NHS Gloucestershire Primary Care & Direct Commissioning Committee - Monday 17th April 2023

17/04/2023 09:00 AM - 05:00 PM

NHS Gloucestershire Primary Care & Direct Commissioning Committee Part 1

To be held between 09.00 – 11.00 on Monday 17th April

Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE
(The meeting is also available via MS Teams)

Chair: Colin Greaves

No.	Time	Item	Action	Presenter
1		**Introduction & Welcome**	Note	**Chair**
2.		**Apologies for absence** *Olesya Atkinson,*	Note	**Chair**
3.	09.00 – 09.10am	**Declarations of interest**	Note	**Chair**
4.		**Minutes of the Last Meeting**	Approval	**Chair**
5.		**Matters Arising & Action Log**	Discussion & Update	**Chair**
6.		**Questions from the Public**	Discussion	**Chair**
		Items for Decision		
7.	09.10 – 09.20am	**Business Case for New Surgery in Tetbury (Phoenix Group)**	Decision	**Andrew Hughes**
8.	09.20 – 09.25am	**Practice Merger Application Acorn Surgery/Walnut Surgery**	Decision	**Jo White**
		Items for Information		
9.	09.25 – 09.30am	**Primary Care Risk Report**	Information	**Christina Gradowski**
10.	09.30 – 09.35am	**Primary Care and PCN Highlight Report**	Information	**Jo White**
11.	09.35 – 09.40am	**Primary Care & PCN Performance Report**	Information	**Jo White**
12.	09.40 – 09.50am	**Primary Care Quality Report**	Information	**Marion Andrews-Evans**
13.	09.50 – 09.55am	**Financial Report**	Information	**Cath Leech**
14.	09.55 – 10.10am	**TWNS PCN Evaluation of Health and Wellbeing QI Project**	Information (PPT on the day)	**Jo White & Helen Goodey**

15.	10.10 – 10.15am	**ICS Transformation Program & ILPs Highlight Report**	Information	**Helen Edwards**
16.	10.15 – 10.20am	**Any Other Business (AOB)**	Information	**Chair**

Time and date of the next meeting

Thursday 1st June 2023, 14.00 – 16.00, Sanger House.

Gloucestershire Integrated Care Board

Primary Care & Direct Commissioning Committee

Part 1 Minutes of the Hybrid Meeting Held at 2:00pm on 2nd February 2023

Members Present:		
Colin Greaves	CG	Chair, NED
Ellen Rule *(Deputising for Mary Hutton)*	ER	Deputy Chief Executive Officer
Dr Andy Seymour	AS	Chief Medical Officer
Professor Jane Cummings	JC	Member, NED
Dr Marion Andrews-Evans	MAE	Executive Chief Nurse
Shofiqur Rahman *(Deputising for Cath Leech)*	SR	Deputy Chief Financial Officer
In Attendance:		
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Gerald Nyamhondoro	GN	Corporate Governance Officer (taking minutes)
Jo White	JW	Deputy Director of Primary Care & Place
Helen Goodey	HG	Director of Primary Care & Place
Declan McLaughlin	DM	Senior Primary Care Project Manager
Dr Olesya Atkinson	OA	Primary Medical Services (Primary Care Network Perspective)
Lauren Peachey	LP	Governance Manager
Becky Parish	BP	Associate Director of Engagement and Experience
Zainab Fatima Qazi	ZFQ	Post Graduate Student
Cllr Carol Allaway-Martin	CAM	Cabinet Member for Adult Social Care Commissioning
Jeannette Giles	JG	Head of Primary Care Contracting
Bronwyn Barnes	BB	Head of Locality Development
Julie Zatman-Symonds	JZS	Deputy Chief Nursing Officer

1. Introduction and Welcome

2. Apologies

2.1 Apologies were received from Cath Leech and Mary Hutton.

2.2 The meeting was confirmed as quorate.

3. Declarations of Interests

3.1 No interests were declared.

4. Minutes of the Last Committee Meeting

4.1 Minutes of the meeting held on 1st December 2022 were approved as a correct record of the

proceedings.

5. Matters Arising

5.1 **04.08.22, Item 10.6** Primary Care Delegated Commissioning – Pharmacy, Optometry, Dentistry Highlight Report. CG requested that a more detailed report on Pharmacy, Optometry and Dentistry be brought before members for further discussion. **Item closed.**

5.2 **06.10.22, Item 9.9** Primary Care and PCN Performance Report. Members requested HG and JW to provide further detail and analysis on the Respiratory Quality Improvement project. **Item closed.**

5.3 **06.10.22, Item 9.11** Primary Care and PCN Performance Report. Members requested CGi to arrange a meeting, which includes JC, MAE, HG, CG and CGi, to discuss the overlap between PC&DC and Quality as regards reporting processes (incl. POD). **Item closed.**

5.4 In addition to the above items, members discussed the previously agreed position to expand membership by bringing on board an additional member. It was agreed that the new member would be an Associate Non-Executive Director (NED) and MH was charged with the responsibility of supporting implementation. **Item closed.**

