working with the remaining PCNs to submit.

4. Workforce and ARR

a) PCN ARR Workforce Plans

As with previous years, there is a national requirement under the Network Contract DES 2022/23 (Section 7.5) for PCNs to complete a workforce planning return for their ARR roles recruitment intentions in 2022/23 by 31st August and then indicative recruitment intentions through to 2023/24 by 31st October. NHSE/I have commissioned the Business Services Authority (BSA) to develop an online workforce planning portal for this year's submissions. The new portal opened on 1st August and a communication was shared with PCNs outlining the process. The Primary Care Workforce team are supporting each PCN with a meeting to review their ARR submission and discuss benefits and considerations for their future ARR related plans.

b) ARR roles:

- **Dieticians:** With the opportunity to increase the number of Dieticians working within Primary Care, the PCTH is engaging with GHC's Head of Community Dietetics to understand the scope of the opportunity. Once agreed, the next step would be to promote further within PCN's.
- **Physicians Associates:** There is a £5000 preceptorship allowance from HEE to support the supervision and educational needs for newly qualified PAs in primary care. The programme needs to be undertaken for a minimum of 1 year (WTE)
- **Paramedics**: One PCN is progressing with interview/recruitment of a Paramedic with 2 further PCN's looking to potentially recruit in 2022/23. The EOI process with SWASFT remains open for PCN's. SWAST has confirmed that as the salary includes an OOH supplement already paramedics could work outside of core hours in primary care, where agreed, which could support IA requirements where needed.
- **Social Prescribing Link Workers:** Reflective supervision in place and evaluation currently being undertaken. A non-recurrent funded training package is available to promote development of personalised care in Primary Care (which will assist development of SPLWs, Care co-ordinators and health and wellbeing coaches, alongside the wider PCN workforce). Further discussions underway regarding future provision of reflective practice for SPLW's, particularly noting the government plans to introduce additional SPLW roles over Winter.
- **Care co-ordinators**- community of practice now up and running for care co-ordinators, facilitated by the PCTH, to provide peer support, discuss learning needs and more. New members welcome.
- **Health and Wellbeing Coaches:** Working with Healthy Lifestyles Gloucestershire and the CCG's Transformation team to promote the role as part of the wider ARR Personalised Care team. Some PCN's now looking to recruit HWBC's as part of their ARR plans.
- **Mental Health Practitioners (MHPs):** Three further MHPs recruited on July 12th. Therefore, 10 PCNs have MHPs in post and or post holders recruited. Interviews for the next 3 practitioners is 5th and 6th October. BV and Stroud Cotswolds have confirmed they don't require a MHP at this time. Therefore, following the forthcoming recruitment round, all PCNs who requested a MHP in 21/22 have at least one MHP in post.
- **Physios-** conversations as an ICS to consider hosted/rotational models are in progress, along with discussions to support roadmap implementation
- **ARR Repository:** The ARRS repository has now gone live. Over time further roles will be added. The repository includes details such as role overview, job descriptions, training requirements (including Roadmaps where available) and a range of other content including case studies and videos.

c) **Workforce Conversations and Workforce Survey:** Each year, the Primary Care Workforce team undertakes detailed conversations with each of our 15 Primary Care Network leads. Including Clinical Directors, Business Managers along with workforce team clinical and non-clinical representatives. These conversations help Primary Care Networks identify areas of recruitment and retention challenges, solutions, and opportunities for a range of roles within Primary Care training. Our Annual Workforce survey identifies key issues practices, and their corresponding Primary Care Networks are experiencing now and importantly are likely to experience in the future e.g., planned retirements. The new round of conversations will start from early August 2022, invites have been sent to all PCNs. Key themes from the conversations will be compiled and shared with PCN's along with plans of how the PCTH/PC Workforce team will support.

d) **GP recruitment and retention funding:** following a successful bid to NHSE funding has been allocated to support GP recruitment and retention, ICB's Primary Care Workforce team have worked alongside the training hub and in partnership with our LMC to develop a range of initiatives to support the recruitment and retention of GPs within Gloucestershire. Recognising the requirement to support GPs at different stages of their careers and in different work and personal situations, the range of programmes include GP educator time (supporting multi-professional learning in PCNs), GP walking groups in localities, GP refresher courses (for those who have time out e.g., parental leave, extended sick leave), GP mentoring, parental workshops, support for GPs on the returner scheme and relocation

packages/golden hellos. To note, these are new initiatives funded by the recently provided NHSE&I monies and represent only a small number of support initiatives available to our GP workforce.

e) **GP Specialism Fellowships** A newly devised GP specialism fellowship offers GPs the opportunity to work in Gloucester city, directly supporting the provision of healthcare for patients in this area. In partnership with GHAC (Gloucester Health Access Centre), we are providing the opportunity to recruit a number of salaried GP roles to undertake clinical sessions with the added benefits of a fully funded Special Interest GP fellowship and CPD bursary for those with or looking to develop a special interest. Special interests might include respiratory, mental health, minor surgery, PHM, and sexual health etc.

f) **Tier 2 Visa applications.** Recognising the benefits, skills and support that International Medical Graduates (IMG's) can bring to Primary Care, the Primary Care training hub has worked with several practices to provide guidance and support on the Tier 2 Visa application process. Tier 2 visas provide an immigration route for non-European Economic Area (non-EEA) clinicians wanting to work in the UK but with a lengthy application process, some practices were at risk of losing potential GPs to out of county practices who already had Tier 2 visa sponsorship in place. Our collaborative approach supported practices in recruiting two GPs into county to date.

g) **GP recruitment events:** Gloucestershire's first GP recruitment event was held on 19th May to support promotion of our Inner-city practices to GPs interested in working within the PCN. The event was virtual with GPs having the opportunity to discuss GP role opportunities in addition to finding out more about the recruiting practice. Several GPs attended the event which provided an overview of several areas including the ICB, practice, and training hub support. Further events are being planned to support other practices/PCNs who would benefit from this support to recruit additional GPs.

h) **Supervision Fellowship:** 2 Primary care Supervision fellows now in post to support HEE roadmap implementation and build roadmap supervisor capacity.

i) **Training hub fellowships**- 2 GP education fellows have been appointed (PCTH/HEE GP fellowship). A further Late career GP fellow has been appointed to support GPs in the later stages of their career.

j) **Health and Wellbeing Support:** ICB staff successfully bid for monies from NHSE&I to enable all 71 practices to establish HWB Champions to promote wellbeing on a day-to-day basis and to purchase a HWB Digital App or solution to enable practice staff to record how they are feeling on a day-to-day basis. Both should support in providing directed guidance to relevant wellbeing offers.

k) **GP Refresher Courses:** The training hub is offering fully funded subscriptions to courses on range of clinical topics with NB Medical for a 12-month duration for GPs returning to practice from a period of parental leave, sickness or other absence of less than 2 years and therefore, not requiring the GP returner scheme. Applications are via expression of interest via the training hub website. Our offer will ensure that GPs who may otherwise struggle to undertake refresher training to return to their profession can study to do so at a time convenient to themselves, supporting maintenance of our GP workforce.

l) **Personalised Care training**: a dedicated personalised care landing page has gone live on the PCTH website, including all relevant training offers for Primary Care staff. PCNs have been advised of the shared decision-making modules required for clinicians under the PCN DES, and further signposting is also included on the PCTH website.

m) **Other training offers:** training offers are being announced or will be announced shortly including topics such as 'Ninja productivity', 'First steps into leadership', practice accounts and tax, dispute resolution and change management. These will support clinical and non-clinical staff including ARRs roles. An admin away day will also be planned for early 2023.

5. Digital Updates – Enhanced Access

The Digital Team are working on identifying solutions for the IT provision required for the Enhanced Access service to operate from October. Particularly the sections that focus on online bookings, cancelling at any time, digital consultations and 111 bookings as we require national guidance on how NHS Digital plan to support these functionalities in all systems. Meetings have been arranged with the PCNs to discuss how they are planning to meet the digital requirements and how the Digital Team can support them. The majority of the PCNs will be using a TPP GP Hub to support delivery of the service. Where there are mixed systems, the PCNs will implement workarounds for EMIS practices to access the GP Hubs.

- Rosebank, Aspen, and HQ do not require a hub to meet the requirements.
- St Pauls, South Cots, Berkeley Vale, TWNS, Cheltenham Peripheral already have hubs in place.
- FOD, Gloucester Inner City, NSG, Central, and Severn PCNs have requested a TPP GP Hub, which has been ordered. We are waiting for completed forms from North Cots before it can be ordered.
- Stroud Cots have a community hub that they wish to swap for a TPP Hub. We are currently arranging this with TPP.
- Ardens has been requested for the TPP Hubs
- St Paul's have requested ICE access for their hub. The testing identified an issue with the selection of the registered GP practice. Clinisys have been notified and the Digital Team are waiting for an update.

6. COVID-19 Vaccination Programme (data up to and including 05/09/20222)

- General practice has been providing services to the COVID-19 vaccination delivery programme across Gloucestershire since the 16th December 2020. The 11 designated PCN Local Vaccination Services (LVS) have been augmented by additional PCN 'Pop-Up' sites established where required.
- At the end of August 2022, Phase 4 of the Programme formally ended and Phase 5 the 'Autumn Booster 22' phase began.
- At the end of Phase 4 Gloucestershire had delivered 1,526,361 vaccinations.
- Of which, Primary Care led sites have delivered 1,184,208 vaccinations.

Autumn Booster:

- The Autumn Booster will run from September 2022 to the end of December 2022 and will offer Boosters to everyone in Cohorts 1 – 9 plus all 'at risk' groups for over 5-year-olds (Cohort 13, 14 and 17).
- For Gloucestershire ICB approximately 310.5k people are eligible for a Booster this autumn and with predicted uptake rates – we expect around 253k doses to be delivered over the upcoming 12 weeks.
- Sufficient capacity is available across our PCN, Hospital Hub (HH) and Community Pharmacy (CP) delivery network. Key challenge will be aligning both Covid-19 and Flu vaccination delivery during a busy Autumn and early Winter period for Primary Care
- The initial vaccine for over 18s will be a modified version of the Moderna vaccine. This Bivalent Moderna vaccine was delivered to sites w/c 5th September and first vaccinations were given to Care Home residents and some GHC inpatients on 6th September.
- Priority cohorts for the first few weeks of the Autumn programme are Care Home Residents and the Housebound, PCNs and practices are developing plans to complete most Care Home Residents before 23rd October.
- We expect a second Bivalent vaccine to be available late September. The Pfizer Bivalent vaccine will be approved for use by over 12s – so will be used for Cohorts 13 and 14.

7. Delegation: Pharmacy, Optometry and Dental Services (POD)

The Primary Care team is working with NHSE/I Southwest, along with the other ICBs in the Southwest to ensure smooth transition of services to the ICB. Update since last report (July 2022) is as follows:

- NHSE/I have signed and returned the Delegation Agreement, Data Sharing Agreement and MOU.
- NHSE/I meetings have been established fortnightly with ICB Finance teams up to end of September 2022 to discuss financial arrangements for delegation. (It is anticipated this arrangement will continue up to 1st April 2023).
- Members of the project team have attended a workshop on 17th August with NHSE/I to discuss the submission of the Pre-Delegation Assessment Framework (PDAF). NHSE/I have now provided a version with suggested responses/criteria to consider when completing. System leads across the SW are sharing responses for consistency. The PDAF will be discussed at length at the next POD project team meeting on 1st September 2022. The deadline for submission of the completed PDAF to NHSE/I remains 19th September 2022 and a follow up meeting to review the submission will take place on 22nd September 2022 between members of the project team and NHSEI.
- NHSE/I is also now providing monthly information updates and one edition has been received by the ICB to date (July 2022).
- There is a workshop on 28th September 2022 run by NHSEI covering the proposed Commission Hub and arrangements. Members of the project team will be attending.

The Project Team will continue to work through the following over the coming month:

- Preparation and completion of the PDAF return
- The effect the proposed Commissioning Hub will have on the ICB; understanding how the ICB operational teams will work with the Commissioning Hub, the accountability, and responsibilities of the ICB.
- Review the current contracts for pharmacy, optometry, and dentistry to identify risks and issues.

