Primary Care & Direct Commissioning Committee Part 1 (Public) - 1st December 2022 (01/12/2022)

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One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Primary Care & Direct Commissioning Committee PT1

Thursday 1st December 2022
2:00pm to 4:00pm, Sanger House/MS Teams - Click here to join the meeting

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**
		PART B		
7.	**2:10pm – 2:40pm (30m)**	**Primary Care Strategy: Partnership & Integration**	**Helen Edwards, Bronwyn Barnes & Olesya Atkinson**	**Discussion**
8.	**2:40pm – 2:45pm (5m)**	**ICS Transformation Programme ILPs Highlight Report**	**Helen Edwards**	**Note**
		PART A (Continued)		
9.	**2:45pm-3:00pm (15m)**	**Business Case for new Surgery at Brockworth (Representatives from Surgery & Developers attending)**	**Andrew Hughes**	**Approval**
10.	**3:00pm - 3:10pm (10m)**	**Primary Care and PCN Highlight Report**	**Jo White**	**Note**

11.	**3:10pm – 3:20pm (10m)**	**Primary Care Quality Report**	**Marion Andrews-Evans**	**Note**
12.	**3:20pm – 3:30pm (10m)**	**Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry Highlight Report & Safe Delegation Check List**	**Jo White**	**Note**
13.	**3:30pm – 3:40pm (10m)**	**Financial Report**	**Cath Leech**	**Note**
14.	**3:40pm – 3:50pm**	**Any Other Business (AOB)**	**Chair**	**Note**
Dates in Diaries				
PC&DC Committee PT1 (Public): 2nd February 2023 2:00pm – 4:00pm **PC&DC Committee PT2 (Confidential): 2nd February 2023 4:00pm – 5:00pm**				

Verbal

Verbal

Primary Care & Direct Commissioning Committee PT1

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

Members Present	Initials	
Colin Greaves	CG	Chair, Non-Executive Director
Jane Cummings	JC	Vice Chair, Non-Executive Director
Mary Hutton	MH	Chief Executive Officer
Andrew Seymour	AS	Chief Medical Officer
Marion Andrews-Evans	MAE	Chief Nursing Officer
Shofiqur Rahman	SR	Deputy Chief Financial Officer (deputising for Cath Leech)

Attendees Present	Initials	
Helen Goodey	HG	Director of Primary Care & Place
Jo White	JW	Deputy Director of Primary Care and Place
Julie Zatman-Symonds	JZS	ICB Deputy Chief Nurse
Bronwyn Barnes	BB	Head of Locality Development
Helen Edwards	HE	Deputy Director of Primary Care and Workforce Development
Tracey Cox	TC	Director of Engagement and People
Olesya Atkinson	OA	NHS Gloucestershire Board Member (Primary Care Network Perspective)
Nigel Burton	NB	Healthwatch Representative
Carole Allaway-Martin	CAM	Cabinet Member for Adult Social Care Commissioning
Cherri Webb	CW	Primary Care Development and Engagement Manager
Christina Gradowski	CGi	Associate Director of Corporate Affairs

Rachel Carter	RC	Governance Coordinator, Minutes

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1.	**Introduction & Welcome**
1.1	CG welcomed members and attendees to the Primary Care & Direct Commissioning meeting.
2.	**Apologies for Absence**
2.1	Apologies were received from Cath Leech.
2.2	It was confirmed that the meeting was quorate.
3.	**Declarations of Interest**
3.1	OA made the declaration that she was the Chair of the Gloucestershire Primary Care Network (PCN) Clinical Directors' Group and Joint Clinical Director of the Central Cheltenham PCN. The committee members considered the declaration and concluded that her participation was not prejudicial to proceedings.
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 the following: **Item 6.1 Primary Care & Direct Commissioning (PC&DC) ToR:** to revise the wording to read: 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 lay-member, and the Primary Care ICB Participant. **Item 10.6:** To remove the formatting comment.
5.	**Matters Arising**
5.1	**04/08/2022, item 6.1.2:** CGi to revise the PC&DC ToR to clarify the jurisdiction to approve the PCOG ToR. **Item closed**
5.2	**04/08/2022, item 6.1.2:** CGi to revise the wording of section 9.5.1 of the PC&DC ToR and clarify the delegated authority.

	Item closed
5.3	**04/08/2022, item 6.1.6:** 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 lay-member, and the Primary Care ICB Participant. **Item closed**
5.4	**04/08/2022, item 10.6:** CG requested a detailed report on Pharmacy, Optometry and Dentistry return to PC&DC Committee for further discussion. CG suggested that a standing item remain on the agenda regarding Pharmacy, Optometry and Dental going forward until the ICB had delegated responsibility. **Item closed**
5.5	**04/08/2022, item 11.8:** HG to confirm when the Out of Hours Service was due to end. HG explained that the contract ended last March but we were supported to roll forward the contracts. HG said there was a full update on the current out-of-hours contract including options for procurement which will be ready within the next two weeks. **Item closed**
6.	**Questions from the Public**
6.1	There were no questions from the public.
7.	**Primary Care Infrastructure Plan**
7.1	AH introduced the Primary Care Infrastructure Plan (PCIP) by explaining that the current strategy is to support a safe, sustainable, high-quality primary care service in modern premises that are fit for purpose. AH said that the PCIP was created by the CCG in 2016 and refreshed in 2020.
7.2	AH stated that the key strategic objectives were to ensure that there were the correct facilities to support the strategies within the sector; that the facilities were safe, with a particular focus on constraints caused by under sizing and building conditions; and that there was enough capacity for the future, noting evidence of long-term housing and population growth.
7.3	AH explained that there had been multiple challenges recently with the practical delivery of schemes due to the consequence of post-Brexit, post-pandemic and the Russo-

	Ukrainian war. AH drew attention to the Wilson Health Centre, which had now been successfully opened in Cheltenham. AH said that due to these challenges, the building took five months longer than anticipated to complete.
7.4	AH said that the Chief Executive Officer, the Chief Financial Officer and the Director of Primary Care took part in a strategic financial stocktake this year. AH said as a result, an overarching financial envelope was agreed and that further business cases are likely to be brought forward to the Committee.
7.5	AH explained that that the current strategic level risk (12) should be recorded as high-medium instead of high. AH explained that the PCIP governance arrangements were in the process of being reviewed. AH also noted that there needed to be consideration towards net zero carbon, recognising that there was no current set mandate or standard, and how this would impact PCNs.
7.6	AH said his team were working with outside support through Community Health Partnerships and the National Association of Primary Care, to understand the implications of the several hundred additional staff working in additional roles in post, and coming into post, over the next few years. AH said that there needed to be a consideration on further development of training facilities within buildings, with a focus on registrars.
7.7	AH said his team were working closely with Severnbank and Lydney practices, along with their development partner, and expected the business case for these practices to come to the committee in February 2023. AH explained that they were exploring how to include the next generation of community space to support a wider enabling active community strategy.
7.8	AH said that Tetbury were now working with a third-party developer. AH said he was waiting for their financial appraisal but expected the business case before the end of the year. AH explained that there was a range of small-scale schemes which included a mechanism called Improvement Grants, where taxpayers were able to fund up to two-thirds of improvements to existing buildings, with a discount on the rent. AH mentioned that there are a number of them underway, with Underwood recently completing an extension that had increased clinical capacity. AH said that they were halfway through the refurbishment and extension of the Quedgeley Surgery in Gloucester which would also increase clinical capacity.
7.9	AH said that the Marybrook Medical Centre (a branch site of Culverhay Surgery) had embarked on a full transformation and modernisation of the existing building to increase clinical capacity. AH said two practices in Stroud had merged to become the Five Valleys Medical Practice and were relocating to a new Primary Care Centre in Stroud town centre.
7.10	AH said planning permission had recently been approved to construct a new Coleford Medical Centre. AH said that the team were looking to procure additional land from the

	County Council to expand Hucclecote Surgery. AH said there was a joint business case between Overton Park and Yorkleigh Surgery to develop shared premises in central Cheltenham. AH advised that a business case for primary care premises development for Beeches Green surgery might be expected in the next financial year.
7.11	CG advised that there was no financial allocation for developing GP premises from NHS England and therefore this funding must come from the ICB budget. CG emphasised the need to set aside funds to develop GP premises, in anticipation of a challenging financial year. CG cautioned that the funds set aside may not be sufficient to cover the increasing costs of the schemes. AH advised that the schemes outlined previously were within the ICB allocation which had been set aside.
7.12	CG advised that going forward into the next financial year, further additional resources may need to be set aside to cover the increasing costs of the schemes.
7.13	**Resolution: The Committee noted the Primary Care Infrastructure Plan.**
8.	**Primary Care and PCN Highlight Report**
8.1	JW summarised that on the 30th September there had been some PCN Direct Enhanced Service (DES) contract changes. JW indicated one of the Investment and Impact Fund (IIF) indicators had been retired and three had been deferred. JW continued these four indicators total 0.62 pence per patient, therefore for an average PCN size of 30,000 patients this totals £18,000 over the next six months, which will be named a Primary Care Network (PCN) Capacity and Access Support Payment.
8.2	In terms of Enhanced Access, JW confirmed all 15 PCNs had been taken through the appropriate governance processes and arrangements had been set up with GDoc Ltd who were offering Saturday afternoon appointments on behalf of 14 of the PCNs. JW said the Primary Care Team were working with the PCNs and the Pathology lab to see if a solution could be reached for Saturday morning phlebotomy services.
8.3	JW highlighted that for Learning Disabilities (LD) Annual Health Checks and Serious Mental Illness (SMI) Physical Health Checks, practices were expected to be more proactive coming into quarter 3 of 2022/23. JW added that the practices would be informed of their individual performance and that there was a Learning Disability nurse and the Independence Trust had been commissioned to provide some support to patients.
8.4	JW said that the ICB Primary Care team continued to work to support with migrant health, housing for Ukrainians, and contingency hotels which remain full. JW added that practices remained busy managing the health needs of these patients. The ICB were waiting for confirmation on information and instruction of the funding for 2022/23.

8.5	JW explained that information on the GP Transformation Support Fund was received on the 26th September. Funding equated to £856,000 for Gloucestershire in 2022/23.
8.6	JW also said that NHSEI had informed the ICB that new roles could be bid for under the Additional Roles Reimbursement (ARR) scheme. JW said this included a Band 4 GP Assistant and a Band 8A Digital Transformation Lead. JW said the Primary Care Team were in the process of recalculating underspends with PCNs to allow them the opportunity to rebid for these new roles.
8.7	JW concluded that Gloucestershire were performing well in terms of COVID vaccinations. JW said care homes and those housebound were being prioritised.
8.8	CG said that extra consideration is needed on how and if the PCN Development Funding 2022/23 should be utilised to prevent double counting. HG added that the funding would include clear guidelines which would help explain how it could be used. HG said that work was ongoing with regional partners to understand what the expectations were.
8.9	**Resolution: The Committee noted the Primary Care and PCN Highlight Report.**
9.	**Primary Care and PCN Performance Report**
9.1	JW said that there was an improvement in performance across the Investment and Impact Funding indicators. JW added that one of the main concerns was around data quality and the PCNs found it challenging to ensure that the data reflected the level of work undertaken.
9.2	JW summarised the key performance highlights for the Severe Mental Illness Physical Health Checks and Learning Disability Annual Health Checks, explaining that these were expected to improve further in the final quarter of the year.
9.3	JW indicated that work continued on a wide variety of Quality Improvement projects, and the Primary Care team were working with the PCNs and the ICB Finance and Business Intelligence colleagues to understand how to best support the evaluation of these projects. JW said the Business Intelligence Team were liaising directly with two of the PCNs working on respiratory and frailty projects. JW summarised the Quality Improvement projects by theme and ICS priorities.
9.4	In terms of Local Enhanced Services, JW highlighted that all 70 Gloucestershire practices had now returned their Enhanced Service sign-up forms.
9.5	In terms of general practice reporting data, JW highlighted that Gloucestershire continues to perform above the national figure when it comes to face-to-face appointments and the trends remained good. Overall, the number of appointments both nationally and in

	Gloucestershire had decreased compared to the previous month, which was most likely due to the two bank holidays within that month.
9.6	HG emphasised that the work underway to improve the General Practice data was essential to understand which Quality Improvement projects were delivering the ICS Strategic Priorities. A performance report was being developed for the Board that would also report to PCDC.
9.7	In terms of LD, JC highlighted it may be more beneficial to complete Annual Health Checks earlier in the year, rather than in winter which was a typically very busy time for the NHS. JC asked to see the breakdown of face-to-face appointments split by staff role. JC further asked if data could be developed to show if a face-to-face intervention of somebody other than a GP was providing good quality outcomes for those individual patients, which will help build the evidence base around using different roles. AS responded some data was available that showed the percentage of face-to-face appointments by ARRs. CG agreed the additional detail within the data would show the greater contribution the ARRs were having.
9.8	In terms of completing Annual Health Checks earlier in the year, JW explained that because they were annual it would be challenging to reverse the trend, as these appointments would not be booked just a few months after the appointment to be done during Q1 or Q2.
9.9	CAM observed that the respiratory and frailty Quality Improvement projects were currently not yet available to all residents of Gloucestershire; when the analysis is completed could projects be potentially rolled out across other practices to reduce the equalities issue. HG responded that the aim was to achieve for our local population. HG added that the sites running these projects were prioritised based on Population Health Management data to target the areas with the highest need. **Action: HG and JW to detail an analysis on the respiratory Quality Improvement project, to be presented at a future meeting.**
9.10	JW explained that the Quality Improvement projects were mapped across the strategic priorities however workforce development had not yet been linked to a strategic priority in the same way.
9.11	JC highlighted that the discussions on the Quality Improvement projects may be best placed at the Quality Committee, however, care would need to be taken not to create unnecessary duplication. CG added that with the addition of Pharmacy, Optometry and Dentistry, there needed to be a discussion held on the most appropriate forum to take certain discussions to and this should be reflected in the ToR. CGi added that this discussion should include risk reporting to ensure there was no duplication as to where risks were being reported.

	Action: CGi to arrange a meeting of JC, MAE, HG, CG and CGi to fully discuss PCDC responsibilities and report process, including POD.
9.12	**Resolution: The Committee noted the Primary Care and PCN Performance Report.**
10.	**Primary Care Quality Report**
10.1	MAE explained that the Deputy Chief nurse at the ICB had a key responsibility for leading on the quality and professional nursing agenda for primary care. MAE highlighted that reporting on quality for Pharmacy, Optometry and Dental would feature in the Quality report when the ICB has taken on these contractor professions.
10.2	MAE said she had been involved in research, that the University of the West of England (UWE) had commissioned, to look at the benefits of the new Additional Reimbursable Roles.
10.3	MAE said the System Effectiveness Group had been reestablished, ensuring it had a broader remit than the previous System Effectiveness Group.
10.4	MAE said safeguarding was a top priority. The new Associate Director of Integrated Safeguarding had commenced post in the ICB and from November 2022 the Adult Safeguarding Lead Nurse in the ICB would be in post.
10.5	MAE said there had been a long-standing concern over children in care being placed in the county by other local authority areas and the impact on local GPs. MAE explained that the children did not come with their history and no detail was known until they approached a GP practice for registration. The ICB Designated Nurse for Children in Care was working with local authority colleagues to improve this process. MAE said the Designated Doctor for Children in Care was due to retire in March and MAE was looking at developing a joint appointment for a Designated Doctor with Bath, Swindon and Wiltshire ICB.
10.6	MAE said the Friends and Family Test for primary care had recommenced in July 2022.
10.7	In terms of Medicines Optimisation, MAE said there was a comprehensive primary care savings plan in place. There was a particular focus on changing to a different Direct Oral Anti-Coagulant (DOAC). MAE explained the Appliance Project which was particularly looking at the use of stoma products and catheter and incontinence products. MAE explained that this was a quality improvement project just as much as a savings project, as part of the work was reviewing the products with patients to ensure they were using the most appropriate product for them.

10.8	MAE highlighted there had been a new appointment of a pharmacist in the Community Pharmacy team to support liaison work with community pharmacies which had been nationally funded.
10.9	In terms of infection prevention and control, MAE explained that there had been an increase in patients with COVID-19 going into the hospitals. There had been an increase in COVID-19 in the community and COVID had also been reflected in staff sickness figures. MAE said there had been some Influenza A cases in the community however the rate was very low and not yet a concern. MAE said the Care Home Nursing team were working very closely with the local care homes to manage any infections. Staff had been recruited to the point of care testing team, which had proven successful in the past.
10.10	MAE said the Autumn COVID-19 Booster vaccination programme had commenced with the over 65's; younger age groups will be invited to have their booster vaccinations over the coming weeks. MAE highlighted the primary focus had been vaccinations in Care Homes. There was a national target to complete care home vaccinations by 23rd October; GPs had been offered incentive payments to undertake that work. To date the vaccination team had completed 61,000 booster vaccinations and some of these vaccinations also included co-administration with the Influenza vaccines. The target was to complete the vaccinations by mid-December.
10.11	MAE summarised that there was significant pressure being seen in Urgent and Emergency Care and there was a keen focus on ensuring risk was appropriately managed and that the quality of service was maintained as far as possible.
10.12	MAE said GHFT had published their CQC inspection for the well-led framework, maternity services, and surgical services. The ICB would be working with GHFT to take forward their action plans. GHC had published their CQC inspection report and had been rated as 'good'.
10.13	MAE highlighted there was an excellent Primary Care Training Hub in Gloucestershire. They had been focusing efforts on recruitment and retention. Return to Practice for practice nurses, and the Preceptorship Program for new-to-practice nurses. MAE explained that over 50% of nurses were over the age of 55 and therefore it was important to develop the nursing workforce. MAE highlighted there was a successful conference for practice nursing staff held in September.
10.14	MAE explained that two nurses have been recruited to support primary care with migrant health.
10.15	MAE said that the development of the Primary Care Quality Dashboard was ongoing and will be coming to the committee at a later date.