6. Questions from the Public

6.1 There were no questions from the public.

7. The Primary Care & PCN Highlight Report

7.1 JW presented the report which updated on key projects and achievements in PCNs and General Practice. In particular the committee's attention was drawn to;

- St Pauls cover over Christmas and New Year where an additional 6 sessions were provided over the bank holidays offering urgent appointments to support OOH
- The development of two Acute Respiratory Infection hubs in Gloucester and Cheltenham to start circa February 2023
- Progress on LD and SMI Health checks suggests an increase was to be expected in Q4, as in previous years
- A local Dental Strategy Commissioning Group had been established with a broad membership
- Some issues with Prestige Language Service have been reported which were being addressed with the supplier

7.2 JW cautioned that Primary Care was experiencing significant demand and increased activity and that workforce pressures remained a material system-wide risk. The PCN model mitigated this risk by significant investment in workforce through the 'Additional Roles Reimbursement' (ARR) scheme.

7.3 MAE commended the improvements made in workforce planning within the PCNs. CG enquired as to the progress made regarding the securing of visas for overseas health workers aimed at reversing workforce shortages. AS responded that initial work on recruiting from overseas was in progress.

7.4 RESOLUTION: The Committee noted contents of the Primary Care & PCN Highlight report

8. Primary Care Quality Report

8.1 JZS presented the report and stated that Dr Michelle Sharma had joined the Quality team as the new Safeguarding Doctor. MAE added that Dr Sharma was not new to the county or to its health needs. JZS reported one case of a serious incident relating to a missing sample. JZS reassured members that there was no harm to the patient and the incident posed no danger or risk to anyone.

8.2 JC commended the hospital and ambulance incident reporting platforms and culture but wondered why such platforms and tools did not seem to extend to Primary Care. MAE explained that the legal requirements did not extend to General Practices in the same way; there were dissimilarities in incident reporting platforms and tools between General Practices and hospitals. OA concurred that there was no obligation for General Practices to share the same reporting platform with Secondary Care, or to report incidents to the ICB.

8.3 OA reassured members that in terms of outcomes there was no evidence of disparities in the quality of Safeguarding and Patient Safety between Primary Care and Secondary Care. Members suggested that system partners could, in the long term, create a bespoke common incident reporting platform for the benefit of Gloucestershire public.

8.4 Regarding the Patient Advice and Liaison Service (PALS), JZS highlighted that the number of contacts received in Quarter (Q3) of year 2022/23 had fallen compared to the previous quarter, with fewer concerns raised. JZS highlighted that Twigworth area had a new housing development and some of the new patients were finding it difficult to register with the local Practices. JZS commended the PALS Team for liaising with the Primary Care Team, until this issue had been resolved.

8.5 JC stated that liaising and sharing of information with partners would enhance system-wide health delivery. JZS outlined the ICB's involvement in supporting the settling of asylum seekers in the county. JZS described the provision of the contingency accommodation and summarised vulnerabilities regarding issues of health needs and social welfare. JZS added that Covid-19 infections were amongst the worrying health challenges in the contingency hotels.

8.6 BP reassured members that the Engagement Team were committed to running successful engagement programmes. BP also stated that the Team provided support to local practices which were implementing structural changes such as mergers or branch closures. BP added that the Engagement Team supported public events and meetings involving patient groups.

8.7 RESOLUTION: The Committee noted contents of the Primary Care Quality report.

9. Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry (POD) Progress Report

9.1 JW presented and reiterated that from 1st April 2023 the ICB would be expected to take on delegated responsibility for Pharmacy, Optometry and Dental services (POD) across the county. JW presented a timeline for the delegation process and added that the ICB and NHS England regional team had been engaging in ongoing fortnightly meetings to discuss arrangements for delegation. The ICB had also been working closely with other ICBs in the SW. JW stated that NHS England continued to provide monthly information packs outlining the latest high level local contractual data on POD services.

9.2 JW explained that the POD Project Team would continue to work through the following in the period leading to 1st April 2023:

- Commissioning capacity and capability for the CCH 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

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9.3 JW presented the minutes of the POD Delegation Project Team meeting held on 13th December 2022. Members discussed the risks associated with the delegation exercise and considered ways of mitigating the risks.

9.4 <u>RESOLUTION</u>: The Committee noted contents of the Primary Care delegated commissioning Pharmacy, Optometry, Dentistry (POD) progress report.

10. Acute Respiratory Hubs

10.1 JW stated that Acute Respiratory Tract Infections (ARIs) formed a significant proportion of General Practice attendances and hospital admissions. However, a large proportion of these (c. 74% according to national data) could be seen in the community.
In December systems were asked to urgently implement acute respiratory infection hubs to include paediatrics.

10.2 JW outlined the steps taken in setting up local Acute Respiratory Hubs in response to the pressures and explained that the modelling of Acute Respiratory Hubs was informed by a need to:

- build on infrastructure and models such as 'hot hubs' established during Covid-19 since these were effective and already in place;
- provide same day face to face access to appointments.

10.3 JW added that proposed pathways for the hubs would be integrated across primary, secondary and community care. The pathways would be tested through the PDSA cycle and include a route to test an alternative admission pathway using a virtual ward. HG stated that the development and utilisation of Acute Respiratory Hubs model could induce spinoffs and the development of a wider spectrum of hub development across PCNs.