This includes working through the identified risks of:

- Transactional arrangements (including contracts, payments, complaints, risks)
- Quality (including quality schemes pharmacy, optometry, and dentistry)
- Strategy and Policy (including service improvement)
- Financial processes (including approval of financial plans, contract awards, procurement, national returns)
- Workforce (general concerns post April 2023)

Key issues for last reporting period including reasons for variance

- There was an issue with the Practice and PCN June month end PCSE payments, due to PCSE not processing payments submitted by the ICB. The ICB made faster payments to all practices/PCNs to cover any missed PCSE items. The payments have now been rectified via PCSE and the ICB have recovered these payments at the end of July for all but 2 Practices, due to an error in the system. These 2 Practices payments will be recovered in August and the Practices have been made aware.
- Primary Care is experiencing significant demand whilst still working in a Covid environment and delivering core services and increase activity, which is impacting on practice's capacity to engage in the PCN DES, therefore putting Clinical Directors & Business Managers under additional pressure, especially around strategic PCN work, this is a national issue.
- Supervision of the ARRS roles continues to pose a significant challenge and several working groups are working to identify potential solutions, this has also been raised regionally as an issue.

Key points for upcoming reporting month including any potential Issues

PCN DES 22/23

- Support with PCNs to be ready to implement the Enhanced Access Plans.
- Engagement with PCNs on the PCN DES service specifications and IIF indicators.

PCN ARR Underspend Process to commence.

5. New or Significant Risks/Issues

Risks / Issues	Risk to System	L x C (inc.RAG)	Comments/Mitigating action
Availability of workforce for Primary Care is scant, both traditional roles and new professionals working in primary care; therefore, risking sustainability of primary care. PCNs face challenges around Additional Roles Reimbursement (ARR) scheme due to a limited number of professionals being available and appropriate.	Inability to recruit to positions in Primary Care places huge pressure on the system. As PCNs now seek to extend their teams with new professionals in order to see and treat more patients in the community, they need to work together with the whole system to meet this in a sustainable way for all partners.		• ICB and PCTH working together on ARR plans for PCNs – PCTH taking a lead role going forwards. • Workforce modelling developed for Primary Care Strategy will be constantly refreshed as new data and planning assumptions become available. This has been shared with system partners. • System-working – particularly for Improved Access project and ARR – senior-level discussions are supporting an ICS approach. • PCNs working with ICS partners around recruitment, e.g. rotational models.
Some PCNs, particularly FoD & Inner City have significant recruitment challenges including very low numbers of ARR roles. This will impair delivery of the DES and sustainability of general practice.	Unsustainable practices unable to deliver the DES could cause huge issues for patients if not resolved quickly, along with inherent system pressures.		• PCTH and ICB supporting these areas with targeted initiatives to increase recruitment – both PCNs are successfully increasing ARR recruitment: • Inner city progressing well • FOD recruitment increasing • FOD trialling remote CP service to address recruitment issues due to rurality • Inner city held a recruitment day
Availability of IT (e.g. laptops) for all additional roles to be able to work remotely.	ARR staff are unable to work remotely to fulfil role requirements and support delivery of DES specifications.		• Interim funding for laptops in place • ICB are working with digital team to ensure ARR/PCN staff have equitable access to laptops.
SMR delivery lower than expected due to priorities of Clinical Pharmacists.	The expected capacity of SMRs not being delivered.		• SMR requirements in the Network Contract DES previously stated that the number of SMRs to be delivered will be determined and limited by PCN clinical pharmacist capacity. • SMRs for 22/23 is an IIF indicator
ARR Recruitment - Mental Health Role - phased roll out across 2021 & future impact	PCNs not able to fully access entitlement to 1 MHP in 21/22, plus 1 additional in 22/23 and 1 additional in 23/24 Gloucestershire: 21/22 15 in total 22/23 30 in total 23/24 45 in total		• Task & Finish Group in place - includes GHC, CDs, ICB • Ahead nationally on recruitment – 10 PCNs now have MHP appointed or in post. • The next interviews for another three practitioners are on 5th and 6th October. • 2 PCNs do not require an MHP at this time.

			• Developing a recruitment trajectory for PCN's who want a further i.e. 2nd MHP • Communications shared with PCNs regarding GHC phased recruitment plans for 21/22 and 22/23 to inform workforce plans
ARR Recruitment - Paramedic Role - SWAST rotational model	Ability for PCNs to recruit to this role at this banding level & with regional additional costs		• Paramedic recruitment under ARR remains difficult due to additional costs above and beyond ARR reimbursement. • Another option is recruitment of band 7 paramedics that does not require a rotational model but there is a lack of suitable applicants.
National CQRS Payment Issues	Monthly payments missed by CQRS nationally		• Payments rectified within CQRS. However, there are reoccurring issues with CQRS.

Sign off			
6. Project Lead:		Date:	

Agenda Item 9

Primary Care & Direct Commissioning Committee

6th October 2022

Report Title	**Primary Care & PCN performance data (Issue no. 3)**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	x						
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
Executive Summary	The report aims to give an overview of the performance within Primary Care & PCNs including • Investment & Impact Funding • Severe Mental Illness physical health checks • Learning Disability annual health checks • PCN Quality Improvement Projects • Local Enhanced Service Sign Up • GP patient survey • General Practice Reporting Data • PCN Additional Roles Reimbursement (ARR) Scheme						
Key Issues to note	In month 5 we have not identified any key issues; however, we are regularly reviewing and monitoring performance and offering support to practices and PCNs where appropriate.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	No risks at this early stage in the 2022/23 year but regular (monthly) reviews of practice and PCN data is taking place to monitor any risks.						
Management of Conflicts of Interest	If the below data is shared at meetings, it is ensured that the data is treated in confidence. The local PCN DES/IIF Dashboard is shared monthly with PCNs.						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	None – data information sharing. IIF has financial incentives for PCNs.						
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.						
Impact on Health Inequalities	The primary care performance data can help identify areas that may require additional support.						

Impact on Equality and Diversity	N/A – paper is on primary care performance data		
Impact on Sustainable Development	N/A – paper is on primary care performance data		
Patient and Public Involvement	N/A – paper is on primary care performance data		
Recommendation	The Committee is requested to: • Note the information provided		
Author	Jo White	**Role Title**	Deputy Director, Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
ARRS	Additional Roles Reimbursement Scheme
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CYP	Children & Young People
F2F	Face to Face
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HAP	Health Action Plan
ICB	Integrated Care Board
ICS	Integrated Care System
IIF	Investment and Impact Fund
LD	Learning Disability
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCSP	Personalised Care and Support Plan
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

Agenda Item 9

Primary Care & Direct Commissioning Committee

September 2022

1. Introduction

1.1. Primary Care performance is being monitored and reviewed through many channels including the PCN DES/IIF Dashboard, Appointment Data, QOF, and ARR uptake. This report collates some of the performance data that is currently available and shared in Primary Care for review by PCDC. It particularly focusses on end of year performance and 2022/23 progress.

2. Purpose and Executive Summary

2.1. The report aims to give an overview of the performance within Primary Care & PCNs including:

- Investment & Impact Funding
- Severe Mental Illness physical health checks
- Learning Disability annual health checks
- Quality Improvement Projects
- Local Enhanced Service Sign Up
- General Practice Reporting Data
- PCN Additional Roles Reimbursement (ARR) Scheme

3. Investment & Impact Funding 2022/23

3.1.1 The PCN DES & IIF Dashboard for August was circulated to PCNs. The top-level reporting for PCDC to note are:

Vaccination & Immunisation	• The Flu indicators will commence from September in line with the Flu campaign
Tackling Health Inequalities	• % Patients with ethnicity recorded at ICB level is 94% which has achieved the Lower Threshold already
CVD Prevention	• ICB average has improved this month in all indicators • Data quality issues in some indicators, which the Team are liaising with PCNs
Personalised Care	• % Registered patients referred to a social prescribing service indicators continues to improve across the ICB; seeing an increase from 0.57% to 0.71% aiming for the Lower Threshold at 1.2%
Enhanced Health in Care Homes	• % Care home residents aged 18+ with a Personalised Care and Support Plan (PCSP) agreed/reviewed since 1st April 2022 has increased by a further 8% in the last month to 44% at ICB level
Structured Medication Review	Improvements seen in all 4 SMR cohorts

	• % Patients at **risk of harm due to medication errors** received a SMR • % Patients living with **severe frailty** who received a SMR • % Patients using **potentially addictive medicines** who received a SMR • % **Permanent care home residents 18+** who received a SMR

4. Severe Mental Illness physical health checks

The national aim for SMI physical health checks for 2022/23 remains at 60%, and local plans are being put in place to help achieve this. The local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly. As of 31 August, the ICB average for SMI physical health checks was 16.3% for 22/23; this is an increase of nearly 2% in the last month which is similar to last month.

5. Learning Disability annual health checks

The national aim for LD AHC for 2022/23 remains at 75%, and locally the aim is to have:

- 75% of people on the GP Learning disability register have received an annual health check during the year
- 100% of people having a LD Annual Health Check receive a Health Check Action Plan (HAP)
- Increase the number of people on the GP LD Register from 0.63% of the general population to 0.65%
- Increase the number of CYP onto the register to 1200; increasing the number of 14-17 year olds having LD AHC 75%

As at 31 August 2022, the ICB average for LD patients with an Annual Health Check (AHC) and a Health Action Plan (HAP) 16.7%; an increase of 4.2% in the last month. Please note that historically most LD AHC take place in Q3 and Q4 in general practice; however, the Primary Care Team are planning how to further support practices during this time including regular progress reports and offers of support with an LD Nurse, where appropriate, who can:

- support with completing Annual Health Checks with an HCA from the practice
- support contacting those that have not received an Annual Health Check
- support with considering reasonable adjustments

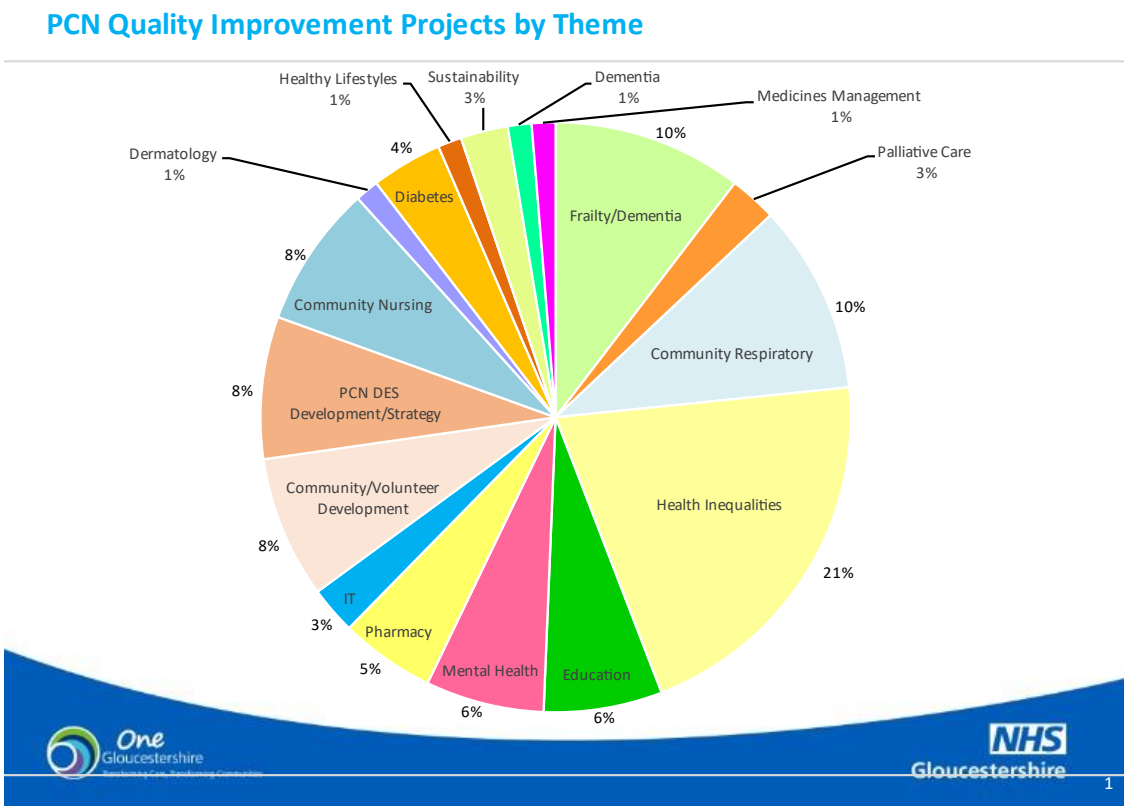
6. PCN Quality Improvement Projects (Non-Recurrent Funding)

PCNs are proceeding to deliver their agreed Quality Improvement (QI) projects. At the PCN Away day on 23rd June, PCNs took time to discuss their QI projects with each other, providing an opportunity to network and share ideas/best practice. Some PCNs have also presented their projects at the ILP and PCN Showcase Event that took place on 14th July.