10.17	CG expressed concern over the placements of children from out of county and queried what was being done to solve this. MAE answered that a letter had been sent to local authorities reminding them of the necessary processes that must be taken.
10.18	MAE mentioned that many migrants are registering with practices and then becoming unavailable to contact, which is concerning as some of these people have significant health concerns, including pregnancy. CG raised a safeguarding concern on this. MAE said that partners across Gloucestershire are also becoming increasingly uncomfortable with these disappearances and are working with district councils on this.
10.19	MAE said that they, with partners led by district councils, have collaborated and formally written to the Home Office to express their concerns over the disappearances of migrants after they have registered with practices.
10.20	**Resolution: The Committee noted the Primary Care Quality Report.**
11.	**Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry Progress Report**
11.1	JW explained that a pre-delegation assessment framework (PDAF) had been completed following a workshop with NHS England. JW said that work has started on the Safe Delegation checklist which would be ready for February 2023.
11.2	CG asked how POD would work in terms of assurance, contracts, complaints, and where responsibilities would lie. CG advised that greater clarity was needed. CG advised proactive contact with NHSE to request further clarity. JW explained that there were many unanswered questions which the Primary Care team continued to pose to NHS England.
11.3	CAM expressed concern about the short timescales. CAM queried when Healthwatch were going to be involved and when the public would be made aware. CG said he was looking at who should be invited to the committee to sit as potential advisors.
11.4	HG explained that there would be transactional challenges in addition to the concern over being able to offer assurances to PCDC that there was a commissioning strategy in place. HG said she needed to understand the financial position going into the next financial year and what the commissioning plans were to improve our dental access from April.
11.5	HG said that the Executive had feedback from local MPs that they're expecting our ICB to be in a position to commission dentistry from April 2023 with a clear plan based on evidence and need.
11.6	HG said that the Primary Care team were organising a meeting for the Chief Medical Officer, HG and a representative from MAE's team to meet with representatives from the

	Local Dental Committee (LDC), Local Optical Committee (LOC), Local Pharmaceutical Committee, (LPC) and the Local Medical Committee (LMC) regularly.
11.7	HG said they were likely to take part in the ICB arrangements governance from January in preparation of full implementation in April.
11.8	**Resolution: The Committee noted the Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry Progress Report.**
12	**Financial Report**
12.1	SR said that the report was on the July year-to-date position with a current overspend of £38,000. SR said some overspend was due to the GMS DES social prescribing and a prior cost related to winter incentive schemes, which was overspent by £45,000. SR said the overspends were offset by some underspends in Enhanced Services and Premises costs. SR said the finance team were working with the Primary Care Team and were expecting to break even at the end of the year.
12.2	CG raised a query with a figure on a chart within the report. CG said under PCNs the year-to-date variance is £232,000 and asked if this was due to timing or a particularly large item. SR answered that it is the sum of multiple areas and was due to timing and budget phasing. SR assured that this will be realigned when the report is revised for the sixth-month position.
12.3	**Resolution: The Committee noted the Financial Report.**
13	**Primary Care Access**
13.1	JW said that a focus on access has been prepared as part of the Primary Care Strategy agenda item. JW listed the current objectives which were being worked towards to improve access. JW said that access was not just about the numbers of appointments and timings but had implications across Primary Care in areas such as health inequalities, quality and continuity of care as well as patient satisfaction.
13.2	JW explained that there were health inequality difficulties for instance with running a two-week target as some patients might need more time to engage. JW said that practices generally knew how to allocate their resources to support the best outcomes for their patients.
13.3	JW said that NHS England had recently produced a new ICS single oversight framework. We are currently overall rated level 2 out of 4. JW shared data on how Gloucestershire measured and performed on the single oversight framework indicators for access in comparison to national figures which included staffing numbers per 10,000 weighted patients and patient experience

13.4	JW explained that a local access survey was undertaken quarterly to establish waiting times for urgent and routine appointments and to record how long it takes the practice to answer calls. JW said that from October 2022 this was moved to bi-monthly. JW then outlined the results of the survey completed in June 2022.
13.5	JW summarised the data challenges, which included the data provided monthly by NHS Digital taken from practice systems at the national and ICB level, however, practice level data was not available to the ICB. JW said that the ICB Business Intelligence team also extracted data directly from the practice systems. JW said these create a challenge as they show different numbers due to how the data is managed, categorised and what definitions are used. JW said another data challenge was that Full-Time Equivalent figures can often be misleading as in many instances GPs work excess hours per session.
13.6	JW explained that workforce was a key challenge for capacity and outlined the programmes and recruitment initiatives that the Workforce Team had been working on
13.7	JW said that Rosebank Surgery introduced a CAS (Clinical Assessment) Hub team in November 2021 which consisted of a group of advanced care practitioners, social prescribers, physiotherapists and pharmacists that worked together to answer patient calls/queries and signpost patients where appropriate.
13.8	JW said that a Care Navigation Hub was put together at Church Street Medical by the Inspire Health Group (which consisted of four practices covering parts of Tewksbury and Cheltenham.) JW said there were eight care navigators for this model who were trained to manage administration and clinical queries. JW added that the aim of this model was to better manage demand for same day urgent care and provide continuity of care by signposting where appropriate. JW said that due to this model there has been improvement for duty doctors in managing same day demands.
13.9	JW said there was a project team working with the Local Pharmaceutical Committee and the Local Medical Committee to help encourage the use of the Community Pharmacy Referral Scheme (CPRS) where appropriate, as this can help practices with capacity. JW said that there was also 22/23 funding available for additional appointments at practice level, so practices could ensure that there was enough clinical capacity to meet patient demand over the winter.
13.10	JW said that Gloucestershire's Enhanced Access Offer in response to the national specification had gone live from the 1st October 2022 and that it was different from the Improved Access Offer which was aimed at GPs and included Sundays and Bank Holidays. JW said that the Enhanced Access Offer allowed for more multidisciplinary teamwork and clinics can include programmes such as the Quality and Outcomes Framework (QOF) and the Investment and Impact Fund (IIF) to support general practice activity.

13.11	JW included information on frailty, respiratory and mental health themes under Quality Improvement Projects currently active in PCNs, and noted that these also supported improvement with access and sooner appointments with clinicians.
13.12	JW concluded with the next steps for Primary Care Access, which included schemes to support GP retention and recruitment, the multi-disciplinary project team to support practices and pharmacies, the encouragement of the usage of GP CPCS, regular data reviews and reports with the Business Intelligence team and general work to support individual practices.
13.13	HG said that there was a large focus on recruitment and retention in areas where access was more challenging because of the available workforce. HG said that in terms of recovery to pre-covid levels there has been an improvement. HG said that the Primary Care team were presenting their projects around the Fuller Stocktake report to the region, which included the Navigation Hub and the CAS Hub projects.
13.14	CG queried whether the schemes, notably the CAS Hub, would be applicable county-wide. CG requested data be provided to substantiate improvements made at Rosebank Surgery over the last 12 months. HG acknowledged that they may not be fit-for-purpose for all. HG said that other PCNs were going to be reviewing these models and noted that there had been an increased number of visits taking place to see the Rosebank model.
13.15	AS commented that they had also visited Rosebank practice. AS expressed concern that the model may not work well for smaller practices but has potential to be scaled up. AS added however that it meant GPs were seeing more highly complex patients on a regular basis.
13.16	HG replied that HE and the Primary Care team have been working with colleagues from GHC and GCC on using Rosebank as a hub in response to the Fuller report, so as to make it a more integrated service.
13.17	OA added that it would be of interest to look at patient list size, particularly in urban areas, where patients had multiple choice of practices and to record any negative or positive impact on these lists within a five-year period, particularly for practices with non-clinical navigation hubs.
13.18	OA suggested that although there was positive data on wait times for GP appointments, it would be interesting to see data on whether this had any impact on routine appointments with the multidisciplinary team.
13.19	**Resolution: The committee noted the Primary Care Access update.**
14	**ILP Highlight Report**

14.1	HG suggested that a full ILP Report be moved to the next meeting to allow a more in-depth discussion, due to time restraints.
14.2	HG said that 100 people attended a showcase event in July, including Kings Fund, NHSE&I and positive feedback on work that's taking place at Gloucestershire's ILPs. HS said there is a Forest of Dean ILP project around Children and Young People and Mental Health being showcased in November at the Kings Fund conference.
14.3	**Resolution: The committee noted the ILP Highlight report.**
15	**Any Other Business (AOB)**
15.1	There was no other business discussed.

The next PC&DC Committee meeting takes place on the 1st December 2022.

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

PC&DC

Action No.	Meeting Date	Reference	Owner	Action	Updates	Status
1	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.	the POD report is more detailed for the meeting on 1.12.22	Open
2	06/10/2022	9.9	HG/JW	HG and JW to detail an analysis on the respiratory Quality Improvement project, to be presented at a future meeting.	A detailed analysis on the respiratory QI project will be presented at the February meeting	Open
3	06/10/2022	9.11	CGi	To arrange a meeting which includes JC, MAE, HG CG and CGi to fully discuss PCDC responsibilities and report process. (incl. POD)		Open

Verbal

Agenda Item 7

Primary Care and Direct Commissioning Committee

1st December 2022

Report Title	**The Primary Care Strategy: Primary Care at Scale, Partnerships and Integration**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
			X				
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
Summary	Please see attached presentation.						
Management of Conflicts of Interest	If members have a conflict of interest, they should declare it at the beginning of the meeting or as soon as it becomes apparent in line with the Standards of Business Conduct Policy.						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Recommendation	The Committee is requested to: • Discuss the The Primary Care Strategy: Primary Care at Scale, Partnerships and Integration						
Author	Helen Edwards Bronwyn Barnes Olesya Atkinson	**Role Title**	Deputy Director of Primary Care and Workforce Development Head of Locality Development NHS Gloucestershire Board Member (Primary Care Network Perspective)				
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
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

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The Primary Care Strategy: Primary Care at Scale, Partnerships and Integration

1st December 2022

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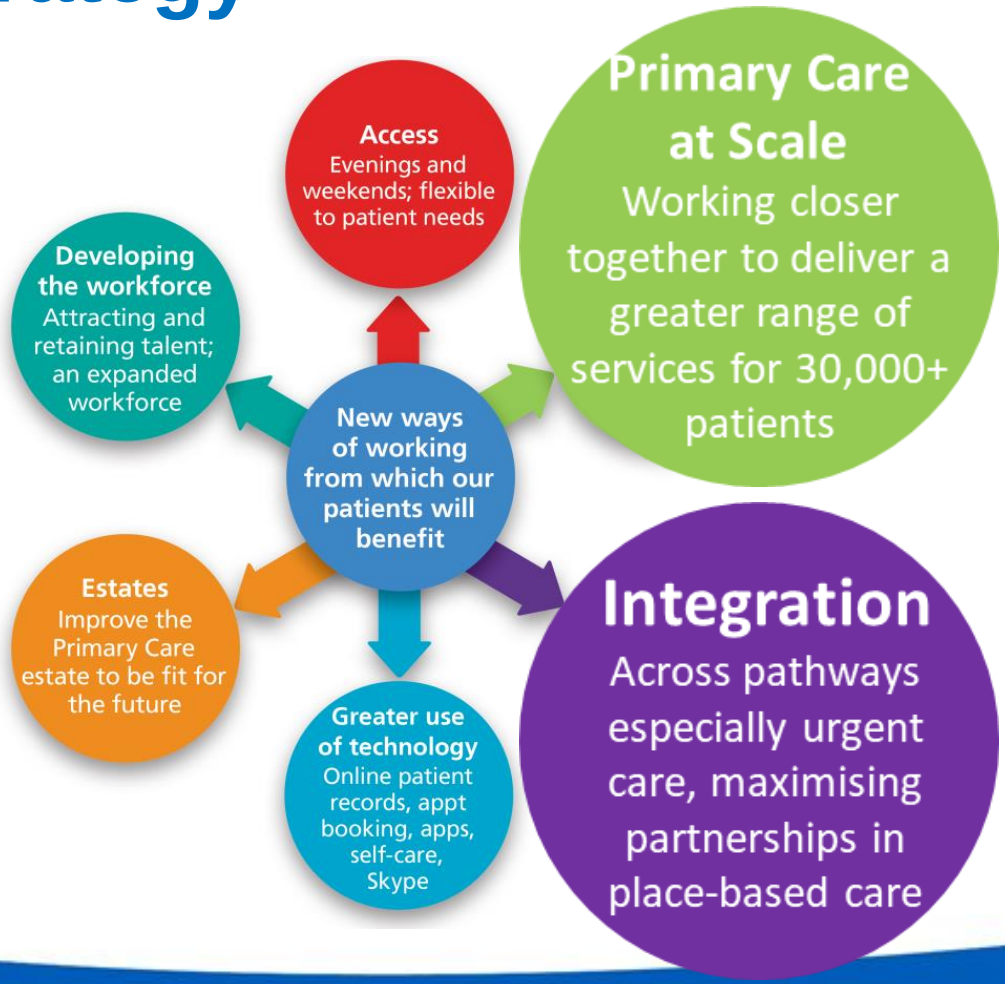
Part of the One Gloucestershire Integrated Care System (ICS)

Primary Care Strategy



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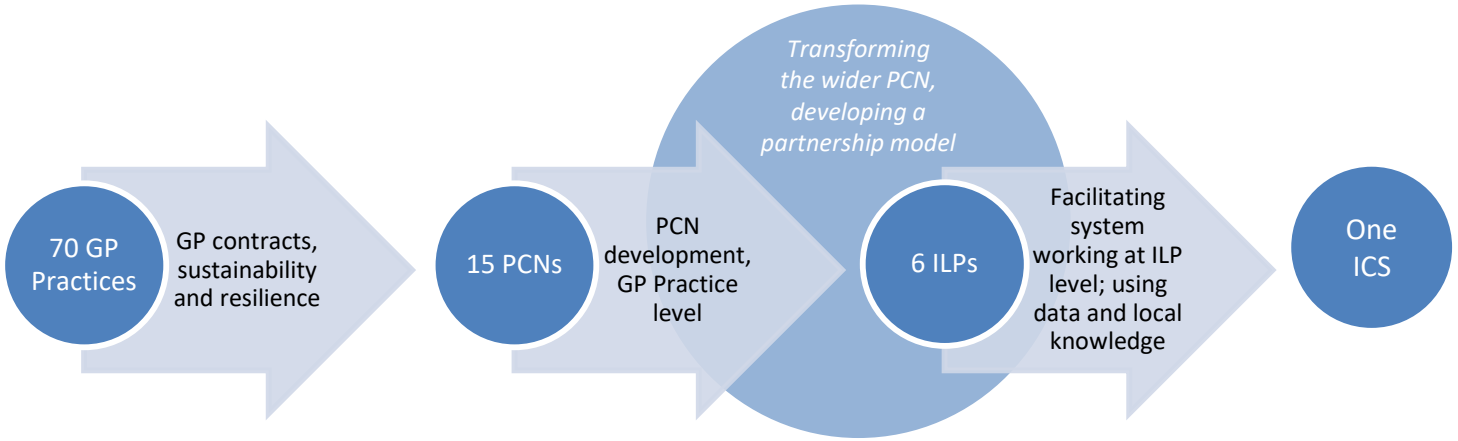
Continuum of Primary Care in Place



Integrated Care Strategy: Draft Structure v0.2

DRAFT for discussion not for further sharing at this stage

1 Making Gloucestershire a better place for the future

Focus on early prevention and the wider determinants of health

Signpost to the existing Health and Wellbeing Strategy and priorities:

1. Physical activity
2. Adverse childhood experiences (ACEs)
3. Mental Wellbeing
4. Social isolation and loneliness
5. Healthy lifestyles
6. Early years and best start in life
7. Housing

Addressing the social, environmental, economic factors

Prevention across the life course

2 Transforming what we do

Community & Locality focussed approach

Locality based integrated working that supports the needs of the local population

Decisions taken as close to communities as possible except where there are clear benefits to working at scale

Support local people to address inequalities and strengthen prevention in their communities

Achieving Equity

Reduce unfair and avoidable differences in outcomes, experience and access

Targeted improvement for

- Those living in the most deprived 20%
- People impacted by health inequalities
- the core20plus5 clinical priority areas.

Acting as anchor organisations we'll work to benefit communities and enhance socio-economic conditions, and environmental sustainability.

Create One Workforce for One Gloucestershire

Make best use of the workforce we have, and bring new people and skills into our system

Ensure a collaborative approach to our workforce supporting our health and care services to access the skills and people they need

Improve quality and outcomes across the whole person journey

Pathway approaches to reduce variation, improve quality of care, and maximize the outcomes for specific groups of patients

Bring services together across partners to deliver our care programme approach

Strengthen integration across the life course, increasing our focus on the needs of children and families and supporting people to age well

3 Improving health and care services today

Commitment to addressing the challenges we're facing with a particular emphasis on :

1. Improve access to care, reducing backlogs for those people waiting for primary, community and hospital care
2. Support improvements in the delivery of urgent and emergency care
3. Improve mental health support across health and care services.

POPULATION ⟷ **INDIVIDUALS**

Creating the conditions for change

Strengthened communities and person centred approaches

Support people to fulfil their aspirations, building resilient communities around what individuals can do, with a focus on prevention, enabling independence, choice and control.

Foster a culture of co-creation, working in partnership with people and communities

Evidence led practice, research and innovation

Build an evidence led approach with planning and delivery of services driven by data and intelligence

Create an environment that attracts leading edge research and innovation.

Digitally enabled services

Maximise digital opportunities to transform our delivery models, whilst recognising and addressing barriers to digital inclusion

Enable patient information to be shared and accessed seamlessly across the health and care system

What is an Integrated Locality Partnership (ILP)?

Purpose:

- *to bring the right people together to proactively tackle the root cause of health inequalities and improve health and wellbeing in the locality.*
- ***to empower people locally to improve their health and wellbeing.***
- *to work collectively to redesign care for and with people in the locality to enable people to live well at home.*

We will do this by building the necessary relationships to deliver better health and care across Gloucestershire.

Scale: 6x ILPs, aligned to Districts for engagement at a scale not otherwise easily or efficiently achievable for partners working across areas wider than PCN neighbourhoods.

Partners: Local Government, NHS (acute, community/MH, primary care), Voluntary Community and Social Enterprise (VCSE) sector, housing and increasingly communities, people and wider partners such as police, education etc.