10.4 RESOLUTION: The Committee noted contents of the Acute Respiratory Hubs report.

11. Delegated Primary Care Financial Report

11.1 SR presented the report and stated that as of January 2023 the ICB's delegated Primary Care co-commissioning budget position was £1,132,000 overspend, and he clarified that such overspend incorporated a figure of £984,000 Additional Roles Reimbursement (ARR) scheme which could be reclaimed in due course. SR explained that the overall overspend forecast for the year was £224,000. Members discussed budget risks mitigation.

11.5 RESOLUTION: The Committee noted contents of the delegated Primary Care financial report

12. Gloucestershire Dental Strategy Group Update Report

12.1 HG presented the report and stated that although the performance of children's dental care compared well with other regions, access rate of adults receiving dental treatment in Gloucestershire was below national average. HG explained that a significant shortage of dentists in the county meant it was difficult to achieve anywhere even close to contracted Units of Dental Activity (UDA) values. . HG stated that it was expected that delegation of dental services to the county, starting from 1st April 2023, would help address current slippage.

12.2 HG highlighted that Gloucestershire Dental Strategy Group was established in January 2023 in response to delegated commissioning of Primary, Community and Acute Dental services. HG added that Gloucestershire Dental Strategy Group had a wider membership which included NHS England, Gloucestershire Health and Care (GHC), Gloucestershire Hospitals Foundation Trust (GHFT), Gloucestershire County Council and the ICB.

12.3 HG explained that Gloucestershire Dental Strategy Group aimed to:

- drive the improvement of standards and outcomes in dental services;
- ensure that dental commissioning would be patient focused and clinically led;
- understand barriers to delivery of project;
- make best use of available resources.

HG expressed a need to incorporate patient voices, such as Healthwatch, into the Dental Strategy Group.

12.4 HG suggested that it could be helpful to come up with various strategy sub-groups to assist

commissioning POD services. Members discussed the contents of the report and agreed that the early stages of dental commissioning could bring challenges but should not be allowed to derail planned outcomes. Members commended MAE for setting up programmes with local training institutions and university to support targeted oral dental health.

12.5 **RESOLUTION: The Committee noted contents of the Gloucestershire Dental Strategy Group Update report.**

13. Gloucestershire Neighborhood Transformation Group Update Report

13.1 HG and JC presented the structure constituting One ICS and drilled down to its 6 ILPs, 15 PCNs to the 69 GP Practices. HG highlighted the challenge to developing a person-centred service in a complex set of system driven workstreams. HG explained that Gloucestershire Neighbourhood Transformation Group was established in January 2023 and aimed to facilitate the role of neighbourhoods and more joined-up local services. JC added that this also reflected and delivered on the recommendations of the Fuller report.

13.2 **RESOLUTION: The Committee noted contents of the Gloucestershire Neighborhood Transformation Group Update report.**

14. ILPs Highlight Report

14.1 BB presented the report and provided an update on progress made in delivering the work of the Integrated Locality Partnerships (ILPs) across the county. BB explained health priorities which span across localities and neighbourhoods. HG described various teams and work programmes driving outcomes across the ILPs. JC added that multi-disciplinary teamwork and community engagement was a critical factor in developing both short-term and long-term outcomes which cut across all sectors of health, including the voluntary sector. Members agreed on the value of the local approach to ILPs in joining-up services.

14.2 **RESOLUTION: The Committee noted contents of the ILPs Highlight report.**

15. Any Other Business

15.1 There was no other business.

The meeting ended at 3:45pm

Date and Time of Next Meeting: 17th April 2023 at 09:00am (Hybrid).

Signed (Chair):_____ Date:_____

Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Report Title	**Report of a Business Case for the development of primary care facilities in Tetbury**					
Purpose	**For Information**		**For Discussion**		**For Decision**	
					X	
Route to this meeting						
	ICB Internal	**Date**	**System Partner**		**Date**	
			N/A		N/A	
Purpose	This is a report of a Business Case for a new Tetbury 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.					
Summary	It is proposed to relocate the practice into a purpose built facility for over 10,000 patients on land off Cirencester Road, West of Worwell Farmhouse. Part of a mixed development funded by a specialist 3rd Party Development partner, selected by the Practice and planned to be opened by February 2025. The key objectives are as follows: - • Provide sufficient capacity for the long-term delivery of primary care in Tetbury. • Facilitate the transformation of service provision and meet the needs of national and local strategies, particularly an expansion in the range of services. • Support workforce and training challenges. • To support the delivery of the practice business plan. • 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 22nd February 2023, which was circulated to voting members the PCDC for comment. This paper provides a summary of key content plus additional content where the author has deemed inclusion to be relevant The report has been considered and supported by the Primary Care Operations Group on the 14th March 2023					