The PCN Team have been liaising with Business Intelligence (BI) and Finance colleagues to discuss data requirements to support the evaluation of the QI projects. ICB BI attended the July Clinical Directors meeting to present to PCNs on how to access data to support their projects. Following this, the BI Team developed a slide pack (see below) as a useful information tool to

support PCNs to submit data requests, this also includes a newly developed BI data request form which is available on CCG Live here. These documents have been shared with PCNs.

The below slides show the QI projects by theme, ICS priorities and by funding envelope.



This pie chart shows the distribution of the themes for all PCNs QI Projects. There is a variety of themes, but over a fifth of QI projects have focused on Health Inequalities (21%).

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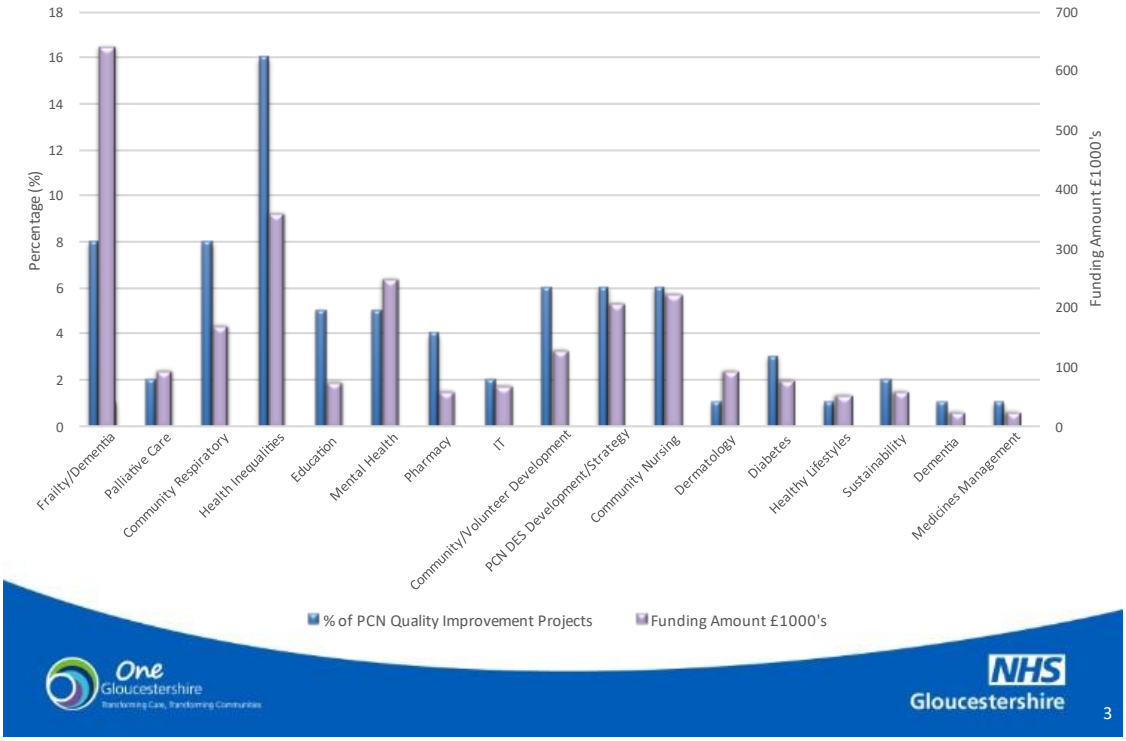
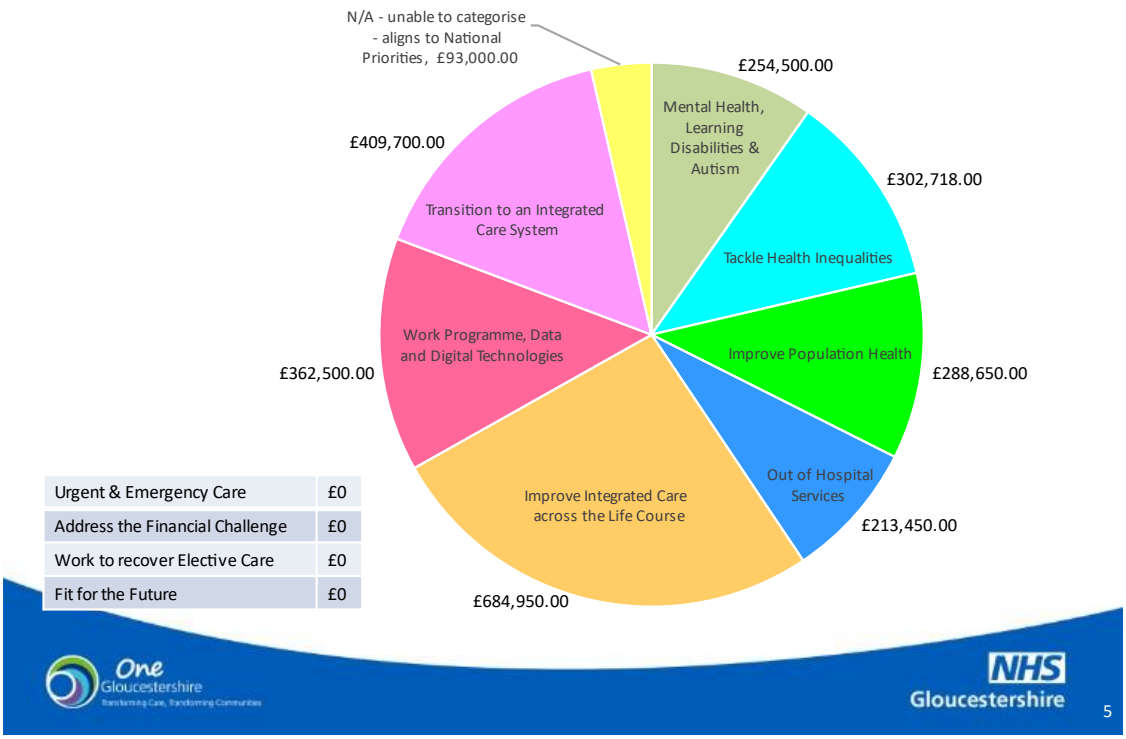
PCN Quality ImprovementProjects and Associated Funding Linked to Project Themes



This bar chart shows the QI project themes compared to the associated funding. For example Frailty/Dementia themes have a lower % of projects (number of projects) with this theme, this is the theme with the highest amount of funding allocated to it. Contrastingly, the theme Health Inequalities has the highest number of projects but also the second highest amount of funding associated with them.

9

PCN Quality Improvement Projects and Associated Funding Linked to ICS Priorities



This pie chart shows the Quality Improvement Projects Associated Funding linked to the ICS Priorities. The highest amount of funding (approx. £685k) is associated with the ICS priority at 'improve integrated care across the life course, increasing focus on the needs of Children and Families and supporting people to age well'.

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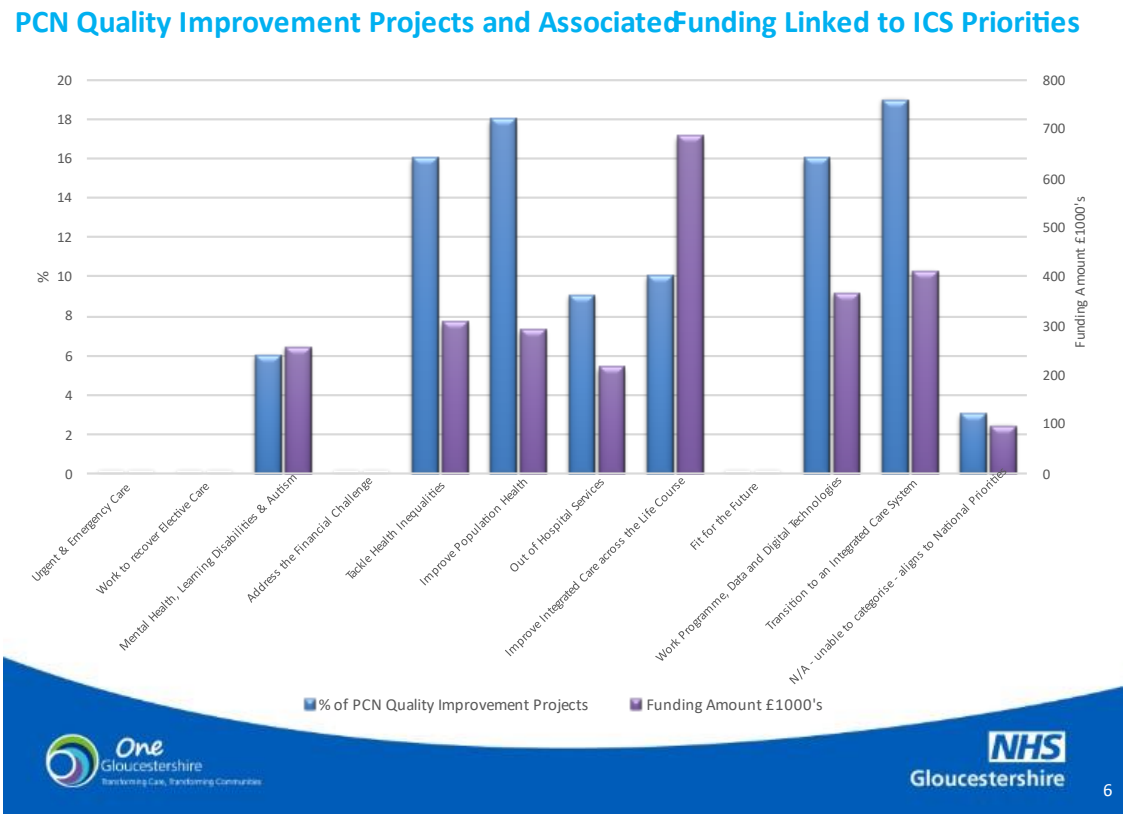


This bar chart shows the percentage of QI projects linked to each ICS priority compared to the amount of funding. There is a high percentage of projects linked to the ICS priority 'Improve population health' but a lower amount of funding associated with this priority. Contrastingly, the ICS priority 'Improve health across the life course' has a high amount of funding associated but a smaller % of projects.

Each PCN has been allocated funding to employ a PCN QI Project manager (0.5WTE for 1 year) to support delivery of the QI projects (funded from 21/22 PCN Development Funding). The ICB Service Improvement and Redesign Team have offered a QI training programme for the QI project managers which commenced on 17th April 2022 and has been well received.

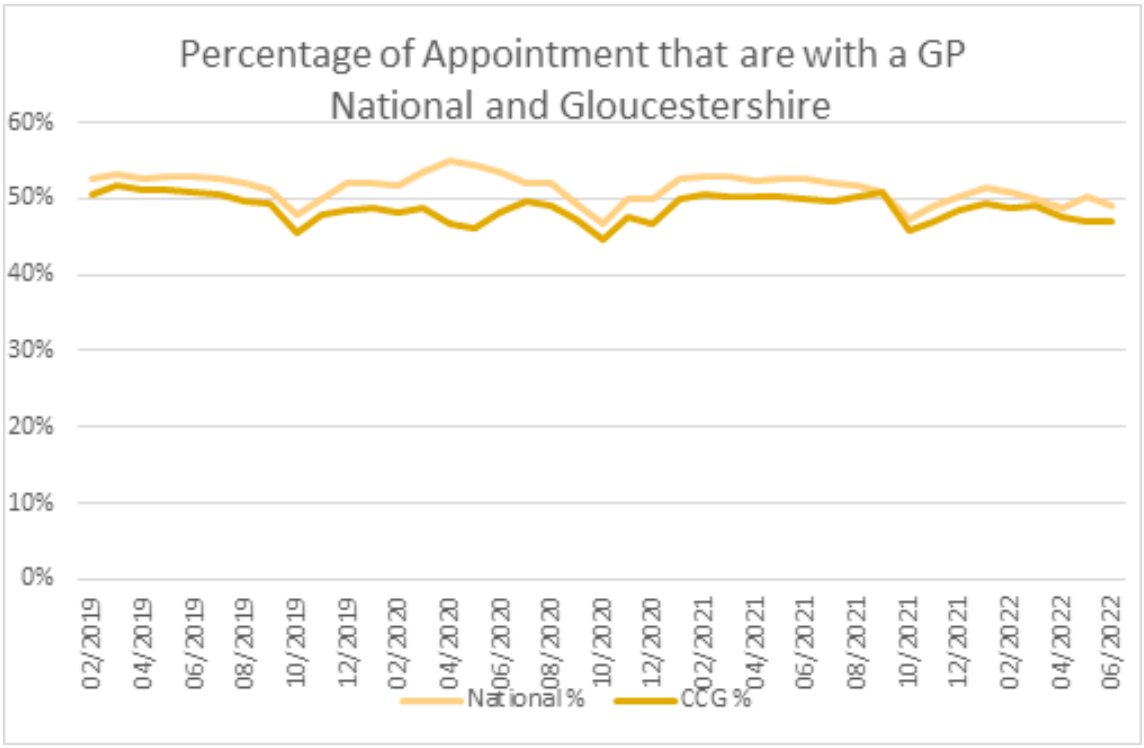
7. Local Enhanced Service Sign Up for 2022-23

As detailed in the previous report, all 70 practices have now returned their Enhanced Service Sign Up forms. These records have been shared with ICB Service Leads for information and to review any gaps in provision.