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4

ILP Strategic Ambitions 2022 to 2025

1. Building on the depth and breadth of our partnerships

2. Involving people and communities in all we do

3. Priorities, impact and health equality

4. Resource allocation

5. Good governance

6. Sharing and learning

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5. Good Governance

Measurement

- *Relationships are the work*; move to reporting on and measuring relationships, behaviours and actions that underpin success or failure not solely measuring interventions.
- Evaluating current schemes and ingredients required for successful scaling, noting importance of local adaptations e.g.
  - Rationale for intervention; Intention and Purpose
  - Project documentation including Logic model
  - What was done? How did it improve?
  - Successes? Challenges?
  - What was the project environment, the success influencing factors?.

Governance

- Coming together of the willing
- Bi-monthly written reports to ICB & PCDC
- Part of primary care strategy via PCDC
- ILPs represented at Gloucestershire Health & Wellbeing Partnership (ICP)
- ILP members individually responsible for sharing ILP decisions and outcomes with their organisations and sharing information with communities.
- Strong Governance with accountability for delivering impactful transformational change but an acceptance that much of the impact will be felt in the medium to longer term and that interventions may contribute to positive change rather than be fully attributable.

ILP Priorities include……

- **In each Locality (non recurrent funding)**
- Strengthening Local Communities
- Community Capacity Building (NHS Charities Together) e.g. projects around CYP and befriending
- Warmth on Prescription
- PCN/neighbourhood QI

- **Gloucester**
- Health Equality in Matson
- Poor Housing and Respiratory
- Connecting up our services/communities

Forest of Dean
- Children and Young People's Mental Health & Obesity
- Substance misuse
- Pre diabetes

Tewkesbury
- Tewkesbury Town : Connecting Communities
- Brockworth Community-based approach
- Tewkesbury Proactive Projects inc. frailty

Cheltenham
- Frailty Innovation Lab
- Children's and Young People's Mental Health
- Respiratory One Stop Shop
- Substance Misuse
- West Cheltenham Health Equality
- Health Inequality Grants

Cotswolds
- Life Years Lost in Beeches, Chesterton, and Stowe wards
- Building a better community of support: Healthy Lifestyles & Prevention
- Building a better community of support: Social Isolation, Loneliness & Frailty

Stroud and Berkeley Vale
- CYP Mental Health & Wellbeing
- Frailty & Dementia and carers
- Disordered Eating

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Cheltenham Integrated Locality Partnership

Chair Helen Goodey

How We Work Together

Our shared purpose is to bring the right people together to proactively tackle the root cause of health inequalities and improve health and wellbeing in Cheltenham. We want to empower people in Cheltenham to improve their health and wellbeing.

Our Partners

3 PCNS | 15 Practices | 157,000 Patients

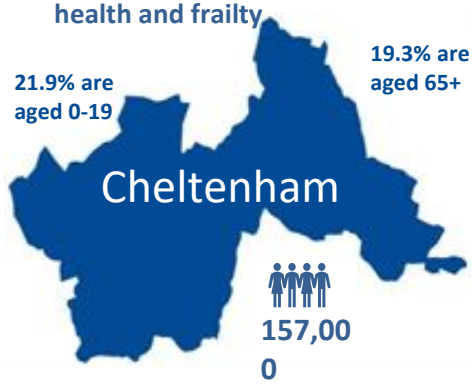
NHS Gloucestershire Hospitals NHS Foundation Trust

VCS Alliance

GCC

Cheltenham Borough Homes

We reviewed population health data to help us better understand the communities in the Cheltenham Locality and from this we focussed attention on health inequalities, young people's mental health, respiratory health and frailty



Focus area

Cheltenham has a close to county average life expectancy, but shows significant inequality in life expectancy between the most and least deprived residents. This translates to 10 years difference in life expectancy. This difference is most acutely seen in West Cheltenham.

Our Current Priorities

West Cheltenham | Frailty | CYP Mental Health | Substance Misuse | Respiratory Health

West Cheltenham Community Key Aims
Community engagement to establish existing health inequalities and barriers to healthy lifestyles

Frailty Priority Key Aims (Peripheral)
To reduce levels of moderate frailty with exercise based interventions that incorporate a social element for health and wellbeing.

CYP Mental Health Key Aims
Pro-active social prescribing to enable teens and young people to have good mental health and avoid more serious issues in later years.

Substance Misuse Key Aims
To provide targeted support to people with substance misuse that do not access services.

Respiratory Pilot Key Aims
To increase diagnosis of COPD in male patient smokers within the St Paul's PCN.

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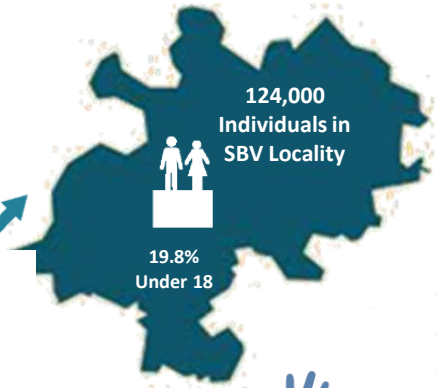
Stroud & Berkeley Vale Integrated Locality Partnership
Children & Young People's Mental Health & Obesity

1 We reviewed population health data for Children & Young People in Stroud & Berkeley Vale

Over 1 in 6 Year 6 children are classed as either Obese or having excess weight in the National Child Measurement Programme (NCMP)



Significant increase in Eating Disorder Referrals

0.65 per 1000 CYP Mental Health related admissions in 12 months to August 2022. The County average was 0.53 per 1000

In the same period 6.89 per 1000 CYP Mental Health related ED Attendance. The County average was 6.15 per 1000

2 We engaged stakeholders creating a working group to develop an action plan & identify interdependencies

NHS · Stroud District Council · VCS Alliance · Gloucestershire Hospitals NHS Foundation Trust · Public Health · NHS Gloucestershire · Berkeley Vale PCN 5 practices · Severn Health PCN 7 practices · Stroud Cotswold PCN 5 practices · GCC

Project Interdependencies

- Young Minds Matter—Schools Pilot Scheme extending to SBV
- CAHMS—Single point of access transformation initiated
- CYP Social Prescribing Link Workers
- SDC Health & Wellbeing Strategy

3 We identified key areas for action

1. Understanding what CYP & their families want & need
2. Ensuring there is equitable locality wide support
3. Increase awareness & understanding of existing services & support
4. Work with communities to improve early intervention and prevention

4 We have identified the following barriers / challenges

- CYP who need the support the most are the hardest to reach / engage
- Limited funding compared to the scale of need
- Rural locality with numerous 'access' barriers
- Need & demand have been exasperated by COVID-19 & Lockdowns

5 We have identified the following recommendations for moving forward

- Utilise PHM to support a CYP cohort with targeted interventions to support Mental Health
- Work with communities partners and young people to understand what support would help their mental health and wellbeing and what resources already exist in the community to facilitate this
- Develop an Eating Disorders Support Group for parents/carers of YP with disordered eating.
- Develop Youth Forums & peer support as pathway of support
- Utilise creative approaches to improve health & wellbeing such as; Breaking the Silence, Reading Well Scheme, Mood Boosting books, Creative Journaling, Pets As Therapy, Talk Club & Houseplants for health

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Stroud & Berkeley Vale – ILP and Neighbourhoods – what we have delivered for children and young people (CYP)

PCN

- Two Neighbourhood **Social Prescribing Link Workers for CYP** in post
- Stroud Cotswold and Severn Health PCNs have implemented additional support for Young Peoples Mental Health - **Invested in The Door and Teens in Crisis** to provide surgery based additional capacity for young people as part of a 3-stage mental health support plan for Network patients experiencing anxiety, depression and other mental health issues (excluding crisis/acute risk to life). Aligns to Young Minds Matters in schools
- Referral to Samaritans for confidential listening support (Free)
- Referral to The Door for mentoring of young person – clinic model.
- Counselling sessions within GP Surgery setting - provided by TIC.
- Berkeley Vale PCN - **Adventures in Art Journaling, Shelf Help and The Body project.**

ILP

- Developed a support group for parents/carers of young people with disordered eating in partnership with Stroud District Council and using **Strengthening Local Communities Grant**.
- Developed a Young People's Forum: Eating & Body Image for peer support
- Utilised creative approaches to improve health & wellbeing - **Reading Well** & planning **Pets As Therapy**
- **Little Blue Book of Sunshine** developed for CYP in Stroud District

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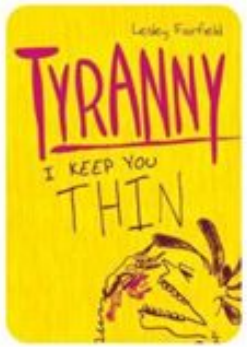
Stroud & Berkeley Vale – ILP and Neighbourhoods – how we measured/plan to measure our work for children and young people (CYP)

READING WELL

"Student B just brought back 'Tyranny I Keep You Thin' and asked to speak with me. **They said that they had realised that Tyranny was managing them too and that this voice which told them not to eat had become externalised.**

They asked if there was a way to stop listening, so I accompanied them to the pastoral team.

They have always refused to speak about not eating, despite having been referred to a specialist unit."

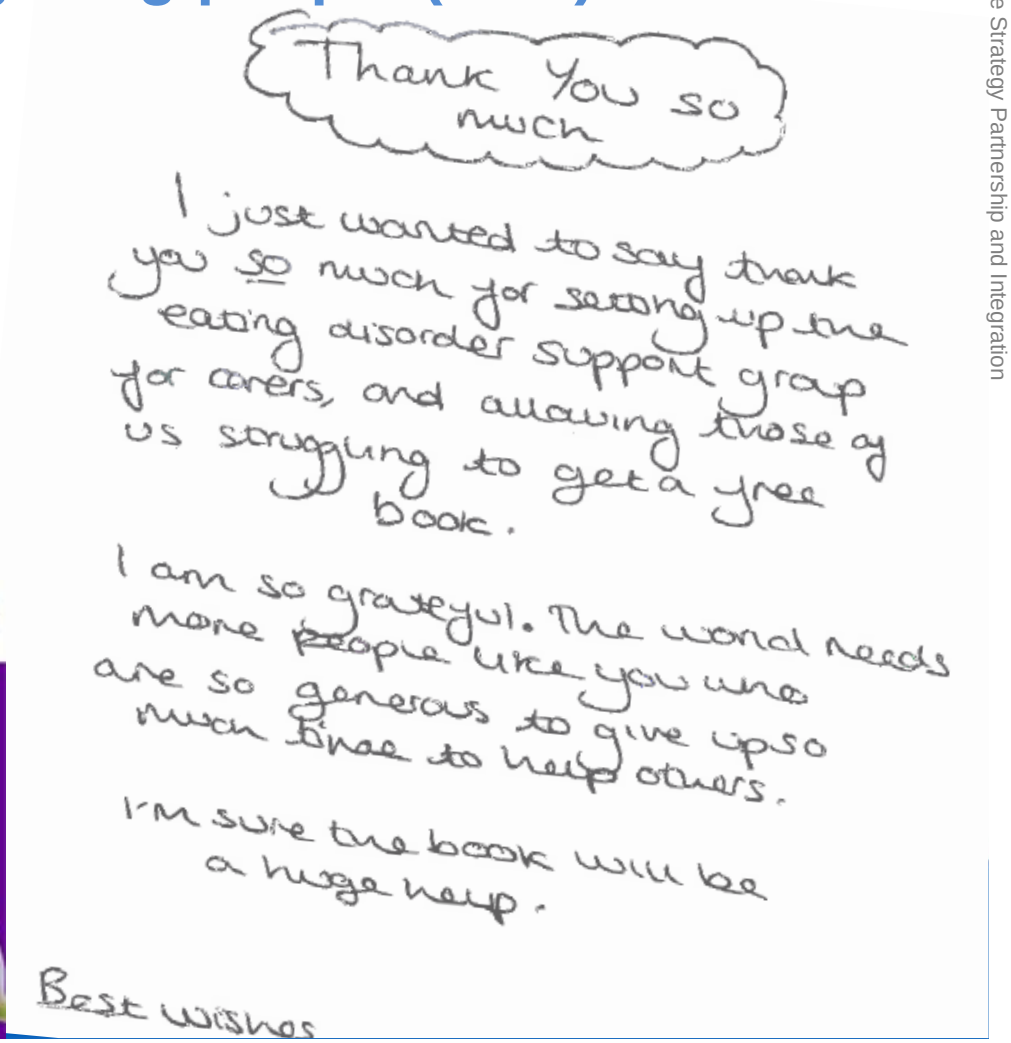


reading-well.org.uk

ConnectED

"After the session we went to a nearby venue for a drink and a good catch up!!"

Parent of a teenager, who is showing early signs of unhelpful thoughts and behaviours around food and eating



In summary…

Chris Hopson, then Chief Strategy Officer at NHSE, summarised partnership working in localities and neighbourhoods in Gloucestershire at our showcase event in July 2022.

Click on the link below to access the three minute recording.

Chris Hopson Virtual ILP and PCN Showcase Event 14th July 20220714 091738 Meeting Recording - YouTube

Agenda Item 8

Primary Care & Direct Commissioning Committee

Thursday 1st December 2022

Report Title	**ILPs 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**			
	N/A		N/A				
Executive Summary	The purpose of this paper is to outline the progress in delivering the work of 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 limited primary care capacity impacts participation in Place/partnership agenda in some geographies. Original (2x4) 8 Residual (2x3) 6						
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 are rightly aiming to make a positive impact on the root causes of health inequalities and the wider determinants of health across our populations through specific priority projects and partnership working.						

Impact on Equality and Diversity	Impact on Equality and Diversity is always considered with EIA completed where appropriate.		
Impact on Sustainable Development	Projects not specifically designed to impact sustainable development, however sustainability in it's widest sense is always considered.		
Patient and Public Involvement	Engagement with people and communities is a key part of priority projects.		
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	

8

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Item 8a

ICS Transformation Programme Highlight Report

14th October 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**	14 October 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	• A return to periodic face to face ILPs in some localities has given a boost to partnership development. The first of these in Cheltenham in October created additional connections beyond the delivery of current priorities. • 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. • Successfully passed the first of four funding gateways in the NHS Charites Together projects delivered in each of the six localities, as part of the wider Gloucestershire programme. • Voluntary Sector Alliance presentations at ILPs (with some yet to happen but scheduled) on the VCS MOU has reminded partners of the importance of this sector and constructive relationships across organisations in our system with greater understanding of perspectives. Almost all ILP VCS Representatives now identified and valued members of our partnerships. • Five of Six ILP Integrated Care Partnership (ICP) Representatives identified with the six an interim arrangement. The group have been supported to meet together in advance of and following the ICP workshop in October to support their development and alignment with wider strategy. Lines of communication with ILP established.	• 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 with actions included in the UEC Plan.. • Engagement of the Health and Wellbeing Partnership (ICP) Integrated Care Strategy with all ILPs and vice versa, beginning with ICS Executive presentations at ILPs in October and November. • Continued delivery of the six NHS Charities Together locality projects and review to inform second reporting period, capitalising on additional partnership links the programme has afforded us. Metrics for evaluation being finalised. • Develop ways to further showcase our work following successful ILP and PCN event in July. • Delivery of Warmth on Prescription roll out across localities following pilot last winter.	• Continued process to revisit all existing projects to ensure evaluation metrics are regularly monitored, impact shared and if appropriate, project scaled..

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**	14 October 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 NHS Charities Together projects across the localities are progressing well now contracts are signed. In Stroud and Berkeley Vale projects and ongoing activities that can be extended with the funding have been identified including exercise, cookery and artistic therapy. Facilitators are being engaged to deliver. In Cheltenham the befriending co-ordinator role has been successfully recruited to, with seven volunteers to act as befriender identified so far. o A focus on cost of living concerns covered in various ILPs recently including Stroud and Berkeley Vale, Tewkesbury and the Forest of Dean. Co-ordinated partnership responses being developed, for example in the additional health and wellbeing opportunities with those utilising the Warm Spaces being set up across the Districts for the Winter period. o Dementia, Frailty and Carers priority group re-established in Stroud and Berkeley Vale with initial focus on reviewing the carers pack and findings of the audit of carer coding across practices. o Community focussed projects for example in The Beeches, Cirencester and West Cheltenham continue to progress, albeit at an intentionally pace slower that some projects, but very much working alongside community and other local organisations to develop meaningful and sustainable impact.	o Neighbourhood and locality specific upcoming milestones include: o "what to expect resource pack" for young people who are newly referred to the Eating Disorders service being developed in Stroud. o Widening engagement with employment and housing partners on a number of priority projects. o Forest of Dean Children and Young Peoples Mental Health and Obesity work will be refreshed with a planning workshop in October to review priorities. Forest Voluntary Action Forum to establish the Youth Forum following engagement work. o The Pre-Diabetes project work is now well established in FOD and a local pack of information and resources is being collated with incentives such as discounts at local cafes for healthy options and discounts on local gym membership. o The Tewkesbury Town Project has reviewed priorities and agreed a focus on young people, particularly around mental health resilience and providing development opportunities. This will compliment the new Young Gloucestershire Hub in Tewkesbury and the Youth Forum through the NHS Charities Together funding. o ILP data working group established in Gloucester to bring together various sources of data and local insight to inform the ILP priority setting process and to align with wider ICS and ICP. o FoD Children and Young People's Mental Health Group will present at a Kings Fund Conference on 8th November raising the profile of their work to National level o Partnership working approach across Gloucester ILP to inform development of council future leisure services contract to put proactive health at the forefront.	

Key Risk, for escalation	**Current Scores**			**Risk Mitigation**	**Mitigated Scores**		
	Likelihood	**Impact**	**Total**		**Likelihood**	**Impact**	**Total**
There is a risk that limited primary care capacity impacts participation in Place/partnership agenda in some geographies	2	4	**8**	Continued focus on impactful and meaningful systemwide priorities.	2	3	**6**

Agenda Item 9

Primary Care & Direct Commissioning Committee

1st December 2022

Report Title	**Report of the Business Case for a new Brockworth surgery**					
Purpose	**For Information**		**For Discussion**		**For Decision**	
					X	
Route to this meeting						
	ICB Internal	**Date**	**System Partner**	**Date**		
	Primary Care Operations Group	15/11/2022	N/A	N/A		
Purpose	This is a report of a Business Case for a new Brockworth surgery It sets out the Case for Change, a preferred option, the commercial approach, benefits, financial implications and timeline for the completion of a new building. It should be noted that previously, Brockworth Surgery was a preparing a Business case with Hucclecote surgery to co-locate at a single site at Whittle Square, adjacent to Tesco on the Gloucester retail park and part of a wider housing development. Unfortunately, the Developer had to withdraw the offer of land. Despite extensive further land searches, both practices, with the support of the CC at that time, reluctantly concluded that delivery of improved primary care facilities for both practices was only likely through the progression of individual schemes.					