Key Risks:	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 on service delivery and commissioning strategies.			
Management of Conflicts of Interest	No conflicts of interest			
Resource Impact	**Financial**	X	**Information Management & Technology**	X
	Human Resource		**Buildings**	X
Financial Impact	The total capital costs of the new surgery are £5.48m excluding VAT, which will be funded by a 3rd Party Developer, who will receive rental from the Practice. The ICB currently reimburses Phoenix Surgery £78,894 per annum for rent and rates to provide GMS services from its existing building. Total rent for 844m2 net internal area (inclusive of a supplementary payment, car parking and VAT) and rates for new the Surgery will be £321,814. Net recurrent investment will be £242,920 after deducting existing rent and rates reimbursement and sourced from the delegated primary care budget- premises reserve. GPIT and HSCN capital costs to be paid by the NHS are £198,585 excluding VAT. The ICB will provide £84,200 fee support to cover appropriate legal costs, monitoring surveyor fees and SDLT due after completion and sourced from the primary care delegate budget- premises reserve. The Practice have informed that a further application might be made to the ICB for assistance with lease exit costs, which will be subject to a separate application to the ICB. The District Valuation Service has confirmed that the scheme represents VfM and the interim VfM report has been received by 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 the recommendation made by PCOG to PCDC: - • To agree to recurrent annual investment of £321,814 to fund the delivery of a 3rd party Developer led new Tetbury 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 £242,920; • To agree to make available one-off financial support amounting to £84,200 towards fees and SDLT; • To support the allocation of £198,585 excluding VAT 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

Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Report of a Business Case for the development of primary care facilities in Tetbury

1. Purpose

This is a report of a Business Case for a new 3rd party led purpose built surgery for Tetbury. 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.

2. Current situation

2.1 Premises overview

Phoenix Health Group is a partnership with buildings in the following locations:

- Cirencester;
- South Cerney;
- Royal Agricultural College;
- Kemble;
- Tetbury.

'Phoenix Tetbury' (which used to be known as Romney House Surgery) is based at 41-43 Long Street, comprising two adjoining period town houses, Tetbury, GL8 8AA. Romney House, the larger of the two buildings, was formerly a school and is Grade II listed. The buildings have been converted into a GP surgery. The main patient access is via the front door on Long Street (A433) which runs through the centre of Tetbury. Parking and access for disabled is limited, with only 12 spaces at the rear. The left photo below shows the front of the building and the right one, the rear.

The two buildings are owned by different landlords and the landlords are private and not involved in the Practice itself. The leases expired in July 2021. The landlords generously granted Phoenix Health Group a short-term extension to find new premises, however the new leases can be terminated by the Landlords from January 2025, but they have confirmed that they are amenable to extending the lease beyond this date if necessary.

2.2 Practice profile

Item	Value
Baseline List size: January 2019: 21,858 February 2023: 24,507	24,507 (for all sites) split as follows: a) Cirencester: 10,369, b) Tetbury: 8,928 c) South Cerney: 3,498, d) Kemble: 903 e) RAU: 809
Assumed list size in March 2031	25,982 (estimated for all sites)
GPs - actual number and WTE	Actual 14 - WTE 11
Nurses and Nurse Practitioners –	Actual 9 - WTE 5.95
Number of other clinically employed roles	Actual 4 - WTE 4
Administrative staff - actual and WTE	Actual 53 - WTE 34.36
Number of F2/ GP trainees time	1
Visiting services per week	Acupuncture (2) and Midwife (4)
CQC rating	Good (Outstanding for Older People)
Dispensing (estimated patients	Yes- 2631
Current building size GIA m2	501sqm at Tetbury (another 671sqm for all other sites)
consultation and examination rooms	9 consult, 1 examination.
Car parking	10 spaces plus 2 disabled spaces
Number of treatment rooms	1
Number of minor surgery rooms	1
Minor surgery sessions	1/month currently

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

3.2.1 Gloucestershire Integrated Care System Vision

Covering over 670,000 patients, the One Gloucestershire Integrated Care System became a legal entity from the 1st July 2022, progressing existing partnership arrangements that bring together NHS, social care, public health and other public, voluntary and community sector organisations to build a healthier Gloucestershire. The vision is set out below.

3.2.2 Integrated Care Strategy

An interim Integrated Care strategy was agreed in December 2022 and the main aspects are as follows

Phoenix Health Group has three pillars of care: including promotion of self-care, continuity of care which aligns with the ICS strategy. Phoenix Health Group would like to use its premises as a tool to improve the physical and mental wellbeing of the local population.

3.2.3 ICS Estates strategy

In respect of the overarching estates strategy, the vision is for a sustainable estate that supports the ICS deliver its ambitions including 'best in class' service delivery and successful joined up care in local communities, whilst meeting the needs of staff, patients and service users. The key strategic priorities are set out below:

- To ensure ICS buildings are safe & compliant;
- To continue the ICS estates development programme;
- To ensure ICS Estate is efficient, environmentally sustainable and highly utilised.

In respect of Tetbury, the existing premises are in poor condition and waste heat and energy. Frequent maintenance is required. Staff are spread out across several floors and half floors impeding effective communication. New premises would provide bespoke accommodation and encourage more effective working. Phoenix Health Group would welcome community and voluntary sector use of the premises.

3.2.4 Focus on primary care strategy and infrastructure plan

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, Phoenix Tetbury was identified as a priority for infrastructure development.