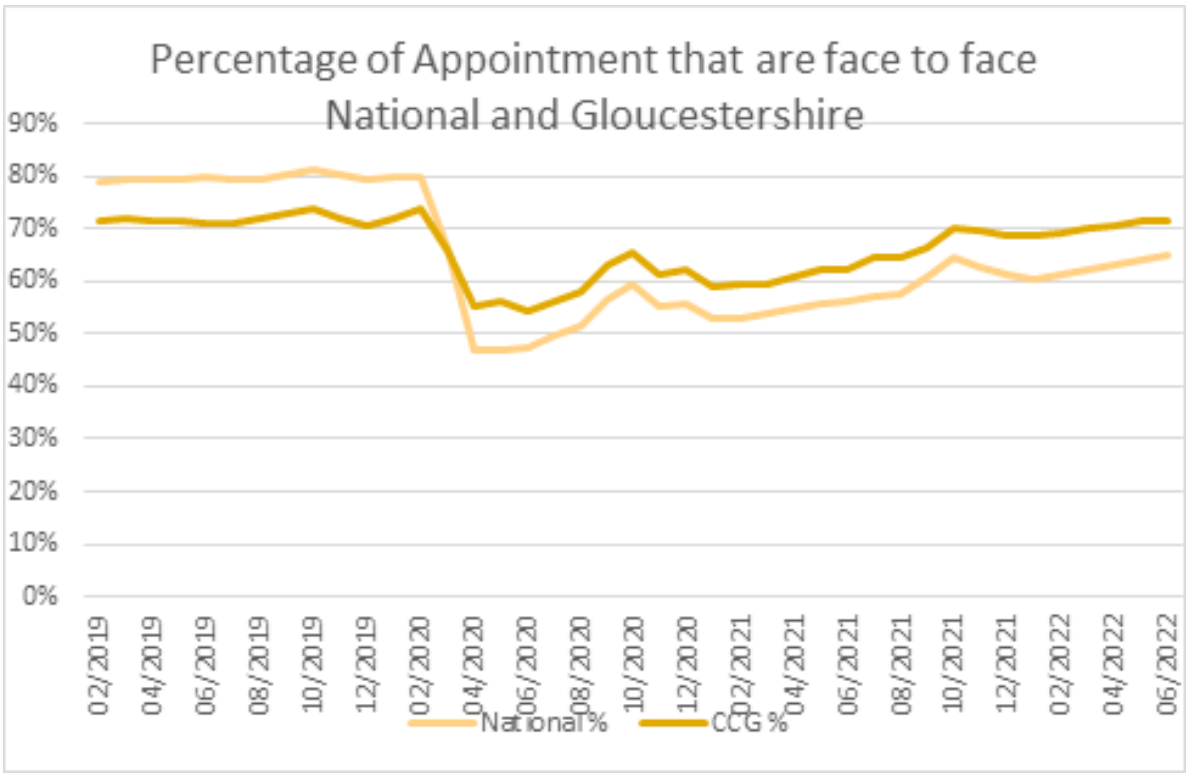
As we move into Q3, the Enhanced Service Review Group will start to review the local enhanced services for any changes suggested by the Service Leads for 1st April 2023. A Post Payment Verification process is also being finalised to be undertaken in 22-23.

8. General Practice Reporting Data

The overall number of appointments both nationally and in Gloucestershire was lower than the previous month; please note this is likely to be due to the two bank holidays within the month.



The Gloucestershire percentage of GP appointments has remained the same as the previous month; national figures have reduced by 1%.



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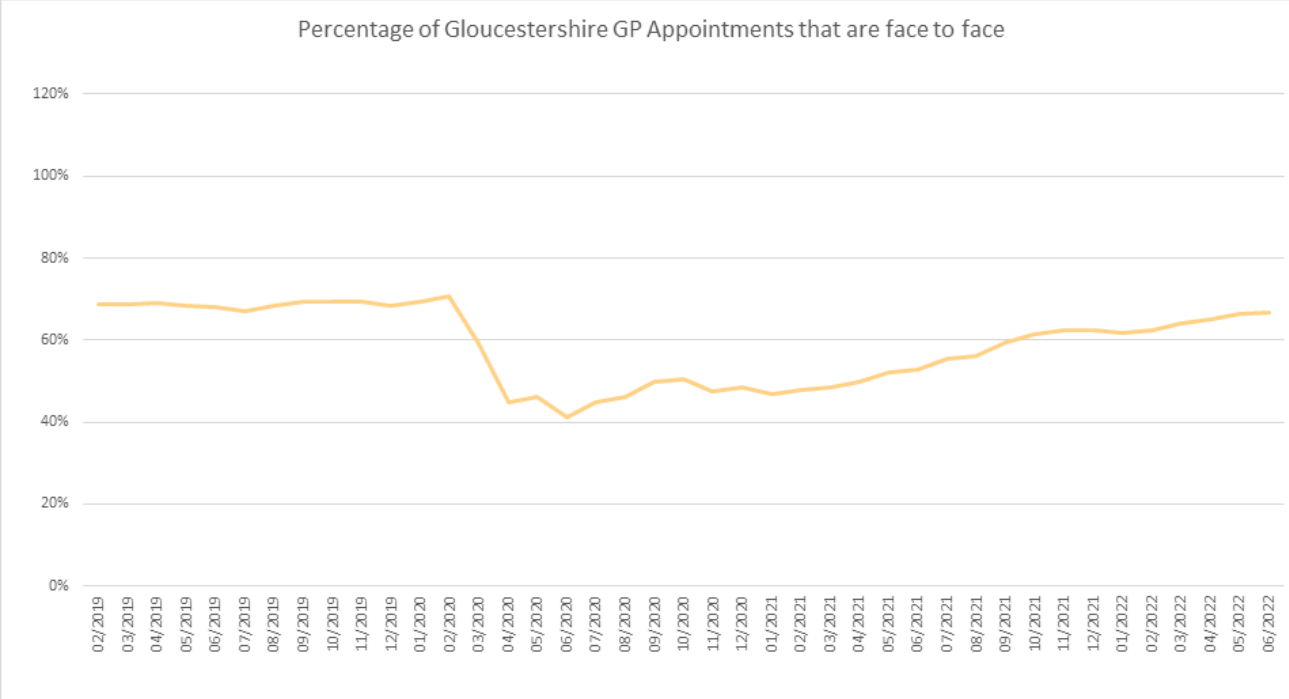
Gloucestershire continues to track above the national figure when it comes to face to face appointments and is now around the same level as before covid. Whereas nationally there is still around 15% gap between now and before covid.



The number of Face to Face GP appointments has increased slightly again this month.

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9. PCN Additional Roles Reimbursement (ARR) Scheme

9.1 A summary table for the number of and type of ARR staff across the 15 PCNs is shared below.

Headcount ARR Roles																
Role / PCN	Aspen	Berkeley Vale	Chelt. Central	Chelt. Peripheral	Forest of Dean	Gloucester Inner City	Hadwen & Quedgeley	North and South Gloucester (NSG)	North Cotswolds	Rosebank	Severn Health	South Cotswolds	St Paul's	Stroud Cotswold	TWNS	Total
Care Coordinator	9	13	0	1	4	0	4	4	1	7	4	5	1	4	2	**59**
Clinical Pharmacist	3	3	5	3	12	5	1	6	5	3	5	5	12	3	7	**78**
Dietician					1											**1**
First Contact Physiotherapist			2				1			1		1		2	3	**10**
Health and Wellbeing Coach		1	1												2	**4**
Mental Health Practitioner					1		1						1			**3**
Nursing associate	1	1								1		1				**4**
Paramedic		1	4					2				4	2			**13**
Pharmacy Technician		3	2	2	5	1	1	2	1	2	1	3	2	1	4	**30**
Physician Associate	1	1								1					1	**4**
Social Prescribing Link Worker	2	1	6	4	2	3	2	6	2	3			3	4	4	**42**
Trainee nursing associate	1							1				1	2	1	1	**7**
Total	**17**	**24**	**20**	**10**	**25**	**9**	**10**	**21**	**9**	**18**	**10**	**20**	**23**	**15**	**24**	**255**

WTE ARR Roles																
Role / PCN	Aspen	Berkeley Vale	Chelt. Central	Chelt. Peripheral	Forest of Dean	Gloucester Inner City	Hadwen & Quedgeley	North and South Gloucester (NSG)	North Cotswolds	Rosebank	Severn Health	South Cotswolds	St Paul's	Stroud Cotswold	TWNS	Total
Care Coordinator	5.801	8.961	0	0.6	3.027	0	1.693	2.947	1	5.8	2.807	4.241	1	2.68	1.907	**42.464**
Clinical Pharmacist	2.8	2.167	3.5	3	10.407	3.333	0.773	5.14	3.687	2.853	4.4	3.66	9.92	2.8	5.727	**64.167**
Dietician					1											**1**
First Contact Physiotherapist			1.3				0.747			1		1		0.747	2.48	**7.274**
Health and Wellbeing Coach		1	1												1.907	**3.907**
Mental Health Practitioner					1		0.6						0.5			**2.1**
Nursing associate	0.8	1								1		0.987				**3.787**
Paramedic		1	3.853					0.75				3.72	2			**11.323**
Pharmacy Technician		2.52	2	2	4.453	1	0.587	2	0.8	2	1	2.6	1.933	1.427	2.28	**26.6**
Physician Associate	1	0.6								1					0.5	**3.1**
Social Prescribing Link Worker	1.8	0.987	5.4	4	1.787	3	1.733	4.066	1.8	2.067			1.6	2.547	3.44	**34.227**
Trainee nursing associate	0.8							0.8				0.907	2	0.8	1	**6.307**
Total	**13.001**	**18.235**	**17.053**	**9.6**	**21.674**	**7.333**	**6.133**	**15.703**	**7.287**	**15.72**	**8.207**	**17.115**	**18.953**	**11.001**	**19.241**	**206.256**

10. Recommendations

10.1. The committee is asked to note the performance indicators above for information.

Agenda Item 10

Primary Care & Direct Commissioning Committee

6th October 2022

Report Title	**PCDC Quality Report – Oct 22**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	X						
Quality division update.	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:						
	ICB Internal	**Date**	**System Partner**	**Date**			
	X						
Executive Summary	This report provides assurance to the Primary Care and Direct Commissioning Committee (PCDC) that quality and patient safety issues are given the appropriate priority within Gloucestershire ICB and that there are clear actions to address such issues that give cause for concern.						
Key Issues to note	Key issues include: • Capacity of statutory safeguarding roles • Retirement of Designated Doctor Safeguarding Children and recruitment to post. • Capacity to undertake work attached to the high number of ongoing safeguarding reviews in Gloucestershire.						
Key Risks: N/A **Original Risk (CxL)** **Residual Risk (CxL)**	General update on Quality matters.						
Management of Conflicts of Interest .	N/A						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	N/A						
Regulatory and Legal Issues (including NHS Constitution)	N/A						
Impact on Health Inequalities	N/A						

10

Impact on Equality and Diversity	Not applicable to the October report		
Impact on Sustainable Development	N/A		
Patient and Public Involvement	N/A		
Recommendation	The Committee/Board is requested to: • Note the information within the report.		
Author	Julie Zatman- Symonds	**Role Title**	ICB Deputy Chief Nurse
Sponsoring Director (if not author)	Marion Andrews-Evans, Chief Nursing Officer		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
FFTF	
FFT	
AOS	Appliance Ordering Service
DOAC	
CPCS	Community Pharmacy Consultation Service

Agenda Item 10

Primary Care & Direct Commissioning Committee

Quality Report

6th October

1. Introduction

1.1. This report provides assurance to the Primary Care and Direct Commissioning Committee (PCDC) that quality and patient safety issues are given the appropriate priority within Gloucestershire ICB and that there are clear actions to address such issues that give cause for concern.