9

Summary of key issues	It is proposed to relocate the practice into a purpose built single facility funded by specialist 3rd Party Development partner, selected by the Practice. The key objectives are as follows: - • Provides sufficient capacity for the long-term delivery of primary care in quality infrastructure; • Facilitates the transformation of service provision and meet the needs of national and local strategies, particularly an expansion in the range of services; • Supports workforce and training challenges; • Is deliverable in terms of being acceptable to patients, wider stakeholders and represents Value for Money. The practice and their professional advisors submitted an electronic version of the Business Case on the 7th October 2022, which has been circulated to voting members the PCDC for any comment. This paper provides a summary of key contents plus additional content where the author has deemed inclusion to be relevant			
Key Risks:	From an ICB perspective, there is a key risk that should the new surgery development not proceed, the long- term provision of suitable primary care premises for a fast growing population in Brockworth will be substantially affected, leading to loss of reputation and will impact on service delivery and services strategies.			
Management of Conflicts of Interest	No conflicts of interest			
Resource Impact	**Financial**	X	**Information Management & Technology**	X
	Human Resource		**Buildings**	X

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Financial Impact	The total capital costs of the new surgery are £6.61m which will be funded by a 3rd Party Developer, who will receive rental from the Practices. The ICB currently reimburses Brockworth Surgery, £78,436 per annum for rent and rates to provide GMS services from its existing building. Total rent (inclusive of a supplementary payment and VAT) and rates for new the Surgery will be £380,049. Net recurrent investment will be £301,613. GPIT and HSCN capital costs to be paid by the NHS are £76,088 and will be required during financial years 2023/ 2024 and 2024/ 2025. No commercial, legal or professional fee support is available to the Practice. The District Valuation Service has confirmed Value for Money and an interim VfM report has been provided to the ICB.
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	As this scheme is over £2m in value, the developer has already completed a BREEAM pre assessment. The project will continue to proceed with the objective of meeting the excellent rating.

Patient and Public Involvement	Patient engagement and the findings are included in this report		
Recommendation	Members of the Committee are asked to consider the contents of this report and approve the following recommendation of PCOG:- • To agree to recurrent annual investment of £380,049 to fund the delivery of a 3rd party Developer led new Brockworth Surgery to cover rent (including actual rent, a supplementary payment, car parking and VAT) and rates costs. Based on existing levels of reimbursement this will be a net annual investment of £301,613; • To support the allocation of £76,008 from the GPIT capital budget to fund GPIT and HSCN requirements.		
Author	Andrew Hughes	**Role Title**	Associate Director
Sponsoring Director	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 Valuation- act on behalf of the NHS to agree levels of rent to be paid.
CMR	current market rent- an agreed level of rent paid to owners of Primary care buildings for the delivery of general medical services. At an agreed rate per m2
NIA	Net internal area. The total area of a building that qualifies for rent- usually around 90% of all space

9

Agenda Item 9

Primary Care & Direct Commissioning Committee

1st December 2022

Report of a Business Case for a new Brockworth Surgery

1. Purpose

This is a report of a Business Case for a new Brockworth surgery It sets out the Case for Change, a preferred option, the commercial approach, benefits, financial implications and timeline for the completion of a new building.

It should be noted that previously, Brockworth Surgery was a preparing a Business case with Hucclecote surgery to co-locate at a single site at Whittle Square, adjacent to Tesco on the Gloucester retail park and part of a wider housing development. Unfortunately, the Developer had to withdraw the offer of land. Despite extensive further land searches, both practices, with the support of the CC at that time, reluctantly concluded that delivery of improved primary care facilities for both practices was only likely through the progression of individual schemes

9

2. Current situation

Brockworth Surgery is located at Abbotswood Road, Brockworth, Gloucester, GL3 4PE. The building dates from 1970 and is predominantly single storey. The Business Case details the current situation of the practices and a profile for the practice is set out below.

Item	Value
Baseline List size in January 2019	9,626
Expected list size in March 2031	14,250
GPs - actual number and WTE	8 GP's 6.8 WTE
Nurses and Nurse Practitioners – actual number and WTE	3 PN's 2.77 WTE 4 HCA 2.25 WTE
Number of other clinically employed roles (pharmacist, include practice employed counselling – actual and WTE)	Midwife, MH nurse, Phlebotomist, Diabetic eye screening, AAA screening
Administrative staff - actual and WTE	19 staff 10.84 WTE
Number of F2/ GP trainees etc at any one time	1
Visiting staff/ services/ other clinically employed roles.	Midwife, MH nurse, Phlebotomist, Diabetic eye screening, AAA screening
CQC rating	Good
Current building size GIA m2	518
Number of consultation and examination rooms	9
Number of treatment rooms	5
Number of minor surgery rooms	1
Minor surgery sessions	2 per month

3. Strategic Case

3.1 National policy

The NHS Long Term Plan articulates a need to further integrate care to meet the needs of a changing population over the next decade. In respect of primary care, the Key focus of service development and delivery over the next few years includes the stabilisation of the GP partnership model; the creation of 20,000 new staff working in general practice through additional roles; further dissolving the historic divide between primary and community care; a clear, quantified, positive impact for the NHS system and patients, with fewer patients being seen in hospital and more being seen and treated in primary care. In order to deliver primary and out of hospital service plans, it is suggested the following will be required: -

- Supporting the development of neighbourhood hubs to move care from hospitals into primary care;
- Providing additional clinical space to deliver primary care services;
- Increasing the capacity for training;
- Improving the premises to enable a wider and expanded workforce to be employed within primary care.

3.2 Local policy

The Vision of the ICS is as follows – ‘to improve health and wellbeing of our population, we believe that by all working better together - in a more joined up way, and using the strengths of individuals, carers and local communities - we will transform the quality of support and care we provide to all local people.

In order to facilitate the delivery of this strategy, the ICS needs a modern and flexible estate infrastructure, supporting the service ambitions and day to day working of Gloucestershire’s ICS. This includes improved GP estate to accommodate planned population increases, changes in working practice within primary care and facilitate aspects of enabling active communities around voluntary sector service delivery and supporting a resilient and sustainable primary care;

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. 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. This requires a resilient primary care service at the core of local communities, playing a leading role not only in the provision and co-ordination of high-quality medical care and treatment, but also in supporting improved health and well-being.

Within the strategy, the CCG has a clear prioritised Primary Care Infrastructure Plan (PCIP), where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding for the period up to 2026.

A strategic prioritisation was completed and identified core schemes for taking forward for business case development. Taking into account the current condition of the building, planned housing developments, the developing service model, Brockworth was identified as a priority for infrastructure development.

3.3 Practice specific issues

3.3.1Population growth and capacity

The Business Case sets out that based on the list size in January 2019, the existing building is already around 35% smaller than it should be for core GMS services. Based on the population growth expected, mainly from the Perrybrook housing development, up to 2031, the surgery will end up being over half the size it should be.

3.3.2Training status

Brockworth Surgery is currently a training practice, hosting up to 2 GP trainees at either ST2 or ST3 level. As well as the GP trainees, the surgery also hosts nursing students. The Practice would like to host medical students, but lack of space currently makes this very difficult. As the size of the primary care team expands and space becomes tighter, the capacity for training will inevitably reduce and it is likely that the Practice would have to cut places available for training junior doctors.

3.3.3 Estates condition

NHS England guidance recommends for primary care premises developments, attention should be placed on current buildings where the physical condition (facet 1) and/ or the functionality suitability review are deemed to be unsatisfactory, which is a score of C or D. The table below highlights the score for the practice for five of the facets. Brockworth surgery scored relatively the same compared to other Practices across the ICB and is unsatisfactory in two areas.

Practice	Condition	Function	Quality	Space	Statutory
Brockworth	B	B	C	B	C

3.3.4 Key service and operational issues to address

- To expand the range of services that the Practices offer to meet anticipated population growth;
- To deliver more illness prevention and health promotion activities that focus on the community taking greater responsibility for being healthy, particularly in the areas of diet, smoking and physical activity;
- To enhance the role of nurses, particularly in relation to chronic disease management clinics which have a significant impact on patient quality of life and in turn, reduce the demand on secondary care services;
- Employing more healthcare assistants able to take on health screening and develop their role to cover health monitoring so that qualified nurses can take on a more highly skilled role (e.g. Chronic disease management);
- Further expansion of pharmacists;
- The need to provide sufficient and improved staff facilities.

3.4 Case for Change summary

The key aspects of the Case for Change summary contained in the Business Case are as follows: -

- To respond to the ICB's Primary Care infrastructure plan, where Brockworth has been identified as a strategic priority where additional capacity is likely to be required;
- To ensure there are suitable facilities for existing staff and patients and expected;
- To consider how the practice can facilitate the expansion at foundation and GP Registrar levels where there is a lack of facilities;
- To ensure there are suitable facilities available for the planned increase in the numbers of people over the next ten years;
- To facilitate the delivery of more resilient and sustainable primary care and support the development of primary care network models of care;
- To minimise the costs of essential new infrastructure and ensure these costs are justified, represent value for money and support sustainable development.
- To respond to the challenges of the current building condition;
- To ensure that the practice's longer-term business plan can be delivered.

4.0 Economic case

4.1 Strategic objectives

Based on the Strategic Case and the Case for Change summary, The objectives/ critical success factors of the investment based on the Case for Change have been distilled as follows: -

- Provides sufficient capacity for the long-term delivery of primary care in quality infrastructure;
- Facilitates the transformation of service provision and meet the needs of national and local strategies, particularly an expansion in the range of services;
- Supports workforce and training challenges;
- Is deliverable in terms of being acceptable to patients, wider stakeholders and represents Value for Money.

4.2 Options & option appraisal

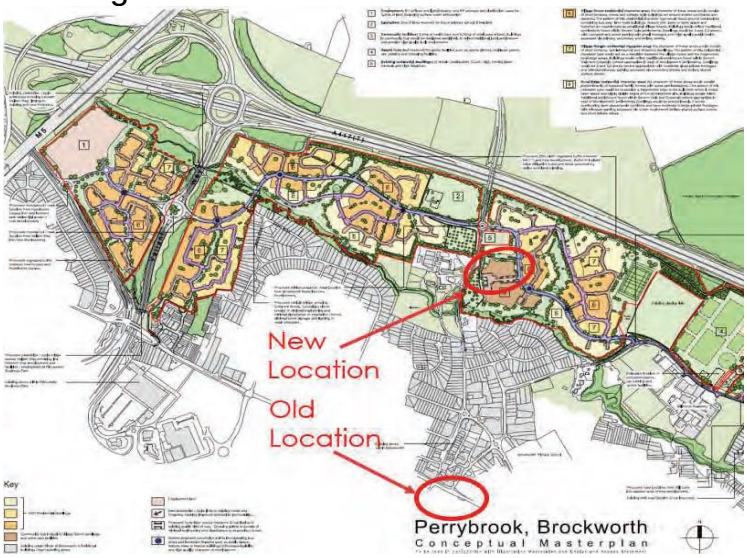
In order to meet objectives and critical success factors, the following options were identified for an initial options appraisal

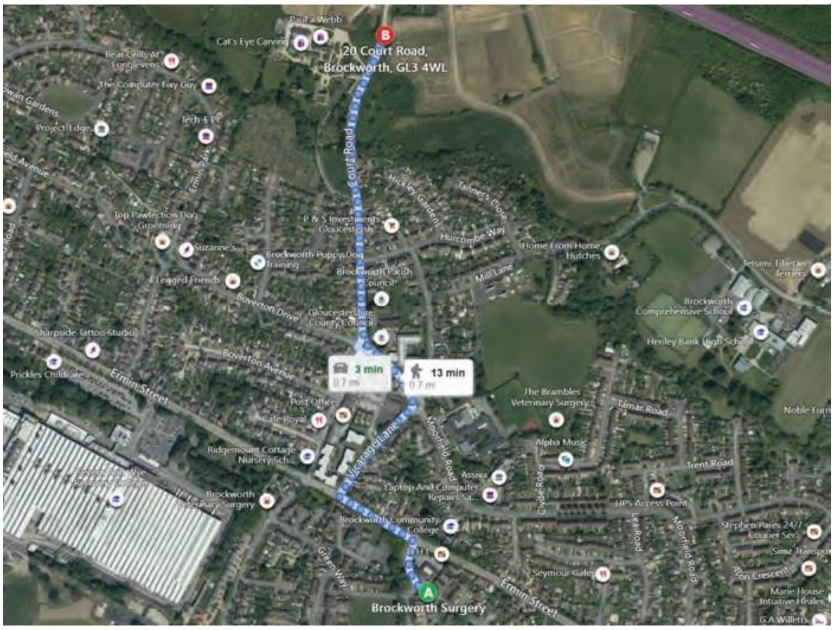
Option Number	Option name	Description
1	Do nothing/ minimum	The practice remains in their existing building and no significant changes made to the building.
2	Extend existing surgery	The Practice extends their building to accommodate requirements.
3	Smaller, new second site	For either administrative and/ or clinical functions
4	A new single site	A completely new single facility to provide existing services and create the capacity for the significant population growth and expansion of services

A strategic options appraisal identified option 4 as the preferred way forward and the Section 106 site allocated as part of the Perrybrook housing development has always been identified as the key site for a Brockworth specific development.

4.3 Preferred option

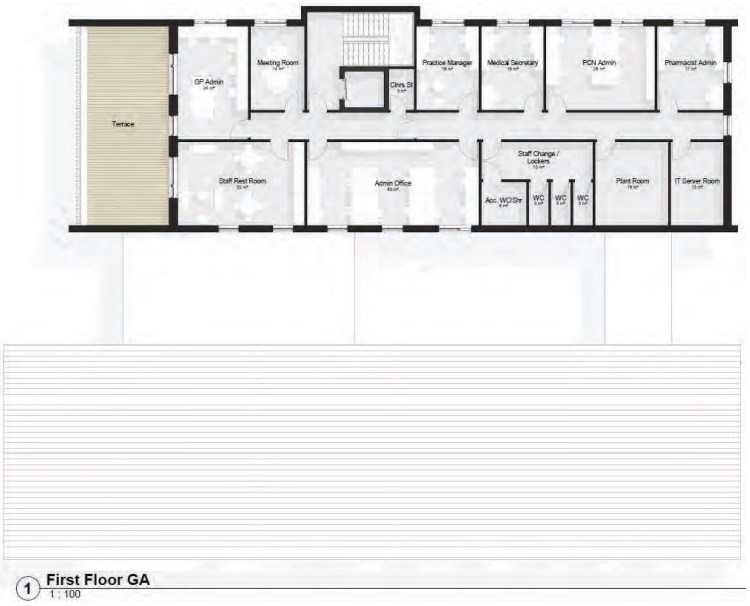
The preferred option is to develop a new surgery building on the land allocated in the Perrybrook masterplan and 0.4miles from the existing building. An artist's impression is provided along with an indicative layout of the two floored building




20 Court Road,
Brockworth, GL3 4WL
Court Road
3 min
13 min
Ermin Street
Brockworth Surgery


BROCKWORTH
SURGERY
OSMOND
TRICKS


Store
Reception Office
Stairwell
Store
LIFT
Clinrs St
Consulting Room
Consulting Room
Training Room
Tele-Consult
Training Room
Clinical Group Room / Meeting Room
Interview / Breast Feed Room
Kitchenette
Staff WC
Reception
Access WC / Baby Change
WC
WC
Consulting Room
Consulting Room
Training Room
Multi-Purpose / Consulting Room
Waiting Area
Sub-Wait
Changing Places
Multi-Purpose / Consulting Room
Treatment Room
Treatment Room
Dirty Utility
Clean Store
Spec WC
Spec WC
Pharmacy
Lobby
Tele-Consult
Multi-Purpose / Consulting Room
Treatment Room
Treatment Room
Tele-Consult
Recovery Room
Minor Procedures
1 Ground Floor GA
1 : 100


Terrace
GP Admin
Meeting Room
Clinrs St
Practice Manager
Medical Secretary
PCN Admin
Pharmacist Admin
Staff Rest Room
Admin Office
Staff Change / Lockers
Acc. WC/Shr
WC
WC
WC
Plant Room
IT Server Room
1 First Floor GA
1 : 100

For the avoidance of doubt as the building design set out in the Business Case included some expansion space and a pharmacy. In respect of qualifying space, the building will have a Gross Internal Area (GIA) of 1,098m2 (core GMS, GP training and a 'changing places' facility). Reimbursement be based on net internal (NIA) and capped at 90% of GIA – 989m2 along with up to 54 car parking spaces. The NIA is the reimbursable area agreed in line with NHS Regulations/ Premises Directions 2013 and includes training. It excludes pharmacy and any facilities required from other health care users outside of these regulations.

5.0 Commercial case

5.1 Developer

This will be a Third-Party Developer led development. Assura Plc were selected by the Practice as the development partner. They will be providing the finance/funding to develop the project and the GP Partners will in turn sign an Agreement for Lease and Lease. Revenue reimbursement (notional rent) will pass to the GPs, who in turn will pay a lease rent to Assura, on agreed terms.

5.2 Planning approval

The site at Perrybrook has outline planning consent to deliver a mixed-use development of up to 1,500 dwellings, including other uses and health facilities. The planning permission is subject to a signed Section 106 Agreement. The Section 106 includes: A definition of '*Doctor's Surgery Land, being not less than 0.4ha land for use as a doctor's surgery…. And [to be] approved as part of a reserved matters application…. that the Doctor's Surgery Land is made available prior to occupation of the 400th dwelling…'*

The new surgery application will therefore be submitted as a 'reserved matters' application. There are a series of outline planning conditions that were attached to the planning decision that the proposal will need to adhere to, with additional information submitted alongside the reserved matters where necessary,

5.3 Procurement and construction

The contract for the construction will be competitively tendered to five medium/ regional contractors with expertise in the primary care sector and will be a fixed priced tender. The professional team will prepare a robust tender/contract package under an industry standard JCT Standard Form of Contract. This package will be prepared on a 'design and build basis' including:

- Employer's Requirements
- Warranties, bond, parent company guarantee
- Architects plans, details and specifications
- Schedules – window, door, finishes, sanitary, ironmongery
- Engineer's plans, details and specification
- Mechanical services drawings and specification
- Electrical services drawings and specification
- CDM Pre-tender H&S Plan and Ancillary Documentation

5.4 Compliance

Plans are in accordance with HBN11 design principles and the business case confirms a number of compliance aspects. A key summary is provided as follows: -:

- Compliant with DH guidance (HBN & HTM);
- Compliant with an approved infection control strategy;
- Compliant with The Valuation Office Agency - Questionnaire for Primary Care Estate Improvements and New Developments (commonly known as the 'DV Spec') to be completed;
- BREEAM Excellent and general sustainability standards;
- COVID-19 – looking to provide a design that facilitates best working practices and the flexibility to adapt in the future, with an eye on the emerging revised HBN11;
- Access and the Disability Discrimination Act;
- Compliance with NHS guidance, DV Guidance Notes for Engineering Works;
- Designing the building to enable further expansion either by extending vertically or horizontally, depending on requirements at the time.