3.3 Practice specific issues

3.3.1Population growth and capacity

The refreshed PCIP covering 2021/2026 used January 2019 as the baseline list size. At that time the list size was 7,951 patients. It was estimated that housing growth would be around 689 houses between 2019 and 2031 @2.2 people. This would lead to around a further 1,560 patients and a total list size of around 9,500 patients by 2031. The latest list size provided by the Practice is 8,928. Based on historical growth, the Practice suggests that the list size could increase to over 11,000 patients over the next 10 years, or around

10,600 by 2031. 10,000 to 10,600 has been agreed for planning purposes. Based on that total the current surgery would be around 42% smaller than it should be.

3.3.2Training status

The Practice is currently struggling to accommodate GP trainees in appropriate clinical rooms and would like to increase provision to 3 on site at any one time. The Phoenix Health Group would also like to train Physician Associates again. Two students used to attend however there is no longer space to house them. This is also relevant to a desire to train practice Nurses from the University of West of England.

Phoenix Health Group (Cirencester) has employed two GP trainees and a trainee practice nurse on completion of their training with the surgery. There is a belief that training students well can lead to a successful recruitment within the Practice. Phoenix Health Group works closely with neighbouring practices in the Network and wishes to develop the South Cotswold as an area that is desirable to train in.

3.3.3 South Cotswold PCN Development

There are five practices in the Network including the Cirencester Health Group, Hilary Cottage, Rendcomb, Phoenix surgery and Upper Thames. The registered population in July 2022 was 61,557. The focus on the PCN is as follows:

- To develop effective collaborative team working with the wider primary care team;
- To provide a broader range of professionals to support the needs of our patients allowing rapid access to the best placed professional to address their issue;
- To provide new and effective models of consultation to reach those who struggle to engage with the service currently on offer but need it most. Such as bespoke care plans developed with the support of link workers and through group consultations.

It should also be noted that in respect of additional roles, (mainly pharmacy related and care coordinators) the PCN network, as a whole, is planning to have in post 29.94 WTE by March 2024 - an average of around 6 WTE staff per network member. The Phoenix Health Group is restricted in meeting the PCN aims by not having enough space for additional staff. Furthermore, backroom space is needed to support the frontline staff.

3.3.4 Estates condition

NHS England guidance recommends for primary care premises developments, attention should be placed on current buildings where the condition grade and/ or the function grade are deemed to be unsatisfactory, which is a score of C or D. The table below highlights the score for the practice. In respect of the Phoenix Tetbury site, the surgery scored relatively lower compared to other practices across the ICB and is unsatisfactory in all areas.

Practice Name	Condition Grade	Function Grade	Quality Grade	Space Grade	Statutory Grade
Phoenix Tetbury	C	D	C	C	D

3.4 Case for Change summary

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

- To ensure there are suitable facilities to extend the range of services available at local practices that means national and local service strategies can be implemented for the population served;
- To ensure there are suitable facilities for over 10,000 patients;
- To respond to the ICB's Primary Care infrastructure plan, where Phoenix Tetbury has been identified as one of the top strategic priorities, where additional capacity is required.
- To consider the implications of a building deemed unsatisfactory across all estate facet survey areas.
- To ensure there are suitable facilities for existing staff and an expected increase in staff numbers over the next 10 years;
- To consider how the Practice develop the expansion at foundation and GP Register levels where there is a lack of facilities.
- To respond to service and operational pressures so that the Practice's longer term business plan can be delivered.

4.0 Economic case

4.1 Strategic objectives

Based on the Strategic Case, the objectives/ critical success factors for the proposed investment are as follows: -

- Provide sufficient capacity for the long-term delivery of primary care in Tetbury;
- 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.
- To support the delivery of the practice business plan.
- 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 appraisal.

Option Number	Option name	Description
0	Do nothing/ do minimum	The practice remains in their existing building and no significant changes made to the building. When the current lease expires, a further extension to the existing lease is negotiated. If the current lease could not be extended, the Practice would need to work with the ICB and stakeholders to identify interim accommodation so that primary care services could continue in the town.
1	Extend existing site	The practice provides additional capacity by extending the current building.
2	Smaller, new second site	In addition to do nothing/ do minimum, the practice buys/ leases another building in Tetbury and relocates some staff (e.g. back office functions) to increase some space at the existing facility to increase clinical capacity to accommodate increased patient numbers and a greater range of services
3	Rebuild on existing site	The practice relocates to temporary accommodation. The existing site is demolished, and a new site constructed in its place
4	A new single site	A new site is identified, and a new building is constructed/ leased to meet the needs of an expanded list size and to provide a greater range of services.

A strategic options appraisal identified the new single site option as the preferred way forward with the fallback being to develop a second site. Extending the existing building and rebuilding on the existing site were rejected in Business Case appraisal as being non-deliverable.