1.2. The Quality Report includes county-wide updates on:

- Clinical Effectiveness
- Safeguarding
- Patient Experience and Engagement
- Prescribing and Medicines Optimisation updates
- Infection Control including the CHIP Team updates.
- Vaccination and Immunisations
- Urgent and Emergency Care
- Serious Incidents/Provider updates
- Primary Care education and workforce updates
- Migrant Health update
- Quality dashboard

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2. Clinical Effectiveness

2.1. The Clinical Effectiveness Group is scheduled to relaunch as an ICS wide meeting at the end of October. Colleagues from across the ICS have been invited and it will provide an opportunity to look at Clinical Effectiveness not just in organisations but across pathways.

2.2. Over the next year this group will transition into a System Effectiveness Group and focus on:

- Understanding the standards, we measure ourselves against
- Measure current provision against standards
- Describing variance
- Discussing and reporting why there are variants
- Working towards closing variance
- Challenging system partners to measure the benefit of our work to demonstrate value
- Achieving the best patient outcomes

2.3. The new System Effectiveness Group will first focus on ensuring we achieve the 'must do' elements of effectiveness and will build a programme of work that will link more effectively with the

Clinical Programme Groups and Primary Care to improve outcomes for the people of Gloucestershire.

3. Safeguarding

3.1. Key achievements/celebrations:

- Recruitment of Associate Director Integrated Safeguarding (1st August) and appointment of Safeguarding Adult Lead Nurse (31st Oct)
- Safeguarding Integration Project moved to new phase and being led and overseen by ICB project lead, Safeguarding Officer, and AD Safeguarding. Monthly Safeguarding Integration Group chaired by Executive Nurse. Task and Finish groups ongoing to integrate and streamline safeguarding processes across the Trusts and ICB.
- Designated Nurse Children in Care led on a task and finish group to produce comprehensive multiagency guidance to improve processes for out of county placements into Gloucestershire. This is completed and published here: https://www.gloucestershire.gov.uk/gscp/safeguarding-child-protection-arrangements/gscp-placements-within-gloucestershire-from-other-local-authorities/

4. Key risks/ areas of concern

4.1. Capacity of statutory safeguarding roles in line with Intercollegiate Document (Designated Nurse/Dr and Named GP)

4.2. Retirement of Designated Doctor Safeguarding Children with loss of knowledge and experience in November 2022 and recruitment to post.

4.3. Capacity to undertake work attached to the high number of ongoing Domestic Homicide Review's and statutory and non-statutory safeguarding reviews in Gloucestershire.

5. Patient Experience

5.1. The GP FFTF Reporting recommenced in July 22; not all GP practices in Gloucestershire have submitted data since the FFTF recommenced. The National GP Patient Survey results no longer being introduced this year as a formal GP experience quality indicator by NHSE.

5.2. The latest provider FFT data is attached. (*See Appendix 1*)

6. Prescribing and Medicines Optimisation

6.1. The Medicines Optimisation team have been working hard on a number of initiatives and projects including:

- Primary care savings project: This is made up of a series of interventions which are primarily associated with savings to the drugs budget. They include switches to Edoxaban from other DOACs, reviewing use of BM testing strips in primary care, reviewing prescriptions for oral nutritional supplements as well as switching products to more economical options.
- Stoma project: The AOS (Appliance Ordering Service) is now established and working with a number of GP practices to support their patients to receive their stoma products. The service is ensuring that patients receive the most appropriate product for their needs.

- Catheter project: The catheter project has been working on discharges from GHFT and also with nursing homes. It has achieved a reduction in costs on discharge for patients requiring catheter supplies and has demonstrated a reduction in admissions from care homes for catheter related sepsis.
- Community Pharmacy Consultation Service (CPCS): A project group, which includes members of the MO team and Primary care team, has been established to increase the numbers of referrals from Primary care into the local CPCS. The aim is to reduce the numbers of patients who need to be seen in a GP practice by referring them to their local Community Pharmacy for a consultation.
- Discharge Medication Service: another ICS wide group has been established to increase the numbers of referrals from GHFT on discharge to the patient's local Community Pharmacy. Research has demonstrated that this service reduces the number of patents being readmitted to hospital because of issues with their medication.

7. Infection Control

7.1. GHT are experiencing high numbers of Covid positive patients and outbreaks. There are currently two wards closed due to covid outbreaks and wards that have bays closed due to outbreaks at both Gloucester Royal and Cheltenham General. Although symptomatic the patients do not appear to be particularly unwell with their Covid infections and the Covid positive patients who have been recently treated in Critical Care were not intubated due to Covid related illness.

7.2. Mask wearing has been re-introduced in all in patient facing areas, including Maternity and Paediatric Departments. The Trust recently saw two patients with confirm Influenza A, both have now been discharged and there are no further cases at present. There are also no cases of C Diff currently.

8. Care Home Infection Prevention (CHIP) Team

8.1. The team currently has only two team members of staff. Over September the work focus was on winter preparedness. The South West NHSE team co-ordinated a training webinar which included our team in conjunction with 4 Gloucestershire providers. The team have shared IPC lessons learnt from the Covid-19 pandemic which are as important now as then for reducing spread during outbreaks.

8.2. In July a team member undertook an audit of IPC/PPE in homes with residents with a learning disability. Following each audit, the homes were provided with written feedback and where required follow-up visits to help them take remedial action and embed changes. This was due to the fact that learning disability homes appeared to be disproportionally affected and have a larger percentage of residents affected in outbreaks over the summer. A further webinar with a specific focus on homes caring for residents with a learning disability is also scheduled for two weeks' time.

8.3. The CHIP Team will be providing Point of Care Testing for care homes over winter. In preparation they are working on the administrative elements necessary to be ready to support, as well as recruiting staff. So far, posts have been offered to three successful applicants which includes one Band 6 Infection Prevention Nurse and two Band 4 Infection Prevention Associates.

9. Outbreaks in Care Homes – September 2022

9.1. Across the county in all types of care homes in September the data was as follows:

- Total number of situations: 60
- Total number of affected users: 243 (104 residents, 139 staff)

10. Vaccination Update

10.1. Gloucestershire ICB as with other Systems in the South West region has been planning an integrated approach to Covid-19 and 'Flu vaccination for many months. The alignment of supply chains and establishment of a delivery network (Community Pharmacies, GP surgeries, Local Vaccination Centres and workplace centred locations) against a changing backdrop of new vaccines, emerging JCVI guidance on cohort eligibility and uncertain contractual arrangements has been challenging.

10.2. The Autumn Booster programme for Covid-19 and the seasonal 'Flu programme for 2022 in Gloucestershire will maximise the opportunities to co-administer Covid and Flu vaccines. Once the majority of Flu deliveries have been completed to GP practices (estimated 19th October) then most vaccination sites will be able to co-administer (although of course not every patient will want this).

10.3. The new Bivalent Covid vaccines are effective against both Delta and Omicron variants of the virus and the Booster programme (expected to reach c200,000 Gloucestershire residents) will help minimise hospital admissions over the Winter period. Similarly, it is anticipated that this year's 'Flu season will be especially severe and the increased eligibility for vaccination (of everyone over 50 and all 2 and 3 year olds) affords better protection from this virus.

11. Urgent and Emergency Care Update

11.1. Clinical Lead representatives from the UEC CPG attended the CPN Directors meeting in September to give an introduction in to the CPG and invite questions and discussion to be guided by the GP's. The response was welcoming, and the team were able to glean some useful feedback, the themes of which were:

- Concerns around OOH work due to a feeling of vulnerability, safety and being exposed
- Ongoing difficulties in communication into the acute trust – i.e., referring patients via cynapsis but subsequent issues with the fact that no one in the acute trust knows patients are coming, no one understands where they need to go, and patients turned away or re-processed through ED pathways due to this uncertainty.
- Lack of alternative options available in the community.
- An update on PC QI projects that would be helpful to feed into.
- PC experiencing the worst workforce issues ever known.
- Managing patient expectations

11.2. The team invited GP's representation to attend future CPG meetings where their input would be most welcomed and valued. There was also a Nursing update about future support for GPN's, ANP's, TNA's and HCA's as part of the new role of the ICB Deputy Chief Nursing Officer. This was also shared this also with the Nursing teams at the Gloucestershire GPN Conference. Inviting Nursing colleagues to be key in designing the new nursing strategy and contributing to the UEC CPG

12. Provider Update: GHT

12.1. The Care Quality Commission have carried out an Inspection of Urgent and Emergency, Maternity Services, because of concerns raised regarding the culture, safety, and quality of the services. Also, in April 2022, CQC carried out an inspection of Surgical Services due to the high number of never events reported and concern they had received about the safety and quality of the service. This report was due to be published with the Trust Well Led report at the end of September 2022, but this has now been delayed until October 7th.

12.2. GHT have reported seven serious incident reports in the last month. Themes of which include inpatient falls, review of blood sugar monitoring in an incident leading to a death, referred to the coroner, potential delay to diagnosis of cystic fibrosis, delayed to diagnosis of sepsis and a missed spinal injury in ED.

13. Provider Update: GHC

13.1. There have been 4 serious incidents reported by GHC in the past 2 months. Three of the reported incidents relate to mental health services, with the fourth incident is being related nosocomial Covid-19 infections at Community Hospitals.

13.2. The Trust continues to provide enhanced quality oversight and assurance via its monthly Quality Dashboard. During the September GHC Quality Committee Meeting issues highlighted included the continued challenge to address Health Care Support Worker vacancies, referral to treatment times across a number of therapy services and the continued organisational focus on eating disorder services, acknowledging the wait list challenges. This is a system issue with a detailed recovery plan co-produced with the Integrated Care Board and involves an independent partner to help reduce waiting times.

13.3. The Trust recently celebrated it's overall "Good" rating from the Care Quality Commission. Focussed work following the inspection continues with detailed action plans in place and the Trust looking at the move towards gaining "outstanding" status.

14. Primary Care education and workforce

14.1. Gloucestershire Primary Care Training Hub (GPCTH) and the ICB nursing leads promote the recruitment, retention and return of General Practice Nurses (GPN's). The key areas are Preceptorship for newly qualified and new to practice GPN's, mid-career development, Advanced Practice, and the drive to 'grow our own' staff by increasing the numbers of Trainee Nursing Associates (TNAs).

14.2. A preceptorship lead was appointed on a 12-month fixed term contract who will be reviewing the new National Preceptorship policy and implementation in Primary Care. Two TNAs started on a September programme with the University of Gloucestershire bringing to total studying countywide to 12.

14.3. Promoting General Practice Nursing as a first destination career is a priority and identified as a key education and training need if future student learners are to have the exposure and the right skills to develop the role of primary care. To date the number of Adult Nursing placements in Primary Care Networks has increased by 30% with the ongoing work achieved by the ICB Practice Education Facilitator (PEF) and Clinical Learning and Development Matron.

14.4. On the 29th of September over 70 nurses attended a Gloucestershire GPN Conference, the first face to face event since COVID-19.). Paul Vaughan, Deputy Director Primary Care Nursing & NextGen Nurse NHSEI, opened the conference as the keynote speaker with other speakers on

Population Health Management, Wellbeing, Learning Disabilities, and clinical workshops. The Deputy CNO for the ICB closed the conference focusing on National updates and personally thanking the teams for their dedication to nursing and valuing their commitment to the communities they serve. The day provided valuable learning for GPN's, Trainee Nursing Associates, Health Care Assistants and Students.

15. Migrant Health

15.1. There has been a lot of movement, particularly in the last week with 19 new arrivals across the three hotels in Gloucestershire. This is following a significant number of small boat crossings over the summer months.

15.2. Currently, one hotel has 202 residents, of which 71 are single males and 17 are single females. 40 families are resident, with 32 children under the age of 18 and 2 pregnant women. There have been 3 births in the last 6 weeks with an additional new-born transferred from another hotel. Another hotel has 75 residents, with 35 single males and 4 single females. There are 11 families with 19 children under 18 and here is currently 1 pregnant woman in the hotel.

15.3. A different hotel has 88 people in residence. 50 are single males with 6 single females. There are 13 children under 18 in 11 family units. There have been 2 babies born in the last 6 weeks with one pregnant woman still in residence.

15.4. There has been the first positive Covid result at the Ibis at the end of last week in a single male, with a 12 year old child testing positive the subsequent day. Public Health have been informed and the Clinical Lead Nurse for Migrant Health is working closely with the hotel management to ensure IPC measures are in place and being followed.