5.5 Benefits

The business case sets out a range of benefits, expected to be achieved through the delivery of this proposal. A summary of key benefits is provided below: -

- In respect of primary care provision, provides long term assurance and confidence to patients in Brockworth for a sustainable primary care service;
- Responds to the increasing local population and serve the anticipated growth in patients over the next 10 years in Brockworth;
- Supports delivery of key service strategies of the Gloucestershire Integrated Care System, particularly around placed based service provision and delivery of the ICB's primary care strategy;
- Clinical capacity can be deployed in a far more flexible way and more responsive to patient demand;
- Allows for expansion of training at student, foundation year and GP registrar levels which at present cannot be entertained due to lack of space
- Delivers improved environmental standards through BREEAM excellent status;
- Improved patient experience though family friendly facilities and waiting areas, improved security and confidentiality, improvement car parking and drop off, fully DDA compliant and improved infection control arrangements;
- Better facilities for staff improving recruitment and retention;
- Demonstrates trust with ICBCG delivering one of the priorities of the PCIP.

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6.0 Financial Case

6.1 Capital costs

Total capital costs are £6.61m. As the Developer has elected to recover VAT on the scheme, the lease will be subject to VAT.

6.2 Revenue costs

6.2.1 Existing reimbursement

The ICB currently reimburses Brockworth Surgery, £71,450 per annum for current market rent to provide GMS services from its existing building. The ICB also reimburses annual business rates amounting to £6,986.

6.2.2 Rent reimbursement

The overall full revenue requirements of the development are set out below. It should be noted to deliver viability and medium term certainty, a fair fixed uplift of 2.75% annual uplift has been agreed with the DV compounded and paid for the first 4 triennial reviews.

Item	Annual total amount
Rent reimbursement for general medical services (989m2 net internal area @ £230 per m2)	£227,470
Supplementary payment for 989m2 @£17m2	£16,813
Car parking -54 spaces @ £400	£21,600
VAT	£53,177
Total annual rental requirements	£319,060

6.2.3 Rates reimbursement

As part of premises directions, business rates are also reimbursed to Practices for provision of GMS services. The estimate for the new facility is £60,989 per annum.

6.2.3 Revenue summary

Item	**Annual amount £**
New building- CMR for 989 m2 @ £230m2, £17 top up per m2 54 car parking spaces @ £400 and VAT	£319,060
Estimated business rates	£ 60,989
Total revenue requirements	**£380,049**
Funded by	
Minus existing current market rent	-£71,450
Minus existing rates reimbursement	-£ 6,986
Net total recurrent investment	**£301,613**

6.3 District Valuation – Value for Money assessment

The District Valuer has reviewed current market rent requirements and has confirmed Value for Money. The Interim report has been received by the ICB. It is available to members on request.

6.4 Payable GPIT costs

As part of the PCIP, it was agreed that all reimbursable IM&T costs would be set out in business cases for proposed new surgeries so that the ICB has full understanding of future costs to be built into GPIT and other applicable IM&T budgets.

A standardised approach) has been developed and has been used to agree the IM&T specification. The Costs are split out into five separate budgets due to them coming from different sources of money.

- GPIT Capital – This covers all essentially GPIT hardware as mandated in the GPSoc operating model (PCs, Printers, and Scanners etc.);
- HSCN budget – This covers the new HSCN (replaces N3) Data circuit;
- Building Budget- This covers Comms Cabinet, PDU in comms room etc;
- Wireless Budget – Wireless access points;
- Practice Costs – Non GPIT funded items such Telephone, AV equipment etc.

The Business case sets out all the relevant costs. From an ICB perspective, £76,088 will be required for GPIT capital and HSCN requirements. It is assumed for the financial year 2023/ 2024 or possibly 2024/2025 dependent on progression of the project. This will be a prior commitment on IM&T capital allocations received.

6.5 Fee support

The ability of the ICB to fund one-off fees related to premises developments are set out in The National Health Service (General Medical Premises Costs) Directions 2013. For 3rd party developments these include monitoring surveyor (1% of construction costs), stamp duty land tax and reasonable legal fees associated with lease arrangements). The Business Case includes an application for support towards, project management (for this development it would be monitoring surveyor costs) legal costs and SDLT together amount to circa £121k. In light of existing policy, it is not recommended that fee support is provided, and the Practice should seek fee support from the 3rd Party Development Partner.

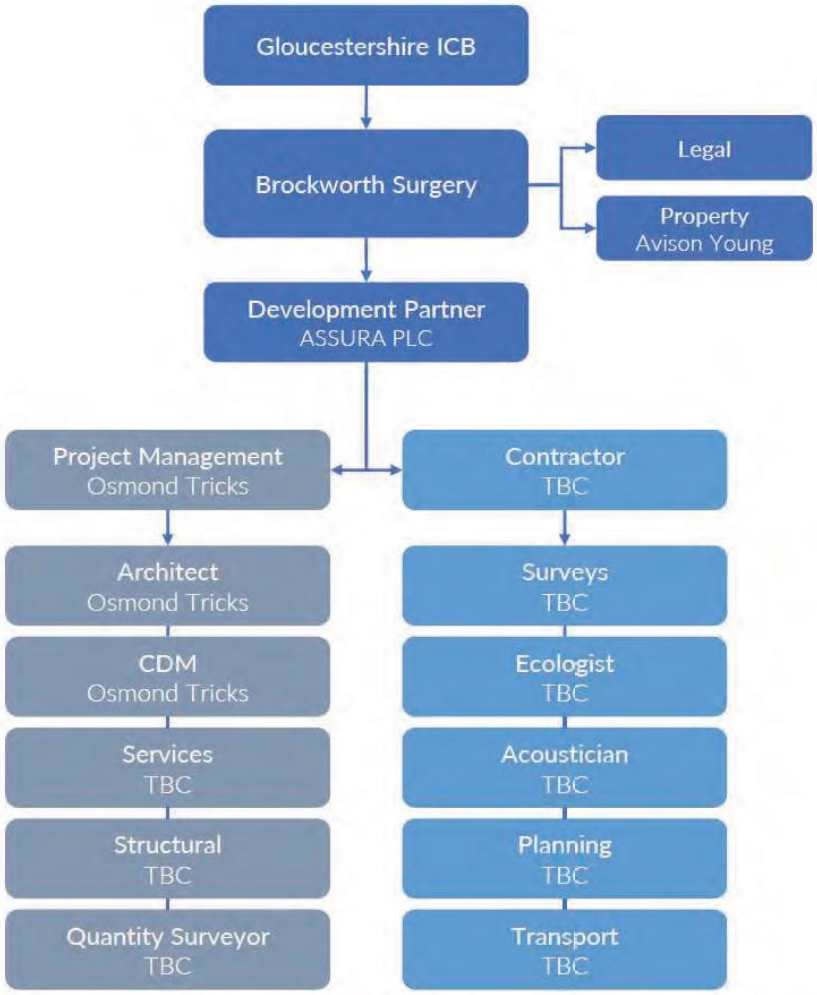
7.0 Management case

7.1 Project delivery

Assura Plc develop, invest and manage a portfolio of primary care medical centres across the UK, and they were selected by the GPs as their preferred development partner after interview on Thursday 4th August 2022.

The GPs also have the support of Osmond Tricks with their specialist Primary Healthcare Team experience in assisting GP practices to develop premises. Having completed more than 40 health centres, surgeries and primary care centres, they have experience in all aspects of primary care development

The practice will be supported by Avison Young (AV) who are responsible for agreeing the notional rent at a level sufficient to fund the development, together with any third-party occupier arrangements and overall project viability. The organisation structure for the development is set out below:



7.2 Patient engagement

The Business Case demonstrates extensive patient engagement and has had the involvement of ICB staff. The Practice has an extremely active Patient Participation Group (PPG) and they have been involved from the start. The PPG agree that the preferred option will be an excellent site. A letter of support has been provided by the Parish Council. Patient engagement has included: -

- Regular presentations (including previous scheme iterations when a joint project with Hucclecote) covering site options and design work;
- Further meeting and engagement when site location changed;
- Patient engagement event in March 2022 with good attendance and over 128 completing the patient survey.

Patient engagement will continue if the Business Case is approved. There will be a series of public consultation events during the planning process. There will need to be continued consultation with the PPG and patients more generally, as the development progresses. BREEAM also requires engagement and consultation in order to obtain accreditation.

7.3 Key delivery plan

The programme timeline is set out in the table below. On the basis that the Business Case is approved, planning achieved, and a tender is awarded, construction is expected to start by December 2023 with the building open 12 months later by December 2024.

Item	**Date**
Business submitted to ICB	Completed
Submitted reserve matters to District Council planners	24th November 2022
PCDC consideration and formal support for Business Case.	1st Dec 2022
Planning approval achieved	14th April 2023
Final detailed design work completed, and tender pack prepared	15th June 2023
Construction tender issued	23rd June 2023
Construction tender completed	4th August 2023
Contractor selected	7th September 2023
Contractor formally appointed	6th October 2023
Contractor mobilisation	7th October to 30th November 2023
Construction commences	1st December 2023
Construction completed and new building open	28th November 2024

7.4 Key risks

The Business case provides a risk assessment. Following mitigation no high risks are identified. The three main ongoing risks, which have mitigation, are as follows: -

- If there are delays in delivery, it could mean the costs contained in within the financial appraisal become out of date as the scheme has been priced at a planned point of construction and to a certain level of contingency;
- Further inflation above that already assumed, including contingency, means the scheme is no longer affordable at the level of investment agreed;
- Whilst a Heads of Terms has been agreed with the Landowner, commercial complication arise, which delay formal purchase of the land.

Finally from an ICB perspective, the key risk regarding this proposal is that should the new surgery development not proceed, the long term provision of suitable primary care premises for a growing population will be substantially affected, leading to loss of reputation and impact of service delivery and commissioning strategies. Additionally, that any further cost rises to the scheme, in an increasingly challenging financial context then means increases in revenue implications set out in this Business Case are no longer affordable.

8.0 Recommendations

Members of the Committee are asked to consider the contents of this report and approve the following recommendation of PCOG:

- To agree to recurrent annual investment of £380,049 to fund the delivery of a 3rd party Developer led new Brockworth Surgery to cover rent (including actual rent, a supplementary payment, car parking and VAT) and rates costs. Based on existing levels of reimbursement this will be a net annual investment of £301,613;
- To support the allocation of £76,008 from the GPIT capital budget to fund GPIT and HSCN requirements.

Andrew Hughes
Associate Director, 16th November 2022

Agenda Item 10

Primary Care & Direct Commissioning Committee

1st December 2022

Report Title	**Primary Care & PCN Highlight Report**						
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 recent highlights for the Primary Care Strategy and the PCN DES • Primary Care Strategy • PCN DES Contract & Service Specifications • Investment & Impact Fund • Enhanced Access • PCN Dashboard • Primary Care Contracting • Primary Care & PCN Funding Streams • Workforce and ARR • Digital Updates • Covid 19 Vaccination Programme • Delegation: Pharmacy, Optometry and Dental Services (POD)						
Key Issues to note	In month 6 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 and PCN highlight data can help identify areas that may require additional support.						
Impact on Equality and Diversity	N/A – paper is on primary care and PCN highlight data						
Impact on Sustainable Development	N/A – paper is on primary care and PCN highlight data						

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Patient and Public Involvement	N/A – paper is on primary care and PCN highlight data		
Recommendation	The Committee is requested to: • Note the information provided		
Author	Becky Smith	**Role Title**	Project Manager, Primary Care & Place
Sponsoring Director (if not author)	Jeanette Giles & Gayle Sykes 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

Primary Care & PCN Highlight Report

Agenda Item 10

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:	Jeanette Giles & Gayle Sykes (Primary Care) Katrice Redfearn (Interim, PCN); Kate Usher (Workforce)	**Senior Manager Lead:**	Jo White & Helen Edwards
Programme Sponsor:	Helen Goodey	**Programme Director:**	Helen Goodey
Author of Report:	Becky Smith	**Clinical Sponsor:**	Dr Andy Seymour
Date of Report:	1st November 2022	**Reporting Period:**	October 2022

Project Overview:

This highlight report is derived from the Primary Care Strategy and PCN DES 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; with a mid-year variation made on 30th September 2022. 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 and introduced in full, from October 2021 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 October 2021 - February 2022, with PCNs required to deliver plans from March 2022
- Personalised Care – Phased approach from April 2022 focussing on proactive social prescribing and shared decision making
- Anticipatory care – Phased approach from April 2022, subsequently revised by NHSE/I in 30th September update

The Investment and Impact Fund for 22/23 has been reinstated, and then updated on 30th September 2022 with 989 points now available.

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 on 31st March 2022 and updated the contract on 30th September 2022; below we have outlined specific changes and updates to the service specifications and IIF indicators.

PCNs Core Network Practices automatically enrol in the 22/23 Network Contract DES 20 September update. 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 34 returns (out of 70).

a) **Investment and Impact Fund**
2022/23 – As reported last month, the deferred and retired IIF indicators have been repurposed as a PCN Support Payment (called the Capacity and Access Support Payment). This payment will be paid on a monthly basis and will be based on the PCN's Adjusted Population. The PCN capacity and access support payment must be used to purchase additional workforce and increase clinical capacity to support additional appointments and access for patients. The ICB have received written declaration from all PCN Clinical Directors confirming this. The first monthly payment has been made to PCNs at the end of October.

b) **PCN DES Service Specifications**
The PCN Team are developing a self-assessment checklist for PCNs around the PCN DES service specifications, to try and understand the 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. This is being discussed with PCN Development Group and LMC. It has been agreed with the LMC that given practice workload this will presented as a supportive tool and not a required return.

c) Enhanced Access

- The Enhanced Access Service is being delivered by PCNs from the 1st October 2022.
- Further discussions are continuing to take place around a Saturday Phlebotomy Service to support PCN Enhanced Access.

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 to reflect the latest contract updates which were announced by NHSE/I on 26th September 2022.
- The Dashboard includes 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 national aim for 2022/23 remains at 75% for Learning Disability Annual Health Checks and Health Action Plans, and local plans are in place to help achieve this.
- As of 31st October, the ICB average for LD patients with an Annual Health Check (AHC) and a Health Action Plan (HAP) was 26.0% an increase of 5.20% in the last month. Please note that historically most LD AHC take place in Q3 and Q4 in general practice.
- The Primary Care Team circulated an update to practices in early October 2022 (Q3) which highlighted their individual progress for the LD AHCs (from the PCN DES/IIF Dashboard). The circulated update reminded them of the support on offer 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; and 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.
- As of 31st October, the ICB average for SMI physical health checks was 20.57% for 22/23; this is an increase of 2.59% in the last month.
- As noted in the LD AHC section, the Primary Care Team have started to reach out to Practices in Q3 and Q4 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.

c) GP CPCS (Community Pharmacist Consultation Service)

- The second project team meeting was held on 4th October 2022 to discuss activity to date and plan for next steps. The LPC had undertaken work to understand those pharmacies who had a track record of success with local practices, the next step being to widen the approach to all pharmacies local to practices and encourage relationships for those already doing referrals, even if the number was small. Members of the project team then undertook to initially focus on PCNs with higher population numbers to help with implementation (wherever necessary) or improve uptake of the service, to trouble shoot and offer resources to help get the service 'off the ground' for those wishing to use it.
- It was agreed to send information to practices, offering support from sources such as IT, training, relationships with pharmacies and with the offer of induction training from the LPC.
- The project team will meet again on 22nd November 2022 to review progress to date and agree further actions.

d) Enhanced Services

All 70 practices have now returned their Enhanced Service sign up forms. The Enhanced Service Review Group have now begun to engage with the service leads to review the local enhanced service specifications through the ESRG governance route for 23/24. Discussions around the Primary Care Offer have also begun. The ESRG have also now approved a Post Payment Verification Process for 3 of the local enhanced services and this will commence shortly.

e) Migrant Health

Homes for Ukraine (HFU)

Since the scheme started, 1501 visas have been issued for the HFU scheme for Gloucestershire as of 18th October 2022. The Cotswolds, Stroud, and Cheltenham still have the highest numbers of residents in the county.

Number of guests arrived in UK (or within the next week)	1236
Number of properties where guests have arrived	576

Registering new arrivals with GP practices is still a priority together with TB screening. Pathway for TB screening now further developed with GHT colleagues - information to be rolled out to GPs shortly.

f) Contingency Hotels

The three contingency hotels remain full. Occupancy as of 18th October 2022:

Ramada	75 people occupying 47 rooms
Orchard	84 people occupying 60 rooms
Ibis	208 people occupying 127 rooms

The project team have moved fortnightly meetings to monthly meetings. At hotel level, work continues with managing all 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.
- There have been 2 PCNs that have submitted amendments to their QI Projects. These changes have been taken through PCNDG for review. Following agreement, updated MOUs have been issued to these PCNs to reflect the changes.
- The PCN Team have been liaising with Business Intelligence and Finance colleagues to discuss data requirements to support evaluating the projects.
- 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 have been shared with PCNs.
- The ICB have been reviewing the PCN QI Projects to identify projects (particularly where multiple PCNs have similar project themes) that the BI Team could evaluate to support future planning. Business Intelligence are working closely with PCNs to complete an evaluation of the QI Projects particularly around the themes of Frailty and Respiratory.