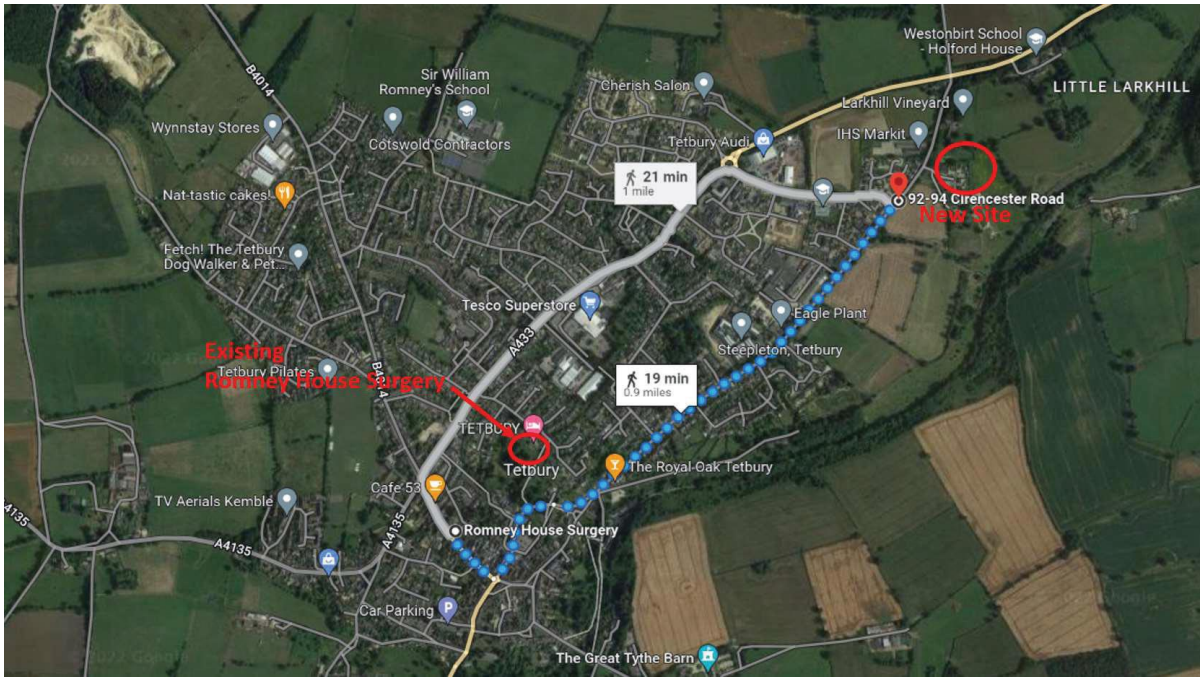
A second appraisal then assessed a number of potential locations, and 19 sites were considered.

The Practice Business Case sets out that land off Cirencester Road (also referred to as Land West of Worwell Farmhouse) scored highest in the assessment and is the proposed site solution. Primarily, because it is 'deliverable' and accessible. As part of a mixed-use planning site, the site is being 'gifted' by the Developer, which reduces costs to the NHS.

The Business Case also provides a sequential analysis. Of the 19 sites identified within and adjacent to the existing settlement boundary, only a limited number of sites brought forward would appear to be suitable. However, they are not achievable by virtue of the cost of the site, their sensitive landscape setting, their allocation for other uses including housing, and more importantly, the timing of these sites coming forward for development. It is also worth highlighting that a number of sites within the town have had to be discounted by virtual of their residential value given that Tetbury is the second largest town in the District behind Cirencester, and the Councils Housing Strategy within the Development Plan supports residential development within these locations.

4.3 Preferred option

The preferred option is to develop a new Phoenix Tetbury Medical Centre as a purpose-built facility on Cirencester Road on the edge of Tetbury approximately 0.9 miles distance from the existing surgery, illustrated below:

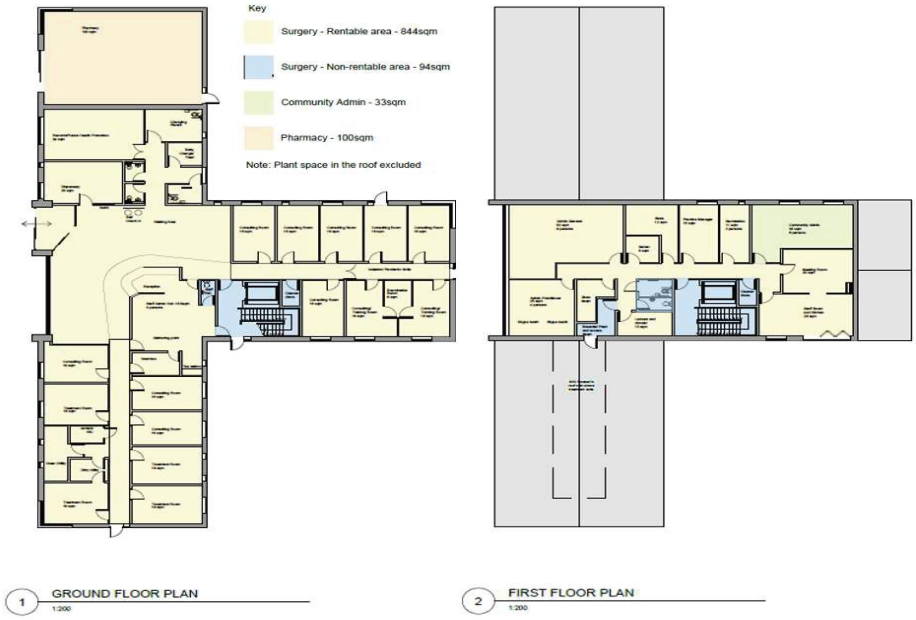


The surgery would be part of a wider mixed-use scheme on the land opposite the housing on Cirencester Road. This triangle of land sits between existing housing (on the left) and a Farm complex (on the right) illustrated below:

The proposed site plan has been overlaid onto an aerial image to illustrate the position of the site in relation to the new proposed housing. The site can accommodate circa 56 car

spaces, with good pedestrian and cycle links direct along Cirencester Road to the centre of Tetbury.

Indicative floor plans have been developed through a number of 'design workshops' – these are illustrated below:



For the avoidance of doubt. In respect of qualifying space, the building will have a Gross Internal Area (GIA) of 938m2 (core GMS, GP training, dispensary and a 'changing places' facility). Reimbursement be based on net internal (NIA) and capped at 90% of GIA – 844m2 along with up to 56 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 was originally going to be a GP led development but due to affordability/viability issues, this is now a third-party developer led solution by Stonewood Partnerships Limited in collaboration with the Practice, and supported by specialist healthcare consultants, Osmond Tricks.

Stonewood Partnerships Limited will provide the finance to fund the project and the GP Partners will in turn sign an Agreement for Lease and 30 year Lease on completion. Revenue reimbursement (notional rent) will pass to the GPs, who in turn will pay a lease rent to Stonewood Partnership Limited on agreed terms.

5.2 Planning approval

The full planning application (22/03497/FUL) was submitted on 5th October 2022 to Cotswold District Council. The design reflects the information received from the pre planning discussions and the internal layouts reflect the Practice's full involvement in the design process. The application is currently out for consultation and statutory consultee responses to date. The planning application is now expected to be considered at a planning committee no sooner than the 19th April 2023.

The organisation does not normally get involved in the planning approval process. In this situation, the author of the report with the support of the Director of Primary Care & Place, submitted a letter clarifying our approach to the commissioning of primary care services and facilities should the planning application not be approved and the existing facility no longer available. A risk identified by the Practice. The letter is available to members of the public via the Council's planning portal.

It confirmed that on the assumption that the Primary Care & Direct Commissioning Committee approved the Business Case but subsequently the planning application for the preferred site was not approved. The development of primary care facilities in Tetbury would remain a key priority. GICB would continue to work with the Practice to deliver a new surgery for Tetbury. GICB would continue to support the strategy to deliver a new purpose built primary care facility for the Town.

In the meantime, that GICB would also work with the Practice to understand ongoing service provision. If at a future point, existing facilities were to become unavailable, GICB would work with the Practice and key stakeholders to do everything possible to put in place interim arrangements. This would undoubtedly be challenging. However, subject to finding a suitable building for refurbishment, or land for temporary accommodation, it would mean residents of the Town would continue to have access to primary care services until a long term solution was delivered.

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 (otherwise known as the 'Technical Pack') 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

The Construction Contract appendices will include:

- Contract Amendments – provided by the Fund/Developer.
- Contractor Warranty
- Sub-Contractor Warranty
- Consultant Warranties
- Performance Bond

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 to patients in Tetbury and an improved patient experience;
- Responds historical and future population growth in and around Tetbury;

- 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, including Primary Care Networks;
- 50% expansion in the number of clinical rooms, increasing capacity by up to for 42 sessions per week;
- 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;
- Better facilities for staff improving recruitment and retention.

6.0 Financial Case

6.1 Capital costs

Total capital costs are £5.48m. 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 Phoenix Tetbury Surgery, £63,300 per annum for current market rent to provide GMS services from its existing building. The ICB also reimburses annual business rates amounting to £15,594.

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 (844m2 net internal area @ £230 per m2 current market rent)	£194,120
Supplementary payment for 844m2 @£17m2	£14,348
Car parking -56 spaces @ £300	£16,800
VAT total	£45,054
Total annual rental requirements	£270,322

Please note the supplementary payment of £17 per m2 will have been eroded after the first triennial fixed uplift. The per m2 current market rent rate will then be £249.50 per m2

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 £51,492 per annum.

6.2.3 Revenue summary

Item	Annual amount £
New building- CMR for 844 m2 NIA @ £230m2, £17 top up per m2 56 car parking spaces @ £300 and VAT	£270,322
Estimated business rates	£ 51,492
Total revenue requirements	**£321,814**
Funded by	
Minus existing current market rent	-£63,300
Minus existing rates reimbursement	-£15,594
Net total recurrent investment from premises reserve	**£242,920**

Net additional investment sourced from the primary care delegated budget- premises reserve.

6.3 District Valuation – Value for Money assessment

The District Valuation Service has confirmed that the scheme represents VfM and the interim VfM report has been received by the ICB.