15.5. The team are also currently focusing on post-natal, new-born and child health and services, with work ongoing regarding nutrition, play options and maternal mental health.

16. Quality Dashboard

16.1. Work is currently underway to design the new PC Quality Dashboard, focused around the three dimensions of Quality: safety, clinical effectiveness, and patient experience.

16.2. The new dashboard will also give further data around Primary Care formal complaints and compliments and the reporting of adverse incidents and learning.

17. Recommendation

The Board / Committee is asked to:

17.1. Note the above report.

APPENDIX 1 – Line Graph for April-July FFT Data (see attached: 10a)

		Apr-22 Provider	May-22 Provider	Jun-22 Provider	Jul-22 Provider	
GHT Inpatients	% Positive	88%	87%	87%	89%	
	% Negative	7%	8%	7%	6%	
GHT A&E	% Positive	63%	67%	70%	68%	
	% Negative	27%	23%	20%	23%	
GHC Mental Health	% Positive	81%	81%	83%	84%	
	% Negative	8%	10%	10%	8%	
GHC Community	% Positive	95%	95%	95%	96%	
	% Negative	3%	2%	3%	2%	

Agenda Item 11

Primary Care & Direct Commissioning Committee

6th October 2022

Report Title	**Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry (POD) Progress Report**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
			x				
Route to this meeting							
	ICB Internal	**Date**		**System Partner**		**Date**	
Executive Summary	The purpose of the paper is to provide an update of the POD Delegation project status, activities and outline key milestones for discussion and information.						
Key Issues to note	ICB next step requirement will be to complete the Safe Delegation Checklist by end of February 2023. A Checklist had been supplied to date by NHSE and the projecte team awaits a further version in early October which will be pre-populated to support the ICB with its completion. NHSE announced on 28 September they will be providing ICBs with workshop opportunities addressing all POD functions in readiness to plan and take on delegated services. Dates and content to be confirmed.						

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<table>
<tr><td>Key Risks:

Original Risk (CxL)
Residual Risk (CxL)</td><td>The key risks will continue to be addressed by the POD project team and across the ICB, working through identified risks remains ongoing and detailed in the paper, namely:
Transactional arrangements
Quality
Strategy and policy
Financial
Workforce
The project team is focussed on:
Commissioning capacity and capability for the Commissioning Hub and ICB
Identifying and understanding the financial allocations and associated methodologies which have not yet been fully determined (currently creating financial risk for the ICB)
Resource requirements - not yet understood pre and post April 2023
Service provision for all POD functions
Managing patient expectation
The project team will continue to work collaboratively with NHSE SW to develop implementation and readiness to operate plans (attending all events/meetings offered to the ICB and information sharing). It will identify existing skills/expertise within the primary care team and provide training on POD functions/contracting. Review of resources required across the ICB will be ongoing.

Risk rating at this early stage = (3 x 2) 6</td></tr>
<tr><td>Management of Conflicts of Interest</td><td>Currently no conflicts of interest identified.</td></tr>
<tr><td>Resource Impact (X)</td><td><table>
<tr><td>Financial</td><td>X</td><td>Information Management & Technology</td><td>X</td></tr>
<tr><td>Human Resource</td><td>X</td><td>Buildings</td><td></td></tr>
</table></td></tr>
<tr><td>Financial Impact</td><td>Financial allocations and associated methodologies have not yet completely been determined which creates a financial risk for the ICB. This work remains ongoing with the ICB working closely with NHSE SW.</td></tr>
<tr><td>Regulatory and Legal Issues (including NHS Constitution)</td><td>From 01 April 2023 it is expected the Integrated Care Board (ICB) will take delegated responsibility from NHS England (NHSE) for pharmaceutical, general ophthalmic and dental services.</td></tr>
<tr><td>Impact on Health Inequalities</td><td>The arrangements for delegation of all POD services will be via the NHSE Commissioning Hub. Services to patients are being identified together with opportunities to address health inequalities and/or innovative developments.</td></tr>
<tr><td>Impact on Equality and Diversity</td><td>Not yet identified.</td></tr>
<tr><td>Impact on Sustainable Development</td><td>Not yet assessed.</td></tr>
<tr><td>Patient and Public Involvement</td><td>Patient and public involvement will be addressed in tandem with NHSE POD service plans.</td></tr>
</table>

Recommendation	The Committee requested to: • Discuss the content of the paper.		
Author	Gayle Sykes	**Role Title**	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
Add more as required	

11

POD Delegation - Highlight Report

Programme Status: Amber

Programme Name:	POD Delegation	Key Points of Escalation	
This highlight report updates the Board about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board, and alert them to any changes that may affect the project.		• PDAF submission and internal sign off prior to 16 September 2022. • Completion of Safe Delegation Checklist and internal sign off February 2023. • Delegation Agreement final sign off March 2023.	
Project Name:	POD Delegation	**ICS Programme Area:**	Primary Care Strategy
Project Lead:	Gayle Sykes	**Senior Manager Lead:**	Jo White
Programme Sponsor:	Helen Goodey	**Programme Director:**	Helen Goodey
Author of Report:	Gayle Sykes	**Clinical Sponsor:**	Dr Andy Seymour
Date of Report:	22 August 2022 (Updated 29 September 2022)	**Reporting Period:**	August – September 2022

Project Overview:

Further to national mandate, from 01 April 2023 the ICB will be expected to take on delegated responsibility for pharmacy, optometry and dental services (POD) across the county. The Primary Care team is working with NHSE South West, along with the other ICBs in the South West (SW) to ensure smooth transition of services to the ICB. Update since last report (July 2022) is as follows:

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangements for delegation. (It is expected this arrangement will continue up to 01 April 2023).
- Members of the project team attended a workshop on 17 August with NHSE to discuss the submission of the Pre-Delegation Assessment Framework (PDAF). NHSE provided a version with suggested responses/criteria to consider when completing. System leads across the SW shared responses for consistency. The PDAF was discussed at length at POD project team meetings on 01 and 12 September 2022, completed and submitted by the deadline on 16 September 2022. A follow up meeting to review the submission with NHSE took place on 21 September 2022 with Helen Goodey and Gayle Sykes attending. The countersigned PDAF is due back from NHSE by end of September. NHSE Board will give a final decision on 01 December 2022 that ICBs may take delegation for POD functions from 01 April 2023.
- NHSE is providing monthly information packs outlining latest contractual data on POD services and editions have been received for Gloucestershire in August and September (detailing previous month's data).
- Members of the project team attended an introductory workshop on 28 September 2022 hosted by NHSE covering the Commission Hub and operational arrangements. NHSE announced additional workshops are planned to cover more in-depth detail for delegation of POD functions – dates and content to be confirmed.
- A Safe Delegation Checklist has been issued by NHSE to support ICBs in their preparation to take on delegated functions. The Checklist requires completion and agreement by ICBs (deadline end of February 2023) and will detail plans and progress towards readiness to operate with POD delegated functions. NHSE is pre-populating the Checklist to assist ICBs with planning and completion, this is expected to arrive in the first week of October.

- There will be a Delegation Agreement for final ICB sign off in March 2023.

The POD Project Team will continue to work through the following over the next 2 months:

- PDAF Additional information - if requested by NHSE.
- Attend project team meeting on 04 October to discuss next steps with PDAF, resources and initial plans for completion of Safe Delegation Checklist. Project team meetings are ongoing and arranged in line with activity as required.
- Commissioning Hub – understanding how the ICB operational teams will work with the Commissioning Hub, accountability and responsibilities of the ICB.
- Review the current contracts for pharmacy, optometry and dentistry to identify risks and issues.
- Commence Safe Delegation Checklist.

This includes working through the identified risks of:

- Transactional arrangements (including contracts, payments, complaints, risks)
- Quality (including quality schemes pharmacy, optometry and dentistry)
- Strategy and Policy (including service improvement)
- Financial processes (including approval of financial plans, contract awards, procurement, national returns)
- Workforce (general concerns pre and post April 2023)

Agenda Item 12

Primary Care & Direct Commissioning Committee

6th October 2022

Report Title	**Delegated Primary Care Financial Report**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	x						
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:						
	ICB Internal	**Date**	**System Partner**	**Date**			
	CFO	06/09/22					
Executive Summary	At the end of July 2022, the ICB's delegated primary care co-commissioning budgets were £38k overspent with a breakeven outturn forecast.						
Key Issues to note	Current position is £38k overspent in month with a forecast to break even by year end.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Risk of overspend against the delegated budget: Original Risk: 3 x 3 = 9 Residual Risk: 3 x 2 = 6						
Management of Conflicts of Interest	None						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	The current year to date position has been included within the ICB's overall financial position.						
Regulatory and Legal Issues (including NHS Constitution)	None						
Impact on Health Inequalities	None						
Impact on Equality and Diversity	None						
Impact on Sustainable Development	None						

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Patient and Public Involvement	None		
Recommendation	The PCCC is asked to • note the content of this report.		
Author	Matthew Lowe	**Role Title**	Head of Management Accounts
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
Add more as required	

Agenda Item 12

Primary Care & Direct Commissioning Committee

September 2022

1. Introduction

1.1. This paper outlines the financial position on delegated primary care co-commissioning budgets as at the end of July 2022. The position represents the first month of activity derived from the new ICB entity. Please note that as at M4 the budgets were in accordance with the plan resubmission on 20th June.

2. Purpose and Executive Summary

2.1. At the end of July 2022, the ICB's delegated primary care co-commissioning budgets were £38k overspent.

3. Financial Position

3.1. The financial position as at 31st July 2022 on delegated primary care budgets is an overspend of £38k. The overspend is explained by two key items:

- £53k GMS DES Social Prescribing arising from increased ARR establishment payroll spend.
- £45k Winter Incentive scheme additional expenditure from prior year received late.

3.2. Offset against these overspends are mitigating various small underspends. The Enhanced Services are underspent due to a backlog of claims not received allowed at a run rate consistent with prior year. Premises underspend is attributable to a correction of a prior period overpayment. When accounting for Prescribing, the basis has changed from three months to two months due to alignment with the actual remittance period; creating the underspend in period.

3.3. The current forecast for the full financial year is breakeven subject to ongoing review.

4. Recommendations

4.1. The PCCC is asked to note the contents of the paper

APPENDIX 1 – Glos ICB 2022/23 Delegated Primary Care Co-Commissioning Budget for the ICB financial year (nine-months, Jul-22 to Mar-23)

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Gloucestershire ICB
2022/23 Delegated Primary Care Co-Commissioning Budget

		Jul-22			
	Area	YTD Budget	Actual YTD	YTD Variance	2022/23 Total Budget
		£	£	£	£
SPEND	Contract Payments - GMS	5,087,831	5,145,386	(57,555)	45,790,483
	Contract Payments - PMS	212,221	147,042	65,179	1,909,986
	Contract Payments - APMS	198,084	199,061	(977)	1,782,752
	Enhanced Services	153,721	84,209	69,512	1,383,496
	Other GP Services	276,415	280,589	(4,174)	2,487,736
	Premises	796,688	731,710	64,978	7,170,193
	Dispensing/Prescribing	290,309	240,302	50,007	2,612,783
	QOF	815,256	808,448	6,808	7,337,294
	PCN	988,892	1,221,138	(232,246)	8,900,028
		8,819,417	**8,857,884**	**(38,467)**	**79,374,751**

Funding Allocation (YTD)

Global Sum per weighted patient moved from £93.46 to £96.78 in April 2021
The value of a QOF point increased from £201.06 to £207.56 in April 2022
(the size of QOF has stayed the same in 2022/23 at 635 points)
Other GP Services includes:

>Legal and Professional Fees
>Doctors Retainer Scheme
>Locum/adoption/maternity/paternity payments
>Other General Supplies and Services

12

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Primary Care Strategy - Access

Jo White
October 2022

@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

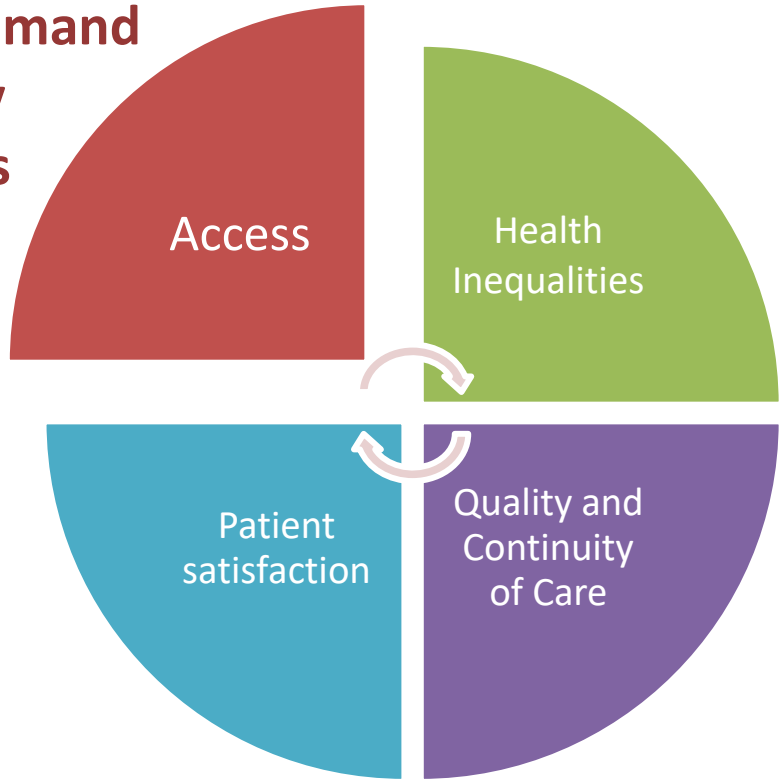
Improving Access and our Urgent Care Offer

Access objectives:

- Evening and weekend provision
- 7 days a week
- Online and face-to-face
- More clinical staff available to see patients at their practice

Good access – what does it mean?