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.

c) PCN Development Funding for 2022/23

- The ICB have received further information regarding the PCN Development Funding for 2022/23. The GP Transformational Support Fund has been created from combining the previous two SDF funded programmes within primary care: (a) Digital First and (b) PCN Development. The combined fund will total £78m for 2022/23. Systems should plan the spend of this funding based on supporting practices and PCNs to:
  - support staff skills and capabilities;
  - improve ways of working, reduce unwarranted variation and increase operational efficiency; and,
  - drive integrated working.
- Following discussions at PCNDG and Clinical Directors, it has been agreed to distribute the 2022/23 PCN Development funding allocation to PCNs as in previous years based on their registered list. PCNs will be asked to submit a proposal which will be taken through the governance process for review and approval. Following approval, an MOU between the PCN and ICB will be put in place before the funding will be released to the PCN. Further details will be shared with PCNs in the upcoming reporting period.

d) Ongoing 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.

As advised last month, due to the national changes to ARRs the ICB gave PCNs a further opportunity to revise their 2022/23 workforce plans and subsequently their underspend value. Revisions were requested by 4th October. 8 PCNs submitted revisions to their workforce plans. The estimated countywide unclaimed funding value was recalculated and shared with PCNs and the LMC on Friday 7th October. The underspend process (bidding template etc.) was also shared with PCNs so they could submit an underspend bid if they chose. 6 PCNs submitted underspend bids to the ICB. All 6 bids were approved as this was within the unclaimed funding envelope and these PCNs were notified of this on 26th October. The ICB have requested that these PCNs update their 2022/23 workforce plan to reflect the roles approved via the underspend, prior to the submission deadline of 31st October.

The workforce planning portal reopened on 3rd October and all PCNs returned their workforce 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. A spotlight section on ARRs for the PCN newsletter has been developed, starting with dieticians.
- **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). A peer support network has been established as numbers of PAs in Primary Care are growing.
- **Paramedics**: The EOI process with SWASFT remains open for PCN's. SWAST has confirmed that as the Paramedic's salary already includes an OOH supplement, that paramedics could work outside of core hours in primary care (subject to agreement with their practice), which could support EA requirements where needed. SWASFT are accepting further EOI's for Paramedics from PCN's looking to recruit under ARR's.
- **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). Discussions are underway regarding future provision of reflective practice for SPLW's, with a range of options being explored. An update on a range of future funding options was discussed at the 27th October CD's meeting with a follow-up scheduled for February 2022.
- **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 ICB'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):** PCNs have MHPs in post and a further 3 PCN's are out to recruitment. 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. Work has been undertaken to determine the roll-out trajectory for PCN's looking to recruit a 2nd MHP under ARRs using the last 12-months usage of GHC services by PCN, overlaid with each PCN's 23/24 and beyond ARR plans. Once internal review has been undertaken, this will be presented to PCN's for review/agreement.
- **Physios:** conversations as an ICS to consider hosted/rotational models are in progress, along with discussions to support roadmap implementation. A range of information to support the recruitment of Physios e.g., recruitment checklist has been circulated to several PCN's looking to recruit this role, with positive feedback received.
- **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. An action is in place to add the new ARRs roles of GP assistants and digital and transformation lead roles.

c) **Workforce Conversations and Workforce Survey:** The Primary Care Workforce team have undertaken their detailed Annual workforce 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 started in early August 2022, with good PCN uptake. Key themes from the conversations are being compiled and will be shared with PCN's along with plans of how the PCTH/PC Workforce team will support. To best align our Workforce survey with our annual workforce conversations, the Primary Care workforce team will undertake 2 shorter surveys in November 2022 and then April 2023, with the survey being completed in April/May each year going forwards.

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 with further practices now interested in securing a Tier 2 Visa. A dedicated 'Tier 2 Visa' application guide/page is in process of being developed on our Training hub website.

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. Several other PCN's/Practices have approached the Primary care workforce team to support with GP recruitment, with next steps discussions underway.

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 70 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 late 2022/early 2023, and a further training need has been identified from the workforce conversations to support reception staff identifying acutely unwell patients, for earlier clinical input.

n) **Annual Locum event 2022:** The Primary care workforce team's next annual Locum event is scheduled for 30th November 2022. With a key focus on engagement of Locums and encouragement to work in Gloucestershire, the event will provide Gloucestershire Locums with a range of training and educational opportunities including Basic Life Support (BLS) training, Safeguarding, Clinical Programme Group updates along with a presentation from the providers of Gloucestershire's Primary Care Flexible Staffing Pool.

o) **A strategic GPN lead role** is being recruited to which will aid delivery of a practice nursing workforce strategy.

5. **Digital Updates**

a) **Clinical System Changes**

4 further practices are migrating to SystmOne by February 2023 taking the total number of practices to 65. This will then leave 5 practices in the county who wish to remain on EMIS. The clinical system merger has been booked for 17th January 2023.

b) **Footfall Website**

59 practices are using the footfall website, with 10 practices on the latest version (version 6). Work continues to migrate practices to version 6. The remaining practices use alternative web providers.

c) **Patient Access to practice medical records**

Practices have been informed that there will be system changes for all practices using TPP and EMIS systems to provide all patients with access to their future health records from the 1st November 2022. NHS England are running webinars for GP Practices and the RCGP have updated their toolkit. FAQs have been developed for practices which is available on "The Wire", the ICB digital newsletter. Discussions are taking place with providers to agree if a standardised identifier for sensitive information can be added to correspondence. The LMC, in line with other LMCs, is advising practices where concerns are raised around either meeting the deadline or appropriate sharing of some information with patients.

d) **Enhanced Access**

A number of PCNs had not have received their TPP hubs in time to be set up for the 1st October, as they arrived on 30th September. The digital team are working with the PCNs to configure the new systems as a priority.

6. **COVID-19 Vaccination Programme**

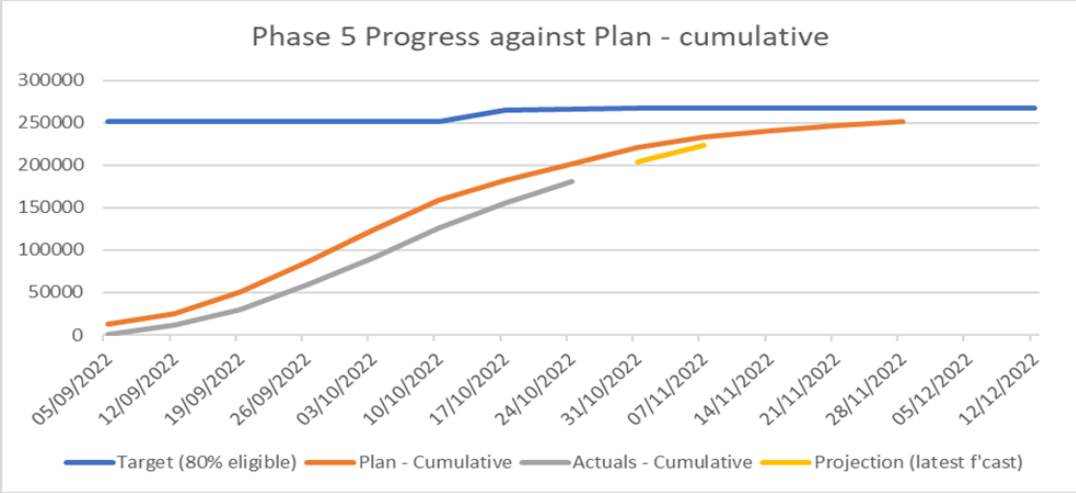
Autumn Booster:

- 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 310,500 people are eligible for a Booster this autumn and with predicted uptake rates – we expect around 253,000 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 was a modified version of the Moderna vaccine. This Bivalent Spikevax 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. Subsequently the modified Pfizer version, Bivalent Cominarty has become the dominant vaccine and progressively from 3rd October, the programme has switched over to this vaccine.
- A non mRNA vaccine – Nuvaxovid will be available in System from mid-October. This vaccine is only for patients with a confirmed PEG allergy and will be delivered only in Complex Allergy Clinics at GRH.

- Priority cohorts for the first few weeks of the Autumn programme are Care Home Residents and the Housebound, with the aim to complete Care Home Residents before 23rd October.

Progress as of 1st November 2022

- As of 31st October 2022, 180,763 people received an Autumn Booster in Gloucestershire. Of these, over 125k vaccinations have been delivered in PCN led local vaccination sites.
- Current uptake (at the end of week 8 of the Autumn Booster phase) is 53.50%.
    - Performance on key priority cohorts is especially strong with Care Home Residents in Older Adult Care Home settings being 89.4% (National Average is 83%) on 1st November 2022.
    - Health and Social Care worker uptake is around 40% (again high than National and higher than at this stage in previous booster phases)
- Gloucestershire system planning assumption is 80% uptake of eligible cohorts for an Autumn Booster would be vaccinated by 5th December (252k people 13 weeks)
    - Eligibility has increased slightly to 266k, and we now plan to reach 80% of the new eligible target by 12th December.
- Uptake across cohorts is, as expected, skewed towards priority cohorts (older and vulnerable).
    - Phase 5 was only opened up to all cohorts on 15th October 2022.
- Low uptake rates in the 50-54, 55-59 and 60-64 year old cohorts is a function of them being invited later but also less urgency amongst the cohort to get vaccinated.
    - As majority of those still to be vaccinated are now in the younger cohorts – more flexible approaches will be needed to reach those yet to come forward (e.g. extended hours, outreach clinics etc)
- See graph below –
    - Cumulative Progress against plan shows track to achieving 80% uptake by 5th December.
    - Note the 80% target (blue line on graph) has increased slightly as more people have become eligible over the course of the Autumn Booster Phase.
    - Projected volumes for next two weeks (yellow line on graph) based on booked clinics and booked NBS slots – a solid basis for the projection.



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

Further to national mandate, from 1st 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 (August/September 2023) is as follows:

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangements for delegation.
- A Safe Delegation Checklist (SDC) has been issued by NHSE to support ICBs in their preparation to take on delegated functions. The SDC 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. A pre-populated version has now been supplied to assist ICBs with planning and completion.
- Focus is now on the preparation and completion of the SDC. NHSE have produced a schedule of 'drop in' meetings covering 4 of the domains for completion, Governance & Leadership, Contracts, IT & Assets and Workforce. There are 2 'drop in' meetings for each domain with the purpose of assisting ICBs with completion. For the remaining domains, Finance and Quality & Transformation, NHSE have established regular meetings to work through these domains. As noted above, finance joint meetings have been ongoing since July.
- The SDC will be discussed at future project team meetings, the next meeting being 9th November 2022. Criteria in each domain will be reviewed and completed by project team members over the coming months.
- Members of the primary care team are actively reviewing the requirements of the SDC, and a Service Portfolio provided by NHSE to understand future resource requirements and readiness to operate. More information on ICB resourcing is expected from NHSE.

- Monthly 'Touchpoint' meetings continue, the third is on 1st November 2022 with named relationships manager from NHSE. Members of the POD project team attend. Issues raised are logged with NHSE and added to FAQs which NHSE circulate to South West ICBs. FAQs include issues raised by all SW ICBs.
- NHSE continues to provide monthly information packs outlining latest contractual data on POD services and editions have been received since August 2022 (data included for previous month).
- Delegation Agreement due March 2023 for final ICB sign off (draft expected from NHSE by 31st December 2022).

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

- SDC with first draft available for 13th January 2023 (submission to regional team for review), including any outstanding issues marked as amber or red in Pre-Delegation Assessment Framework (PDAF) submission.
- Attend project team meetings on 9th November 2022 and 13th December 2022 to work through requirements of SDC and Service Portfolio to meet needs of readiness to operate.
- 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.

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)

Key issues for last reporting period including reasons for variance

- Primary Care is experiencing significant demand 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

- Support PCNs to implement the Enhanced Access Plans.
- Engage PCNs on the PCN DES service specifications and IIF indicators following the contractual October changes.

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 – ARR plans discussed with each PCN to ensure optimised recruitment of roles and funding usage, along with continued promotion of lesser used and new ARR roles. • 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 Enhanced Access project and ARR – senior-level discussions are supporting an ICS approach. • Continued discussions with ICS partners around recruitment solutions including development of new ways of working e.g. rotational models and overcoming of recruitment barriers
Some practices and PCNs have significant recruitment challenges which 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 with targeted initiatives to increase recruitment. • Continued promotion of the Primary Care Flexible Pool to support GP session fill until permanent roles can be recruited
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		• Task & Finish Group in place - includes GHC, CDs, ICB • Ahead nationally on recruitment – 10 PCNs now have MHP appointed or in post. MHPs for next three PCNs in progress. • 2 PCNs do not require an MHP at this time. • In negotiations with GHC to Developing a recruitment trajectory for PCN's who want a further i.e. 2nd MHP

	23/24 45 in total		• 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 challenging due to additional costs above and beyond ARR reimbursement. However, working via SWASFT's rotational model means Paramedics can potentially work evenings/weekends in general practice. • SWASFT have confirmed 'over-recruitment' of Paramedics to support provision of those in Primary Care but TBC if will meet Gloucestershire PCN's requirements • Another option is recruitment of band 7 paramedics that do 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 11

Primary Care Operational Group

December 2022

Report Title	Quality Report November 2022					
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**		
	PCDC	01/12/22				
Key Issues to note	ICB Quality updates					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	N/A					
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						
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 – for information only					
Impact on Equality and Diversity	N/A – for information only					
Impact on Sustainable Development	N/A – for information only					
Patient and Public Involvement	N/A – for information only					
Recommendation	The Committee is requested to: review for information and update.					
Author	J Zatman-Symonds	**Role Title**	Deputy CNO			
Sponsoring Director (if not author)	Marion Andrews-Evans					

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
AOS	Appliance Ordering Service
ARRS	Additional Roles Reimbursement Scheme
CHIP	Care Home Infection Programme
CCG	Clinical Commissioning Group
CP	Community Pharmacy
CQC	Care Quality Commission
CYP	Children & Young People
CPCS	Community Pharmacy Consultation Scheme
F2F	Face to Face
FFT	Friends & Family Test
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
OOH	Out of Hours
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 11

Gloucestershire ICB
Quality Report
November/December 2022

1.0 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:

- System Effectiveness Group
- Safeguarding
- Patient Experience and Engagement
- Prescribing and Medicines Optimisation updates
- Infection Control – including updates from the Care Home Infection Prevention Team (CHIP)
- Vaccination and Immunisations
- Urgent and Emergency Care
- Serious Incidents & Provider updates
- Primary Care education and workforce updates
- Migrant Health update

2.0 System Effectiveness Group

2.1 The new System Effectiveness Group met for the first time on 7th November 2022. Colleagues from GHT joined the meeting and presented their report on Clinical Effectiveness, which was well received. The Chair of SEG is currently confirming membership from GHC and noted that it would also be advantageous to have representation from Primary care in order to look at effectiveness across pathways in the future. The new System Effectiveness Group will first focus on ensuring achievement against the 'must do' elements of effectiveness and will then 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.

3.0 Safeguarding

3.1 Key Achievements/ Celebrations

3.1.1 New post of Safeguarding Adult Lead Nurse in team (31st October).

3.1.2 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 continue. Task and Finish groups ongoing to integrate and streamline safeguarding processes across the Trusts and ICB. Work ongoing re joint training and policies. NHSE Southwest Safeguarding Continuing Professional Development funding for safeguarding professionals to be utilised across the ICS. Commissioning bespoke safeguarding supervision training as an initial idea. Safeguarding leads across ICS currently scoping ideas.

4.0 Key Risks/Areas of Concern

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

4.2 Retirement of Designated Doctor Safeguarding Children with loss of knowledge and experience in

4.3 November 2022 and recruitment to post in its current format.
Capacity to undertake work attached to the high number of ongoing Domestic Homicide Review's and statutory and non-statutory safeguarding reviews in Gloucestershire.

5.0 Patient Experience and Engagement

5.1 Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: *how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment.*

5.1.1 Following a suspension during the pandemic FFT results for Primary Care (GP practices) have been published since July 2022. In July 33/70 Gloucestershire GP practices submitted FFT data nationally, in August 29/70 submitted data. Where practices have submitted data in August (most recent data) percentage positive response ranges from 100% - 60% and percentage negative response ranges from 40% - 0%. It should be noted that the practice with 60/40% positive recommendation only 5 FFT responses were submitted. The highest number of responses submitted by a GP practice in Gloucestershire in August was 459.

5.2 Patient Advice and Liaison Service (PALS)

5.2.1 The number of overall contacts received in Q2 22/23 has fallen slightly from the previous quarter, with fewer concerns raised. However, calls, letters and emails received by the ICB PALS team have

remained both complex and time consuming. The expectations of those who contact the team have been challenging at times and difficult to manage. The team continues to remain extremely busy. The PALS Team's high-quality support for local patients and their families, and their elected representatives, has been maintained despite long-term sickness affecting the team. Rachel Price, ICB Complaints and PALS Manager, is to be commended for her hard work and that of her small team.

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Sparkline
Advice or Information	64	112 (PC 6)			
Comments	14	16 (PC 2)			
Compliments	15	12 (PC 2)			
Concerns	212	103 (PC 11)			
Complaints about the ICB	7	4			
Complaints about a Provider	25	40 (PC 10)			
NHSE Complaint responses copied to ICB PALS	5	12			
MP Enquiries	27	1			
Gluten Free	0	1			
Other	6	8			
Total Contacts	348	308			

5.2.2 PALS enquiries received related to GP Primary Care services within the county:

- Access to medications, specifically around patients who have been referred via an NHS Pathway to Psychiatry UK for an Adult ADHD Assessment. Patients have found when they have received a diagnosis and started on a treatment plan monitored by the provider, they have been unable to access medications via shared care with their registered GP Practice. This was

raised internally with the ICB, and it was agreed that prescribing GPs must feel competent in this area of prescribing these red drug medications.

- Accessing face to face appointments.
- Provision of community micro-suction & ear wax removal.
- Shared care and access to medication and blood test enquiries from patients and families where they have sought a private pathway for transgender services due to the long NHS waiting times. Information was sent out to GPs via what's new this week. M:\InfoLibrary\GICB_Guidance_on_Transfer_of_Private_Prescribing_into_NHS.pdf

5.2.2 There is a more than 100% increase in the number of individuals seeking general advice or information.

5.2.3 A total of 12 compliments have been received

- Three for the CHC team
- Four forwarded to GHNHSFT
- One for the GHC Community Hospital Service
- Two for GP Services
- Two for the PALS Team.

5.2.4 There were four complaints for the ICB

- Three relating to NHS CHC funding/assessments
- One commissioned service for Podiatry – this was a combined response with GHC and the ICB leading on the complaint.

5.2.5 The PALS team are no longer responsible for MP enquiries, although continue to offer support when appropriate on the direction of enquiries/information. These are now being monitored and recorded by the Executive Business Manager. PALS will continue to access the numbers and themes for reporting purposes. In Q2 22/23 a total of 30 MP contacts, many enquiries have been GP related, either involving access, test results or vaccination. The Primary Care team have been supportive of these enquiries, liaising with practices and vaccination centres where appropriate. There have been several contacts where it has not been possible or appropriate for the ICB to reply and have been signposted to the relevant organisation.

5.3 Engagement in Primary Care

5.3.1 Engagement Support

5.3.1.1 The ICB Engagement Team continue to provide support to practices going though changes such as mergers, branch closures etc. This includes advice and guidance and supporting meetings with patient groups.

5.4 GP Practice Patient Participation Groups (PPG)

5.4.1 The countywide PPG Network last met in July 2022. The meeting was attended by Bethany Golding from NHS England to promote the national PPG Energisers Programme. Several local PPGs have followed up her invitation to get involved at a national level. The meeting was also joined by Dr Kat Bristol, GP partner, Cam, who shared her work relating to the Green Impact for Health Toolkit – this prompted lively discussion with several PPGs indicating they would like to follow this initiative up with their individual practices. The PPG 'Spotlight' session focussed on the recently published GP Patient Survey Results and the development of local GP/PPG surveys with the support of the ICB Engagement Team.

5.5 GP Patient Survey

5.5.1 The results of this year's national GP Patient Survey (GPPS) show high overall levels of patient satisfaction (81%) with Gloucestershire GP practices – well above the national average of 72%.

5.5.2 The annual survey assesses patients' experiences of healthcare services provided by GP practices across a range of topics, from confidence and trust in healthcare professionals, satisfaction with levels of care to ease of making appointments and suitability of appointment times. Results are presented at GP practice, Primary Care Network (PCN), Integrated Care System (ICS) and national level. In the One Gloucestershire ICS, 20,830 questionnaires were sent out and 8,239 were returned completed, representing a response rate of 40%.

5.5.3 The full 2022 GP Patient Survey results can be found at: https://www.ipsos.com/en-uk/2022-gp-patient-survey-results-released

5.6 Wider engagement

5.6.1 Developing an Integrated Care Strategy for Gloucestershire: Reflecting on what we have already heard

5.6.1.1 Building on conversations earlier this year (Developing our ICS priorities) and taking into account the great work already happening in our county, we are currently developing our Integrated Care Strategy for the next the 5 years. To help share our priorities going forward, we have created 3 overarching pillars for our strategy. They include:

- Health and care services today - improving access to care and reducing waiting times for appointments, treatment and operations, improvements in urgent and emergency care and supporting people's mental health.

- Transforming what we do - supporting prevention at a local level, joining up services close to home, reducing differences in people's experience, access to care and health outcomes and a One Gloucestershire approach to developing our workforce - ensuring services can access the skills and people they need.
- Making Gloucestershire a better place for the future - focusing on the range of things that can impact on health and wellbeing including existing priorities like physical activity, healthy lifestyles, adverse childhood experiences and housing.

5.6.1.2 We were keen to hear feedback on the ideas set out in the ICS engagement guide https://getinvolved.glos.nhs.uk/13491/widgets/55688/documents/32245 We invited partners to consider the following three questions:

- Does the developing Strategy reflect what you have previously told us is important to the health and wellbeing of people living or working in Gloucestershire?
- Is there anything else you would like us to consider in the Strategy?
- What can you contribute to the delivery of this Strategy?

5.6.1.3 The engagement closed on 14 November 2022, with feedback being collated into a report to support the development of the draft ICS strategy for submission to NHSE later this winter.

5.7 Citizens Panel

5.7.1 We know we can rely upon very active 'self-selecting' people who are prepared, willing and able to take up the many opportunities we currently offer to have their say. What we have identified is that we can do more to ensure that we hear the voices of individuals who do not, or cannot, easily tell us what matters to them.

5.7.2 We have recently been successful in securing an independent specialist market research company based in Gloucestershire to support the Panel member recruitment; their role will be to ensure a fair cross-section of Gloucestershire's diverse communities join the Panel. We will shortly be starting recruitment of a group of 1000 local residents to join a One Gloucestershire Citizens Panel. People recruited will be representative of the Gloucestershire population of approximately 650,000 people. The Panel will include individuals who live in priority areas of the county; where people experience greater health inequalities than elsewhere in Gloucestershire or England. The Panel will be made up of a group of individuals, whose anonymous feedback will be used at a county and a more local Integrated Locality Partnership level to shape health and care services and support.

5.8 Engagement Team Focus on…

5.8.1 In this quarter's report we are highlighting two aspects of our countywide Engagement work with a spotlight on the work of our Insight Manager and The Information Bus.

5.8.2 Insight Manager

5.8.2.1 In February 2022 Natalia Bartolome-Diez joined the Engagement Team. Natalia's role as Insights Manager (Equality, Diversity and Inclusion/ED&I) is to ensure that the views and experiences of people with protected characteristics and 'communities of interest' and 'communities of place' inform the ICS strategic direction, specifically with regards to reducing stigma and health inequalities. Natalia works with partners across the ICS to develop appropriate and sensitive methods to facilitate the involvement of people within these groups. Natalia has summarised her activity in Q1 and Q2 22/23 below:

5.8.2.2 Much of Quarter 1 was spent mapping out communities, establishing contacts and developing a strategy for building relationships in previously underserved communities. With this in place, Quarter 2 has allowed Natalia to cement herself into different communities and to develop an agreed way of taking any insights gained to relevant teams across the ICB and wider system. This has involved visiting a wide range of communities across Gloucestershire, at least twice a month, and beginning to form relationships of trust with individuals. Communities include GL11's Adults with Additional Needs and lunch groups, the Redwell Centre, Gloucester Feed the Hungry, Sahara Saheli, Cheltenham Jewish Congregation and the Kingfisher Treasure Seekers. Sustained presence, entering without an agenda and open conversations have begun to reveal interesting issues amongst communities, concerning health and wellbeing. Such insights have been shared with teams and a variety of awareness/education events, as well as projects around navigating the hospital, are going to be held in Quarter 3.

5.8.2.3 Strong connections have also been formed with teams across the ICS, resulting in GCC, GHT and the ICB approaching Natalia when needing to engage with certain groups. Approaching communities with Natalia and visiting as 'one system' to ask questions has helped the communities be more receptive and open to talking. This has occurred with GCC engaging on improvements to the healthy lifestyles offer, the ICB wishing to raise awareness on Vitamin D deficiency and GHT wanting to understand barriers to cervical smear testing in South Asian women. Building an engagement network has also allowed Natalia to link different parts of the ICS up, for example connecting the Let's Talk service with GCC's Adult Education Food Class, Baking for Therapy.

5.8.2.4 Natalia has also spent time trying to build a way of working with the Afro-Caribbean community. In Quarter 2, an informal community-led 'steering group' has been set up with some key figures from the Black Community. These meetings have been an opportunity to re-build trust with this community, update them on things happening in the NHS, establish how they wish to engage with health and wellbeing in the future and hear about what is/isn't working at present. This is very much in its early stages but is definitely moving in the right direction. We hope that in the future, representatives from all parts of the ICS will be able to join the group and different teams in the ICB will use the group to co-produce and engage more widely with the Black community in the county.

5.9 Information Bus

5.9.1 It has been a very busy few months for the Information Bus, supporting events across the county with a broad range of partners, NHS, VCS and other public sector colleagues. During the period July to end of September, the Information Bus travelled out into the communities of Gloucestershire 28 times. There was a brief pause during the period of mourning following the death of Queen Elizabeth II.

5.9.2 Over the summer quarter, the NHS Information Bus facilitated contact with over 1000 people across the county from all walks of life. We have visited all six localities, reaching out to some of our harder to reach areas. West Cheltenham was visited four times alone as part of the Integrated Locality Partnership inequalities project.

5.9.3 The summer months allow us to attend fetes, fayres and shows. Winchcombe Show, Bathurst Show in Lydney, Barton and Tredworth Cultural Fayre, Jamaican Independence Day (Gloucester Park) and the Midsummer Fiesta in Cheltenham. Attending a range of one-off event offers the opportunity to engage with people who may not be in the usual town centre locations we frequently visit.

5.9.4 The Bus was also able to support other events such as Age UK's picnic in the park (Highnam Court), and Hartpury College Freshers Wellfest. Some of the health and wellbeing and awareness raising projects we have been able to support have included:

- Falls prevention
- Diabetes awareness
- LGBT+ partnership
- NHS and social care recruitment
- Shared Lives
- Let's Talk mental health and mindfulness

5.9.5 At the end of September the Information Bus was delivered to Telford for an internal refurbishment lasting 2 weeks. It has now been returned looking fresh and modern. In the next few months' time, with the help of the ICB graphic design team, the exterior of the Bus will also be transformed to complement the new Integrated Care System style.

6.0 Prescribing and Medicines Optimisation

6.1 The Medicines Optimisation team continue to work on their priority initiatives including:

6.1.1 **Primary Care Savings Project**: This is made up of a series of interventions which are primarily associated with savings to the drugs budget. Edoxaban switches are going very well in some practices although others are struggling with workforce to undertake the switches. Prescribing support Pharmacists and Pharmacy Technicians are working with practices on a number of initiatives including review of BM testing strips and oral nutritional supplements.

6.1.2 **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. The team are registering additional practices and conducting a survey with those already involved to get some feedback.

6.1.3 **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.

6.1.4 **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. Referral from the Frailty Assessment Service (FAS) are now being undertaken by clinical pharmacists on the ward.

6.1.5 **GHFT Electronic prescribing and discharge information**: It is worth noting that the GHFT EPMA (Electronic Prescribing and Medicines Administration) system went live earlier this week. We are hopeful that this will improve the timeliness and accuracy of the discharge information.

7.0 Infection Control and CHIP Team

7.1 Covid-19

7.1.1 During October the CHIP team have continued to support care homes with Covid-19 outbreaks following a spike in the number of cases. They have continued to use every visit to encourage effective use of IPC and PPE and are also actively supporting the hospital discharge team and infection control team by working with care homes to support safe discharges back to care homes for resident's testing Covid-19 positive. Across the county in October, in all types of care homes settings, the numbers of Covid-19 infections were reported as 199 amongst residents and 196 care home staff also tested positive for Covid.

7.1.2 **Scabies**

During October there were two outbreaks of scabies in Care Homes and one single case in a large Care Home setting. All outbreaks are now resolved and the learning from the outbreaks has been in included into the treatment protocol.

7.1.3 **Point of Care Testing project**

The team have two additional team members joining in November. This will allow the CHIP team to offer flu testing using a Point of Care Test to Care Homes. The team are working closely with our partners, particularly UKHSA and whilst most of the preparation work has now been completed, the final agreement for the SOP is still indraft with a webinar planned for 15 November 2022 to help explain the project to care home providers.

7.2 The CHIP team is also currently participating in projects to reduce the case numbers of Clostridium Difficile, Urinary Tract Infections and Chest Infections related to poor mouth care.

7.3 GHT are continuing to report high numbers of Covid positive patients. Currently there is one ward at GRH ringfenced to treat patients suffering from infections. However, although symptomatic the patients do not appear to be particularly unwell with their Covid infections and there are no Covid positive patients in Critical Care.

7.4 Mask wearing remains in place in all in patient facing areas, including Maternity and Paediatric Departments. There has been a decrease in the number of C diff cases reported for GHT as of September 2022, which is down 8% on last year. Current predictions estimate 114 infections if current trend continues which will exceed the threshold for Gloucestershire Hospitals of 102.

8.0 Vaccination Update

8.1 Good progress against the plan for the autumn booster programme is being made with the November data showing 89.5% achievement of plan-to-date. Gloucestershire is approximately one week behind their planned trajectory, but this is because of delay in first week due to uncertainty on start date. Momentum has definitely built up in recent weeks with weekly uptake rates remaining high and are exceeding predicted levels. There have been more practice-based pop-ups running than in previous phases, which has helped to increase local choice and convenience. The co-administration rates with the Flu vaccine have been higher than expected and significant Evergreen offers have been maintained alongside the Autumn Booster, with over 2,250 Evergreen vaccines being given.

8.2 Areas of deprivation in the county remain high on the agenda with focused work to help improve uptake rates. There has been a slight increase in clinical incidents than seen in other phases of the programme, this has been mainly due the complexity of multiple vaccines in use. There has also been an increase in complaints, mainly due to confusion caused by National messaging system. For some PCN's, greater use of the Community Pharmacy has implied revenue loss to PCNs where they are in proximity. However, in some PCNs over 80% of all vaccines have been delivered by the local LVS-PCN site. The Comms team are constantly updating and reviewing vaccine information, alongside social media campaigns targeted at maternity, neo-natal and health & social care workers.

9.0 Urgent and Emergency Care Update

9.1 The full outputs of the Newton Diagnostic comprehensive review of the Gloucestershire UEC system, which has taken place over the last few months, commissioned in response to the LGA peer review, has now been shared with ICB Executives. The output identifies a whole range of opportunities for change, from which the UEC Clinical Programme Group are now working to pull the report together into a comprehensive action plan, building on the work already been delivered through system reset and Gloucestershire's recent performance improvement work.

9.2 The diagnostic has highlighted several key opportunities which will ease the pressure on the system as well as ensuring better outcomes for Gloucestershire residents. There are opportunities to reduce admissions with services such as Rapid Response, Frailty Assessment unit and Falls Response. There are also opportunities to reduce time between admission and having a no criteria to reside, through reductions in diagnostic testing, criteria led discharge and effective boards rounds by the ward teams. The review also focused on hospital discharge with effective MDTs, access to

the right information and the need for additional capacity in Domiciliary Care. Updates on the progress of the UEC action plan, National Guidance and Gloucestershire's Winter Pledges will be shared in future reports.

10.0 Provider Updates

10.1 GHT

10.1.1 The Trust continue to progress with the Section 29a action plans. The Surgical Division submitted an update on their improvement plan to QDG in October 2022. Operational pressures are impacting on the ability of the service to deliver some of the actions. There are 2 actions flagging as red (not on track to be delivered) and 3 actions flagging as amber (delivery at risk).

10.1.2 The Maternity Service submitted an update on their improvement plan to Maternity Delivery Group in October. The plan is on target to be delivered by end of December 2022. A meeting was organised in October for the CQC and the ICS/LMNS to review the progress being made of the maternity action plan and further evidence was then submitted to the CQC. The Trust will also be having an Ionising Radiation (Medical Exposure) Regulations (I(R)MER) inspection at the end of November.

10.2 GHC

10.2.1 There have been 2 serious incidents reported by the Trust in October 2022, both reported incidents relate to mental health services.

10.2.2 The Trust continues to make good progress with the actions arising from a number of recent CQC inspections. All "Must Do" actions are on target for completion by 30th November. The 11 "Must Do" actions identified by CQC relate to activity at Wotton Lawn Hospital, Charlton Lane Hospital and MIIU.

10.2.3 The Trust was pleased with the recent results of the NHS Community Mental Health Survey Benchmark Report for 2022. Results were relatively the same as last year with the Trust performing better when compared to all other Trusts in 10 question areas. Areas where service user experience could improve include NHS Talking Therapies and Crisis Care. Areas of good service user experience included the organisation of care, emotional support and well -being (financial and work) and medicines and care reviews. Access challenges continue to exist in a number of service areas including the Eating Disorders Service and CAMHS. In Community services and hospitals, following some focused work, the Trust has seen improvements in the reduction of lower grade pressure ulcers.

10.3 Serious incidents and significant events in Primary Care

10.3.1 In Primary Care the majority of Significant Events are reviewed internally by individual practices with some also being uploaded to the National Reporting and Learning System (NRLS) via a GP Eform. No NRLS reports were made in September or October.

10.3.2 Less than 1% of the 2.2million reports received each year come from Primary Care. In order to improve this situation, NHS England have developed a new tool for use in all settings where NHS care is delivered. The new 'Learn from Patient Safety Events' or LFPSE system is designed for use by all healthcare staff including those working in primary care who are encouraged to use the system to record any events where: a patient was harmed, or could have been harmed or there has been a poor outcome.

10.3.3 The ICB Patient Safety Specialist is working with other Patient Safety Specialists to ensure that the tool is rolled out in all settings, which will include primary care. It will also eventually supersede the Quality Alert process.

10.4 Primary Care Education and Workforce

10.4.1 The ICB has successfully recruited to the Band 8B Lead GPN role, with the new team member hoping to be in post before the end of the year. This will help support the strategic work of the ICB Deputy Chief Nurse and the Gloucestershire Training Hub around GPN and AHP development in Primary Care and improving opportunities and joint working with community colleagues. The post is an 18-month secondment, which will regularly evaluated and reviewed with outcomes shared at PCDC.

10.4.1 Nurse on Tour – The ICB training Hub have identified the first students who will experience nurse on tour by the end of November. Currently 3 surgeries are having a risk assessment carried out and we are awaiting responses from other practices. The hope is that once the project commences and information shared, other surgeries will get to see and hear of the initiative and will want to on board too. The GPN Lead Nurse will be following up to offer further information or support.

10.4.2 The GPN preceptorship programme is really making progress and is now going through an accreditation process with UWE. The funding has been approved for this to continue through 23/24 which is excellent news for the future of the primary care nursing workforce and the recent feedback from the current preceptees has been very positive.

10.4.3 Progress is being made with local Population Health Management (PHM) schemes. Albeit slow, the substance misuse project in Cheltenham is gaining momentum and good links are being forged. There are also discussions underway to expand the outreach service, fostering in the same approach as Gloucester, to help reduce inequity and inequality across the county.

10.4.4 Student Nurse Placements - As part of the capacity expansion programme a pilot for the 'Collaborative Learning in Practice Model' (CLiP) started in October 2022. Two GP Practices agreed to take part in the initial CLiP Pilot. Through implementation of this model, capacity will increase for adult Nursing students on placement. Outcome measures will be used to identify the effectiveness of the CLiP model with associated data. The longer-term aim will be for this to be rolled out to further GP Practices within Gloucestershire, further increasing placement capacity.