Demand
Capacity
Expectations
Data
Targets



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Transforming Care, Transforming Communities

NHS Gloucestershire

How do we measure and perform on access?

- **New ICS Single Oversight Framework** (we are currently rated level 2 out of 4 – demonstrate many of characteristics of an effective ICB with plans in place to address any areas of challenge)
  - **Number of general practice appointments per 10,000 weighted patients** (4,900 June 22, SW average 4,700 June 22)
  - **% of patients describing their overall experience of making a GP appointment as good** (65% - national RAG rating is green, national range is 49%-66%)
  - **FTE doctors in general practice per 10,000 weighted patients** (Gloucestershire is average for the region, SW highest nationally of 6.2)
  - **Direct patient care staff in GP practices and PCNs per 10,000 weighted patients** (end 21-22 5.6 WTE DPC, regional average 6.1, SW range is 3.7 to 6.1, SW is highest region nationally)

- **Patient overall satisfaction** shows Gloucestershire GP practices at 81% compared with 72% nationally.
- **Local access survey** - all practices are phoned on a quarterly basis to establish waiting times for urgent and routine GP appointments and record how long it takes the practice to answer calls.

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Practice Ring Around – June 2022*

- Practices were rung mid morning / afternoon.
- **Length of time it took to answer call**
  - Less than 5 mins – 53 practices
  - 5 to 10 mins – 14 practices
  - Over 10 mins – 4 practices
- **Wait to next urgent appointment**
  - 69 practices same day
  - 2 practices next day
- **Wait to next routine GP appointment**
  - Up to a week – 22 practices
  - Up to 2 weeks - 15 practices
  - Over 2 weeks – 34 practices
- **Wait to next F2F routine GP appointment**
  - Up to a week – 17 practices
  - Up to 2 weeks - 22 practices
  - Over 2 weeks – 32 practices

NB Most practices are still operating a clinical triage system so, where appropriate, patients are being seen same or next day (col 4)

*Currently undertaken quarterly, moving to bi-monthly from October.

Data challenges

- **NHS Digital** provide monthly data taken from practices systems at national and ICB level. This data is broken down into various clinical roles and types of appointments (e.g. Face to face, Telephone). This data is not available at a practice level to the ICB.
- **ICB BI team** also extract data directly from the practices system, this data can be viewed at various levels, including practice, clinical roles and types of appointments.
- The two sets of data do however show differing numbers due to how the data is managed, local definitions are applied to how/which appointments are counted and HCP types are categorised. These definitions will differ from what is applied by NHS Digital. An example of this is for the month of July 22 NHS Digital data is showing a total of 238,647 face to face appointments for Gloucestershire, where as the ICB BI team are showing 281,576.
- **Full Time Equivalent (FTE)** figures can be misleading. The British Medical Association (BMA) regard a session as 4 hours and ten minutes such that a full-time 37.5 hour week is made up nominally of 9 sessions; however, in many instances GPs work excess hours per session. As an example a six session Partner would on paper work 25 hours a week (6x 4hrs 10mins). In reality this is easily 40 to 50 hours per week once paperwork, phone calls and follow up has been undertaken.

Workforce Challenges

- Staff burnout and stress, accelerated by pandemic
- Patient demand v Practice capacity
- Media misrepresentation
- Increasing patient complexity and referral delays due to pandemic recovery
- Nursing workforce – availability and early retirement
- National targets v clinical need and clinically led priorities
- Salary inflation in other sectors can make it hard to recruit and retain some staff groups
- Portfolio working – supports retention but can reduce capacity
- Practice capacity to support training, education and development v day to day demands

What are we doing to support? - Capacity

Workforce:

- Specific Health inequalities funding to support recruitment in *Core 20 areas* - GP recruitment and Fellowship
- Recruitment initiatives i.e. Open days/events, Tier 2 Visa's, Apprenticeships, Placements and relocation support – *clinical and non-clinical roles*
- 197.5 WTE or a headcount of 249 ARR staff in Gloucestershire.
- Launched an ARR Repository Archive - Gloucestershire Primary Care Workforce Centre (glosprimarycare.co.uk)
- Medical Support Workers and GP assistants recruitment
- Active GP Retainer programme (supporting GPs to stay in practice) – 14 part time post holders
- Primary Care Flexible Staffing Pool – 100% of practices and 48 GPs signed up
- New to practice SPARK programme –supporting/retaining newly qualified GPs and Nurses - Spark GP - 40 current, 30 completed (70 total supported) and Spark nurse - 4 current, 12 completed, with 5 due to start in October
- Continued commissioning of Parachute Clinical pharmacists and parachute nurses
- Key focus on Nursing workforce - Planned strategic General Practice Nurse role, new Training Hub nurse lead, 'nurse on tour' plans, legacy nurses, and Preceptorship scheme
- Innovation approaches- mentoring, coaching, parental workshops, peer support groups, walking groups, programs for newly qualified nurses and GPs
- Initiatives to retain staff in role i.e. training/development
- Annual event for Locums – November 2022

What are we doing to support? - New Ways of Working: Rosebank Hub

Rosebank PCN introduced 'The CAS Hub team' in November 2021 which consists of a group of care coordinators, GPs, ACPs (Advanced Care Practitioners), social prescribers, physiotherapist, and pharmacist, all working together to ensure the patients journey through primary care is as efficient and seamless as possible.

The main aims of the CAS Hub are to:

- Signpost appropriate patients to MIU/Community Pharmacy/GHAC or to our social prescribing team
- Ensure the patient is seen by the right clinician in the right timescale, improving continuity of care
- Deal with quick wins

Having the entire CAS Hub team working together from one room means queries can quickly be sorted from both clinical and non-clinical staff alike; this will further support winter pressures. This new way of working has been showcased at ICS events and shared with other PCNs to share best practice.

At Rosebank the next steps are to utilise the Fuller framework on integrating primary care. By working, initially, with Gloucestershire Health and Care NHS Foundation Trust and Adult Social Care our aspiration is to enhance current cross organisational working and integrate other roles into the hub.

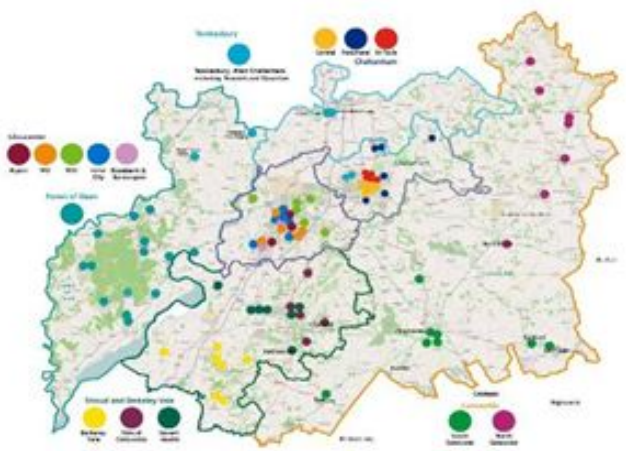
What are we doing to support? - New Ways of Working: Church St. Care Navigation Hub

- Inspire Health Group (consisting of 4 practices covering parts of Tewkesbury and Cheltenham and with 32,000 patients) have implemented a care navigation model (rather than a clinical triage model)
- The model employs 8 care navigators who are trained to manage all administration queries and some clinical queries
- The main aim is to better manage demand for same day urgent care and provide continuity of care through signposting away from GPs and ANPs, where appropriate, either to:
  - other clinicians such as an ARRS clinician or;
  - other services, such as the Community Pharmacy Referral Scheme (CPRS)
- Any they cannot deal with are sent to the duty doctor
- The effect has been an improvement for the duty doctors in managing same day demand with more patients being seen at the right time by the right clinician.

What are we doing to support? - Demand management

- Additional support being given to practices and pharmacies to increase usage of GP CPCS to free up practice capacity.
- Additional appointments are being funded at practice level throughout 2022/23, with the understanding that practices will ensure there is increase clinical capacity to meet patient demand especially during the winter period and around bank holidays.
- Communications to the public around signposting and services available

Gloucestershire's Enhanced Access Offer



15 PCNs

Mon – Fri 18:30-20:00 & Saturday (am)

Saturday (pm)
Sub-contracted to GDoc Acute GP service Countywide service

Multidisciplinary teams (including ARRs) offering clinics based on PHM data and patient need

Example clinics include:

Exercise classes

Diabetes clinics

LD & SMI Health Checks

Clinics can include: QOF, IIF, Enhanced Services, Vaccinations etc. to support general practice activity.

Saturday (AM) Phlebotomy in discussion

QOF (Quality and Outcomes Framework)

I'VE HAD MY COVID VACCINATION

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Quality Improvement Projects: Frailty Theme

TWNS

- Frailty Nurse Service
- Frailty nurse and co-ordinator identify at risk individuals and to review/visit
- Frailty team to collaborate with MDT i.e. SPLW, ICT, falls team, community dementia team, DNs, Community physio and OT.

North Cots + Berkeley Vale

- Frailty Service

HQ

- Dementia & Frailty Service
- PCN team to offer direct support to patients living with dementia and increased frailty, those awaiting diagnosis and their support network.

NSG

- End of Life Virtual MDT
- To promote coordinated personalised, anticipatory care for people in the last year of life.

South Cotswolds

- Frailty Virtual Ward
- To invest in the successful frailty model in order to further develop the service, establish a virtual ward, re-establish a community geriatrician model, and support the development of PHM and other innovative projects to further develop the care of our frailty cohort across our Network population.

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Quality Improvement Projects: Respiratory

St Pauls

- PCN Respiratory Clinic
- Working in Partnership with Consultant to deliver sessions and face2face reviews with patients in primary care.

Cheltenham Peripheral

- Community Respiratory Clinics (8 people)
- A respiratory consultant and a practice nurse rotate around the 5 PCN practices.
- The clinics would be for patients where there was confusion about diagnosis and for a further clinical respiratory opinion.

Inner City

- PCN Respiratory Clinic
- Respiratory physicians delivering sessions and f2f review with patients in a primary care setting

FoD

- Respiratory Diagnostic Service and Respiratory Outpatient Clinic
- Once a month the respiratory nurse works in an outpatient style clinic with Consultant

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Quality Improvement Projects: CYP Mental Health

Rosebank

- CYP Mental Health Service
- To support and improve the service provided to families with children and young people; focusing on child mental health and supporting families through ADHD/autism referrals etc.

St Pauls

- Mental Health for Young Adolescents Worker
- The aim is to have a worker for an initial 1 year, working within the team of SPLW's, focusing on referrals for young adults, where mental health is a primary diagnosis.
- Support and onward referral will be offered, using organisations and voluntary groups.