10.4.5 Trainee Nursing Associates (TNAs) -The numbers of TNAs are set to increase with final numbers to be confirmed by 30th November 2022 for students starting the programme in January 2022. PCN's are beginning to recruit TNAs under the Additional Roles Scheme, providing a workforce plan and retaining their staff though career development whilst offering more opportunities to new starters for HCA's.

10.4.6 General Practice Nursing Fellowships - The General Practice Nursing (GPN) Fellowship Scheme from NHSEI has now been expanded to include New to Practice Nurses in addition to Newly Qualified Nurses supported locally by our Primary Care Training Hub. This programme is a national commitment in the NHS Long Term Plan with several benefits to support GPs and nurses starting their career in Primary Care. The programme encourages working within and across Primary Care Networks leading to opportunities for integrated working and varied portfolio work experience. General Practice Fellowships are a real opportunity to invest in shaping the future of General Practice. Applications are open and recruitment during November/December.

10.4.7 Continued Professional Development (CPD) - GPN's are provided with learning and development support and ongoing advice for individual CPD. Funding from HEE forwarded directly to the practices via the PCTH has been the process for the last 3 years. The ICS educational steering group is waiting for confirmation on how funds will be allocated for 2023/24 to review the strategic priorities for the workforce and service delivery. More locally in primary care lunch and learn events on a variety of specialties provide more learning and development sessions for GPN's with easy access to updating.

11.0 Migrant Health

11.1 All the three hotels in Gloucestershire remain at full capacity, with eighteen new arrivals across the three hotels in the last month. One baby has been born and there are a further three women currently pregnant, one in each hotel. All women are under the care of community midwifery.

11.2 Food issues continue to cause appointments in Primary Care. The food that is heated on site for the service users is now also being eaten and shared with the Clinical Nursing team in an attempt to encourage more communal eating where available and to highlight to the service users that the food is entirely adequate. Work is ongoing with the Health Visiting team to look at provision for the more concerning age group of 12 – 24 months. The hotel management team are keen to engage and improve procurement where necessary.

11.3 There has been a successful start to TRE therapy and yoga sessions provided through GARAS and administrated via the ICB Migrant Health team so far feedback has been very positive and felt to be extremely beneficial for those attending. Sessions will be ongoing with 10-12 service users being able to partake in blocks of 12 weeks across all 3 hotels.

11.4 Latent TB screening shortly to be added to the initial screening process following talks between the Acute Trust, Primary care and the ICB. Two cases of potential active TB were screened this month in new arrivals, with the Acute Trust TB team linking closely with the ICB. All diagnostics ongoing and clinic appointments offered, and Public Health colleagues have also been updated.

11.5 The new Deputy Clinical Lead for Migrant Health started in post in October, with plans for her to have increased input into child and sexual health once fully inducted and orientated.

11.6 Due to the crowding reported at Manston, there has been additional pressure on regional systems to provide more contingency accommodation. In addition to the three existing asylum seekers contingency hotels, we have in the county, the Gloucestershire Migrant Health team were notified by Local Authority colleagues, that the Home Office were planning commission a 4th location within central Cheltenham. The team were informed that this location has the potential to house 192 asylum seekers. However, on the 9th of November the ICB team were informed by Clearsprings Ready Homes that the planned 4th contingency accommodation site in central Cheltenham has been stood down. Further updates or changes to this will be recorded in future reports

Agenda Item 12

Primary Care & Direct Commissioning Committee

01 December 2022

Report Title	**Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry (POD) Progress Report – Item Summary**						
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. Papers attached: **Item 12a** – Highlight Report for October 2022 including Safe Delegation Checklist **Item 12b** – Safe Delegation Checklist (SDC) **Item 12c** – Minutes from the POD Delegation Project Team Meeting on 04.10.22						
Key Issues to note	**Item 12a** – Highlight Report outlining progress to date and areas of focus over coming months. ICB next step requirement will be to complete the Safe Delegation Checklist (SDC, Item 12c) by end of February 2023. A draft is preferred by NHSE on or before 13 January 2023. NHSE have scheduled 'drop-in' meetings covering 4 domains to support ICBs with its completion. The sessions are running from 03 November 2022 to 09 January 2023 with two sessions per domain. Finance and Quality domains are being managed separately through regular meetings between NHSE and ICBs and additionally for Finance, the completion of an MOU. NHSE have provided a pre-populated SDC which is under regular review and updated versions are sent to ICBs following 'drop-in' sessions. A monthly information pack has been supplied by NHSE to ICBs since August 2022; this outlines contractual and performance information, summary of finance, communication and engagement for all POD contract services and appendix detailing an overview of dental and pharmacy services only. This information is discussed at monthly project team meetings.						

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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, 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
Completion of all domains of the SDC
Identifying and understanding the financial allocations and associated methodologies, working alongside SW ICBs and NHSE SW to complete the MOU and SDC domains.
Resource requirements - to be ascertained for April 2023 onwards
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). The team are using 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 and through completion of the SDC.</td></tr>
</table>

Recommendation	The Committee requested to: • Note the reports		
Author	Gayle Sykes	**Role Title**	Head of Primary Care Contracting
Sponsoring Director (if not author)	Director of Primary Care and Place		

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

12

POD Delegation - Highlight Report

Item 12a

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.		• Completion of Safe Delegation Checklist and internal sign off for submission 24 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:	26 October 2022 to PCOG 16 November 2022 Revised	**Reporting Period:**	October 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 (Sept 2022) is as follows:

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangements for delegation.
- A Safe Delegation Checklist (SDC) has been issued by NHSE to support ICBs in their preparation to take on delegated functions. The SDC 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. To support this work, NHSE have scheduled 'drop-in' meetings from 03 November 2022 to 09 January 2023 covering 4 of the domains for completion - Governance & Leadership, Contracts, IT & Assets and Workforce. There are 2 'drop in' meetings for each domain with the purpose of assisting ICBs with completion. NHSE provided a pre-populated SDC with narrative against criteria which are planned to remain with NHSE – this will be updated and subsequent versions sent to ICBs following 'drop-in' sessions. (Updated version expected week ending 18 November 2022). For the remaining domains, Finance and Quality & Transformation, NHSE have established regular meetings to work through these domains with ICBs. As noted above, finance joint meetings have been ongoing since July and finance are working through an MOU with colleagues in the SW to complete finance domains in a collaborative manner. The SDC was discussed at the project team meeting on 09 November 2022. It was agreed to review all information available (including a service portfolio supplied by NHSE) and populate the draft SDC as a project team (excluding finance) – this meeting is scheduled for 07 December 2022.
- Monthly 'Touchpoint' meetings continue, the third on 01 November 2022 with named relationships manager from NHSE. Members of the POD project team attended. Issues raised are logged with NHSE and added to FAQs which NHSE circulate throughout the SW ICBs. FAQs include issues raised by all SW ICBs. Notes from the 'Touchpoint' meetings are added to the project plan to ensure actions and issues are logged and resolved.
- NHSE continues to provide monthly information packs outlining latest contractual data on POD services and editions have been received since August 2022 (data included for previous month).

- Delegation Agreement due March 2023 for final ICB sign off (draft expected from NHSE by 31 December 2022).

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

- SDC with first draft available for 13 January 2023 (submission to regional team for review), including any outstanding issues marked as amber or red in Pre-Delegation Assessment Framework (PDAF) submission.
- Attend SDC meeting on 07 December 2022 and project team meeting on 13 December 2022 to work through requirements of SDC and Service Portfolio to meet needs of readiness to operate.
- 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.

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)

In addition:

- A project overview has been provided to the November ICB Audit Committee
- Internal auditor's advisory review commences in December 2022

Item 12b

Safe Delegation Checklist for Pharmacy, Optometry and Dental (POD) Commissioning Functions for 1st April 2023 (Template) - V1

This checklist is for use by the NHS England teams which currently manage pharmacy, optometry and dental (POD) commissioning and associated functions (e.g. complaints) and for the ICBs which are planning to take on these functions (subject to agreement of the delegations by the NHS England Board).

The checklist is in two distinct parts:
1) PDAF SUPPORTING PROMPTS (Tab 1) - A summary of PDAF prompts and operationally critical elements to prepare for safe delegation. This tab outlines the areas that need to be in place as confirmation of NHSE's readiness to delegate.
2) BROADER DELEGATION PREPARATION PROMPTS (All remaining tabs) - These do not necessarily all need to be completed. These are designed to practically support safe delegation of functions from NHSE to ICBs.

The checklist may be used to reflect any work that has already been undertaken and adapted as necessary to suit local circumstances. It is recognised that some areas of the checklist will be more important than others - and the level of detail provided should be proportionate to local circumstances. The checklist is designed to be a live working document that can be updated as the process progresses.

The completed checklist does not need to be submitted to the National team however it should be completed in advance of the delegation of POD functions on 1 April 2023 (subject to Board approval) - with assurance provided to the National Moderation Panel on the **12th October 2022** that you have an assigned SRO, identified workstream leads, and a plan to ensure delivery.

The contents are as follows:

Version Control
The current version of the Safe Delegation Checklist is made available via the Hub / FutureNHS platform. Strict version control is being applied and the current version number and date of issue included below; any prompt changed / added will be highlighted in yellow in column A on each tab, including the version in which the change took place; and the changes made logged on the version control log tab.

Current version number	V1
Date of current version	9/20/2022
Details of changes made	See Version Changes Tab

12.2

Introduction

Introduction

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Item 12c

POD Delegation Project Team Meeting 4
Minutes from 04 October 2022

Present: Jo White, Matt Lowe, Sian Williams, Annalie Hamlen, Sophie Hopkins, Adele Jones, Cherri Webb and Gayle Sykes

1.0	**Apologies** Cath Leech, Helen Goodey, Julie Symonds, Rachel Price, Becky Parish, Trudi Pigott and David Porter	
2.0	**Notes of Previous Meeting** Notes of the meeting held on 12 September 2022 (previously circulated) were agreed as a correct record.	
3.0 3.1	**Matters Arising** PDAF Submission Feedback – submitted by deadline on 16 September 2022, initial feedback from NHSE received and discussed at the Review Meeting with NHSE on 22 September 2022. NHSE have signed off the PDAF and passed to the national team for Board approval on 01 December 2022 to confirm whether Glos ICB may take delegation from 01 April 2023.	
4.0 4.1 4.2 4.3 4.4	**Feedback from Touchpoint meeting with Elsa Brown** (JW/ML/GS attended) JW commented that it feels we are still not getting detail around the workload and responsibilities ICBs are expected to take on therefore it is difficult to assess how Glos ICB prepares resources and fully understands associated risks. There was no further progress to report against working in shadow form which was originally planned to be from July 2022. NHSE Commissioning Hub is undergoing staff changes, more information expected. At a senior level, NHSE lead for dental is now Steve Sylvester and Nikki Holmes remains lead for pharmacy and optom. ML receiving fortnightly updates and meetings with NHSE finance. Queries raised from Glos ICB had been logged on FAQ list to be circulated soon by NHSE once final version agreed. There were additional queries added to this list by JW.	
5.0 5.1	**Commissioning Hub** Resources – It had been hoped that the information supplied at the NHSE workshop on 28 September would have been sufficient to promote discussion regarding anticipated resources required to undertake delegated functions. However, those attending the workshop did not feel it wholly achieved this and no further information has been supplied. General resourcing was discussed, detail awaited on commissioning plans and local strategy for POD functions.	
6.0 6.1	**Safe Delegation Checklist** Await version prepopulated by NHSE (due w/c 03/10/22); GS will review and set up version for all to contribute to – JW asked the team to give thought to the sections relating to their areas of responsibility, GS to circulate when ready.	Action: GS/Team

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7.0	**Communication**	
7.1	SH attending for AD; SH reported Annie Tysom at NHSE now leading on communications and engagement; proposal to be sent to AD by end of week. AD to update at next meeting. Agreed importance of engaging SH and AD particularly around commissioning plans from April 2023.	Action: AD
7.2	AH now attending bi-monthly dental meeting with NHSE on quality and assurance monitoring, confidentially. AH was informed low-level issues would come to the ICB quality team and collaborative working would take place (for example, joint visits to dental practices as part of a risk stratification approach).	
7.3	Communication and monthly information reports to be added to next Project Team Agenda.	Action: GS
7.4	GS to contact Elsa Brown to ascertain who at NHSE is linking with ICB directorates and which meetings are taking place/when?	Action: GS
7.5	Professional leads meeting – meeting with LPC, LOC, LDC, LMC, HG, JW, MA-E, Dr AS scheduled for 01 December 2022.	
8.0	**Updates**	
8.1	Finance – ML ran through the monthly information pack provided by NHSE; it was agreed AJ and SW would review the Pharmacy section. It was noted that the pack does not include NHSE risks. It was agreed that future meetings would be scheduled to coincide with receipt of the monthly pack and noted as a standing Agenda item.	Action: AJ & SW
8.2	Geoff Shone from NHSE had circulated a finance report to all ICBs, ML outlined: • The report had been sent to all CFOs in the SW but had not yet been discussed • Dental – allocations will be made regionally and anticipated coming to ICBs on a fair share allocation • Primary medical services allocations will be split per ICB population (weighted), per POD function • Principles for allocations had been pre-agreed with finance leads (broad brush approach taken but intending to be fair) • The project team discussed use of claw back on dental contract and potential options for use and service development	
5.0	**Any Other Business**	
5.1	There was no further business.	
6.0	**Date and Time of Next Meeting** Meetings have been scheduled for: • Wednesday 09 November 2022, 12.00 noon to 1.00 pm. MS Teams or in Bartlett Room, Sanger House. • Tuesday 13 December 2022, 9.30 am – 10.30 am. Please note, this is MS Teams only (change from calendar invite).	

12.3

Agenda Item 13

Primary Care & Direct Commissioning Committee

1st December 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**			
	Deputy CFO	8/11/22					
Executive Summary	At the end of October 2022, the ICB's delegated primary care co-commissioning budgets were £374k overspent with a forecast outturn position of £24k overspent excluding ARRs.						
Key Issues to note	Current position is £374k overspent in year to date with a forecast to overspend of £24k by the year end excluding ARRs.						
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						

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Impact on Sustainable Development	None		
Patient and Public Involvement	None		
Recommendation	The PC&DC 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	

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Agenda Item 13

Primary Care & Direct Commissioning Committee

October 2022

1. Introduction

1.1. This paper outlines the financial position on delegated primary care co-commissioning budgets as at the end of October 2022. The position represents the four months of activity derived from the new ICB entity.

2. Purpose and Executive Summary

2.1. At the end of October 2022, the ICB's delegated primary care co-commissioning budgets were £374k overspent.

3. Financial Position

3.1. The financial position as at 31st October 2022 on delegated primary care budgets is an overspend of £374k. The overspend is explained by these key items:

- £742k underspent on Prescribing and Dispensing. This relates to the release of a prior year accrual that we have been able to confirm was not fully required. Further work will be undertaken to confirm that this benefit can be released into the ICB forecast outturn position. In this reporting period we have recognised a breakeven forecast in this area.
- £433k overspent on Other GP services, this is the mostly the current overspend on CQC payments, which is largely due to a difference in profiling between actuals and budget. This is forecast to be underspent by the end of the year, as this will be supported by a reduction of the required expectation of the Maternity and Sickness accrual.
- PCN £644k overspent on ARRs, this will be covered by the additional budget yet to be received from NHSE. This is a reporting requirement by NHSE, which enables us to draw down the remaining ARR funding later in the financial year.

3.2. The current forecast for the full financial year is £24k adverse, subject to constant on-going reviews, not including future expenditure on ARRs.

4. SDF

This is the table of non-recurring SDF funding for July to March 2023.

Resources	Total July to March 2023 NR £'000	Forecast Outturn £'000
Training Hubs	95	95
Practice Resilience	64	64
Improving Access	234	234
GPIT - Infrastructure and Resilience	103	103
Online Consultation systems	119	119
Local GP Retention	24	24
Fellowships	78	78
Supporting Mentors	17	17
Transformational Support	164	164
Subject Access Requests	160	160
Additional PCN Leadership and Management funding	344	344
Additional IIF funding Non-SDF	277	277
Local GP Retention	71	71
Fellowships	234	234
Supporting Mentors	50	50
Transformational Support	494	494
Weight Management Service Non-SDF (included for planning only)	91	91
Totals	**2,619**	**2,619**

This is all expected to be spent by year end.

5. Risks and Mitigations

This table highlights and shows the current Risks and Mitigations, this will be updated as further risks and mitigations are identified.

Risks	Mitigations
List size payments are increasing and forecast to overspend by £94k in month. Participation payents are expected to overspend by £130k. ARRs for 2023/24 has a potential risk of £450k due to different list sizes used by NHSE.	Maternity and Sickness accrual reduced by £200k to mitigate the overspend on list size and participation. This was able to be reduced as this was for prior year, and deemed to be higher than required. Not all staff will be in post from the beginning of each quarter, where the portal assumes staff will be in place from week one of relevant quarter. There will also be natural turnover, and not all posts are appointed on agenda for change banding, and not at top of scale, these items will potentially reduce this risk. This position assumes all PCN's pay agenda for change pay award for all post.

6. Recommendations

6.1 The PC & DC 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)

October 2022 Summary of Financial Position

Category of Expenditure	July to March 23 Budget £'000	Year to date Budget July to Oct £'000	Year to date Expenditure July to Oct £'000	Year to Date Variance July to Oct £'000	Forecast Outturn £'000	Forecast Outturn Variance £'000
QOF	6,725	2,649	2,576	73	6,725	
Prescribing and Dispensing	2,609	1,507	766	742	2,609	
Other GP Services	1,576	528	961	(433)	1,376	200
Enhanced Services	1,864	853	1,022	(168)	1,864	
General Practice	49,542	22,052	22,008	44	49,636	(94)
PCN	9,588	4,188	4,833	(644)	9,718	(130)
Premises	7,170	3,157	3,144	13	7,170	
Totals	**79,074**	**34,935**	**35,309**	**(374)**	**79,098**	**(24)**

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 >Locum/adoption/maternity/paternity payments

>Doctors Retainer Scheme >Other General Supplies and Services

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Verbal Discussion