Stroud Cotswolds & Severn Health

- Investment in The Door and Teens in Crisis (both Stroud) for additional, surgery access, capacity for young people as part of a 3 stage mental health support plan for Network patients.
- Samaritans – confidential listening support
- Door – mentoring
- TiC for Counselling

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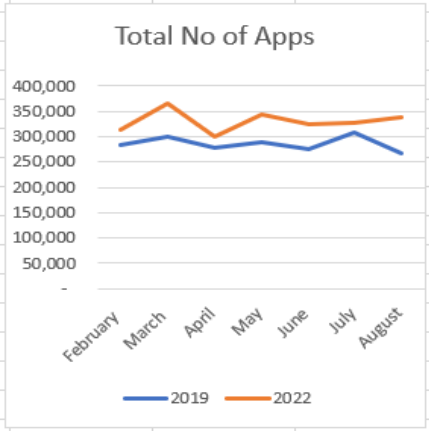
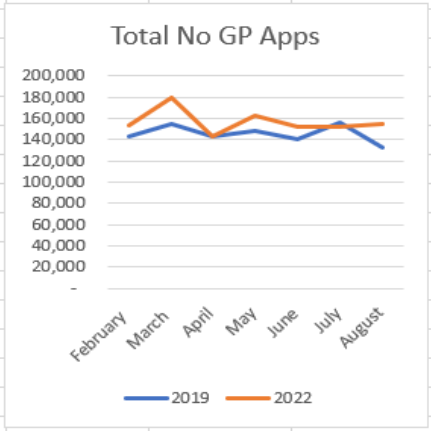
Next Steps

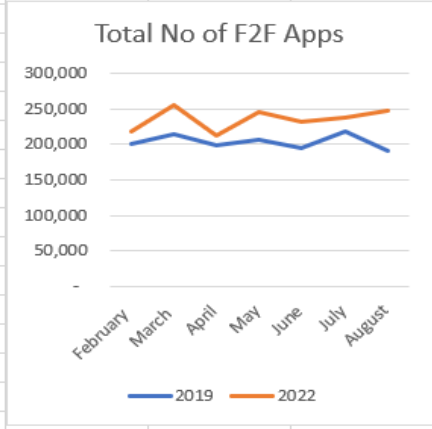
- Continuing with range of schemes to support GP retention and recruitment
- Multi-disciplinary project team working to support practices and pharmacies, working together to improve usage of GP CPCS to increase the number of referrals to pharmacies.
- Regular data review and reporting with BI support
- Working with individual practices where there are particular challenges, including access
- Two week GP appointment wait target recently announced is on hold, 4 IIF indicators have been retired creating funding for a PCN support payment for winter (equates to c.£18k for 6 months for 30,000 PCN)

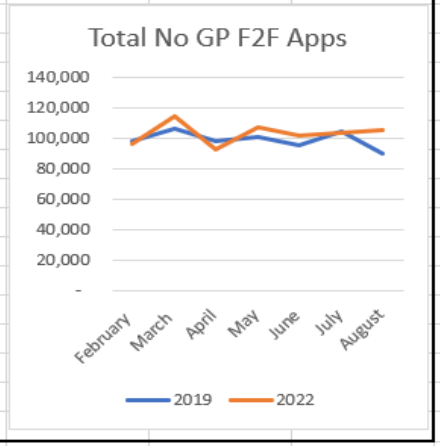
Appointment Data Comparison 2019 Vs 2022

	Total number of Apps			Total number of GP Apps			Total number of F2F Apps			Total number of GP F2F Apps		
	2,019	2,022	% Change	2,019	2,022	% Change	2,019	2,022	% Change	2,019	2,022	% Change
February	282,730	314,131	11	143,242	153,570	7	201,548	217,516	8	98,493	96,131	- 2
March	298,853	365,541	22	154,602	179,679	16	214,405	256,402	20	106,246	115,144	8
April	278,716	300,335	8	142,820	142,738	- 0	199,813	212,574	6	98,424	92,880	- 6
May	288,978	344,318	19	148,176	162,585	10	206,501	246,276	19	101,436	107,723	6
June	276,413	324,523	17	140,390	152,451	9	195,672	232,672	19	95,492	101,931	7
July	307,468	328,236	7	155,550	151,617	- 3	217,904	238,647	10	104,522	103,551	- 1
August	266,664	339,378	27	132,118	154,953	17	191,275	247,964	30	90,354	105,741	17
Total	**1,999,822**	**2,316,462**	**16**	**1,016,898**	**1,097,593**	**8**	**1,427,118**	**1,652,051**	**16**	**694,967**	**723,101**	4









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Agenda Item 14

Primary Care & Direct Commissioning Committee

Thursday 6th October 2022

Report Title	**ICS Transformation Programme- ILPs Highlight Report**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**	**Date**		
	N/A	dd/mm/yyyy	N/A	dd/mm/yyyy		
Executive Summary	The purpose of this paper is to outline the progress in delivering the Integrated Locality Partnerships (ILPs) across Gloucestershire and their respective priorities which span localities and neighbourhoods. This highlight report forms part of the report to ICS Strategic Executive.					
Key Issues to note	None					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	There is a risk that political emphasis on elective recovery detracts from Place/partnership agenda Original (3x4) 12 Residual (2x3) 6 There is risk of insufficient voice for the Place based agenda at ICB and ICP Original (2x4) 8 Residual (1x3) 3 There is a risk around Primary Care representation in ICB not yet being communicated to ILPs and PCNs Original (2x4) 8 Residual (1x3) 3					
Management of Conflicts of Interest	Any conflicts of interest are noted and managed as they arise.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	This report is for update on projects utilising existing services and or funding streams. Additional funding is not specifically detailed as being sought within this paper.					

Regulatory and Legal Issues (including NHS Constitution)	N/A		
Impact on Health Inequalities	All ILPs rightly consider making a positive impact on health inequalities and the wider determinants of health across our populations.		
Impact on Equality and Diversity	EIA completed where appropriate.		
Impact on Sustainable Development	Will there be any impact on sustainability of programmes, places or people. How does the proposal meet the ICB/ICS objectives for sustainable developments?		
Patient and Public Involvement	Engagement with people is a key part of priority projects where appropriate.		
Recommendation	The Committee is requested to: • Note the updates on the wider ILP programme and specific priority projects taking place across our localities.		
Author	Bronwyn Barnes	**Role Title**	Head of Locality Development
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
Add more as required	

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ICS Transformation Programme Highlight Report

19th August 2022

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Part of the One Gloucestershire Integrated Care System (ICS)

7.1 Integrated Locality Partnerships 1 of 2

Programme SRO	Mary Hutton	**Clinical & Care Lead**	Clinical Directors & ILP Chairs	**Programme RAG**	**GREEN**	**Date of Report**	19 August 2022
Programme Lead	Helen Goodey	**Report Author**	Bronwyn Barnes	**Previous RAG**	**GREEN**		

Programme Aim (from delivery plan)	**Decisions / Actions Required of Board**
The aim of the Place Based model is to improve the health, well-being and independence of people living in Gloucestershire through delivering a step change in more accessible, sustainable and higher quality out of hospital care. It is focused on supporting partnership working between PCNs and other key stakeholders. They key outcomes of the approach include improved health and wellbeing, reduced hospital admissions and length of stay, better experience and equality.	N/A

Programme Area/ Workstream (as per delivery plan)	**Key Achievements from last reporting period** (from delivery plan)	**Key Upcoming Milestones for the next reporting period** (from delivery plan)	**Key Areas of Variance - *that have occurred/ could occur*** (from delivery plan)

Place Based Model	• The ILP and PCN Showcase event in July was a great success with presenters from partners across the county passionately sharing some of the work underway in neighbourhoods and localities.
	  • 99 people were in attendance from Gloucestershire as well as NHSE/I, and the Kings Fund.
	  • An inspiring morning of presentations and a great opportunity to celebrate the work across our partnerships.
	  • Chris Hopson (Chief Strategy Officer NHSE/I) commended the “fantastic range of examples” presented, the importance of relationships, being community-led and the brilliance in our system at targeting non medical interventions to proactively address need and inequality.
	• Continued alignment of opportunities and priorities including PCN QI projects, Strengthening Local Communities funding to District Councils to address inequalities and NHS Charities Together funded projects across the 6x localities, all of which are underway.
		• Continuing with the design and delivery of interventions for ILP priority population cohorts across the existing working groups.
		• Ensuring projects align with emerging national policy and deliverables for example personalised care and anticipatory care specifications of the PCN DES which would be even more effective when collaboratively delivered across partners in neighbourhoods and localities.
		• Further support & alignment of priority at locality level and prioritisation of schemes with greatest impact; inclusive of Quality Improvement projects within PCNs. The impact of the cost of living crisis and inflation has been raised for consideration of collective response at several ILPs.
		• Continuous review of membership to widen impact, for example ensuring a minimum VCSE representation across ILPs supported by the VCSE MOU.
		• Delivery of the six NHS Charities Together locality projects and review to inform first reporting period.
		• Develop ways to further showcase our work following successful ILP and PCN event in July.
		• Renewed focus on face to face locality engagement and relationship building with partners as appropriate.
		• Complete process to ensure representation from 6x ILPs at Integrated Care Partnership (ICP) to ensure alignment of efforts and to inform development of Integrated Care Strategy with clear lines of communication back to ILPs for wider engagement.
		• Delivery of Warmth on Prescription roll out across localities following pilot last winter.
		• Considering approaches to encouraging further communication across the partnerships for example using MS Teams channel.
			• Revisit all existing projects to ensure evaluation metrics are regularly monitored.

7.1 Integrated Locality Partnerships 2 of 2

Programme SRO	Mary Hutton	**Clinical & Care Lead**	Clinical Directors & ILP Chairs	**Programme RAG**	**GREEN**	**Date of Report**	19 August 2022
Programme Lead	Helen Goodey	**Report Author**	Bronwyn Barnes	**Previous RAG**	**GREEN**		

Programme Area/ Workstream (as per delivery plan)	**Key Achievements from last reporting period** (from delivery plan)	**Key Upcoming Milestones for the next reporting period** (from delivery plan)	**Key Areas of Variance - *that have occurred/ could occur*** (from delivery plan)
Place Based Model	• Neighbourhood and locality specific achievements include: o Successful engagement events in Brockworth and West Cheltenham to ensure priorities driven by community defined need. In West Cheltenham this focussed on engaging views of young people and their families on the strengths in the community and what could be built upon. o Little blue book of sunshine wellbeing resource for children and young people successfully launched in Stroud and Berkeley Vale (SBV) in July. o First cohort of art journaling in SBV has concluded as has initial Body Project course with the University of Gloucestershire to explore food, eating and body image. o Recruitment of befriending volunteers has begun for the NHS Charities Together project in Cheltenham. o Substance Misuse project in a Cheltenham practice has started engagement with patient cohort of those not in active misuse therapy or support. o Social Isolation and Frailty working group in Cotswolds has successfully launched phase 2 to support frail/ deconditioned patients via social prescribers. o Feedback from Cirencester health week shared with ILP to increase understanding of population ambition o FOD The Pre-Diabetes Project group developing a local support pack to signpost individuals to local services and encourage and incentivise physical activity.	o Neighbourhood and locality specific upcoming milestones include: o Interim report from community engagement in West Cheltenham o Cheltenham Substance Misuse project meeting in September to update on engagement and broaden partner agency working. o Face to face workshops, priority setting and relationship building sessions planned for Cheltenham, Tewkesbury and Gloucester o Deprived wards engagement session 1 in the Beeches in Cirencester to commence in September. o Continued locality engagement and relationship building with partners/ visits to hubs and community champion networking building across SBV. o FoD Children and Young People's Mental Health Group has been asked to present at a Kings Fund Conference in November raising the profile of their work to National level o In Tewkesbury the PCN Health and Wellbeing projects continue to be well received with new Strength and Balance classes being added to meet demand. The PCN is looking to add classes in Newent and Staunton, and replicating the success of the Tewkesbury Town Health and Wellbeing event held in June there too. Colleagues have been asked by NHSE&I to present their work during a Regional webinar in September. o Partnership working approach across Gloucester ILP to inform development of council future leisure services contract to put proactive health and wellbeing of people at he forefront with lots of opportunity for future collaborative working practices.	

Key Risk, for escalation	**Current Scores**			**Risk Mitigation**	**Mitigated Scores**		
	Likelihood	**Impact**	**Total**		**Likelihood**	**Impact**	**Total**
There is a risk that political emphasis on elective recovery detracts from Place/partnership agenda	3	4	**12**	Continued focus on impactful priorities for ILPs that contribute to wider priorities and continued Covid recovery efforts.	2	3	**6**
There is risk of insufficient voice for the Place based agenda at ICB and ICP	2	4	**8**	ICP membership to include 1 representative from each ILP	1	3	**3**
There is a risk around Primary Care representation in ICB not yet being communicated to ILPs and PCNs	2	4	**8**	One member from Primary Care. Expectation that 3 of the 6 ILP representatives are clinical, likely Primary Care.	1	3	**3**