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, £198,585 excluding VAT will be required for GPIT capital and HSCN requirements. It is assumed for

the financial year 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 fees, including VAT where applicable. These are:

- Monitoring surveyor -£24,000
- Contribution towards legal costs -£22,200
- SDLT – estimated to be around £38k

In this instance, it is recommended that fee support is provided. Budget is sourced from slippage within the premises reserve.

It is also noted that the Practice have indicated that subject to Business Case approval, a further application for fee support might be made for exit costs associated with the lease at the current building. Approval today, does not mean further fee support is guaranteed. The practice has been advised by the author of this report to approach their development partner for potential support as funding from the ICB might not be available.

7.0 Management case

7.1 Project delivery

Stonewood Partnerships Limited is a family business mainly focussed on house building They were selected by the GPs as their preferred development partner after experiencing affordability and viability issues with a GP led development, where bank funding and VAT affected commercial delivery.

Stonewood Partnerships Limited and the GPs also have the support of Osmond Tricks with their specialist primary healthcare team experienced 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 and are ideally placed to assist with the successful delivery of this new facility in Tetbury. The roles are set out below:

- Stonewood Partnerships Limited – development management and overall responsibility for scheme delivery;
- Project management of the design and technical team necessary to deliver the
- project – Osmond Tricks (Tim Scruton);
- Architectural services, lead design consultant – Osmond Tricks (Charlie James);
- Principal Designer services covering CDM and health and safety – Osmond Tricks;
- Notional rent negotiations with DV, overall project viability, and supporting the GPs with their lease negotiations – Osmond Tricks (Richard Taylor).
- Third party rental negotiations including pharmacy – Osmond Tricks (Richard Taylor).

7.2 Patient engagement

The Practice has an active Patient Participation Group (PPG) that supports the proposal as it significantly improves access and solves the key issues raised in this Business Case. The Practice continues to engage with patients as the project proceeds, which includes updating patients on the progress of the project, explaining what the benefits of the scheme and the development is a fixed agenda item at all PPG meetings which continue.

The Practice has engaged with the wider community on the proposals and a public engagement was held on the evening on the 9th December 2021. Indicative site layout and floor plans were displayed and members of the design team, ICB and GPs were available to discuss the proposals. The event was widely publicised. Visitors to the event were invited to complete a questionnaire and this was also made available up until 15th December 2021 with the plans available to view on the Practice website. Comments received led to a re-design of the internal layout to reflect patient comments and the changes in primary care delivery since the patient engagement event.

The Town Council have been engaged in the process with the last meeting being held on Monday 28th November 2022.

An engagement period took place between 25 August and 14 September 2022. 152 forms of feedback were received, including 107 website feedback forms and 5 emails. Key findings from the survey can be summarised as follows:

- 82% of respondents ‘strongly agreed’ there is a need for a larger, modern purpose-built healthcare facility;
- Respondents highlighted that Tetbury required improvements to, and scaling up of, medical services to support the growing population;
- Respondents were concerned that Tetbury could be without its own medical facility should the plans not be approved;
- Respondents felt a new healthcare facility would be essential to the delivery of quality care and allow additional space for more staff.

Patient engagement will continue if the Business Case is approved and the practice are committed to continuing to work with their PPG, wider patient groups and the Town Council.

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 in February 2024 December 2023 with the building open 12 months in February 2025.

Item	**Date**
Business submitted to ICB	Completed

Planning application submitted	Completed
PCDC consideration and formal support for Business Case.	6th April 2023
Assumed planning approval	19th April 2023
Final detailed design work completed,	25th July 2023
Construction tender issued	9th August 2023
Construction tender completed	4th October 2023
Contractor selected	14th November 2023
Contractor formally appointed	13th December 2023
Contractor mobilisation	13th December 2023 to 6th February 2024
Construction commences	7th February 2024
Construction completed and new building open	4th February 2025

7.4 Key risks

The Business case provides a risk assessment. Following mitigation, The main risks to the Practice relate to the impact of delays in delivery, mean that 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. Additionally, further inflation above that already assumed, including contingency, means the scheme is no longer affordable at the level of investment agreed.

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.

Secondly 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.

Finally, should the existing facility become unavailable at some point in the future, the ICB will need to ensure interim accommodation is available so that the people of Tetbury still have access to local primary care provision, which will no doubt be challenging and require intensive input and additional investment.

8.0 Recommendations

Members of the Committee are asked to consider the contents of this report and the recommendation made by PCOG to PCDC: -

- To agree to recurrent annual investment of £321,814 to fund the delivery of a 3rd party Developer led new Tetbury 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 £242,920;
- To agree to make available one-off financial support amounting to £84,500 towards fees and SDLT;
- To support the allocation of £198,585 excluding VAT from the GPIT capital budget to fund GPIT and HSCN requirements.

Andrew Hughes
Associate Director, 15th March 2023

Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Report Title	**Application to merge from Acorn Practice (L84073) and Walnut Tree Practice (L84075)**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
					x		
Route to this meeting	On receipt of application neighbouring practices were invited to send in their comments with regard to the potential merger.						
	ICB Internal	**Date**	**System Partner**	**Date**			
	PCOG	14.03.23					
Executive Summary	An application for merger has been received from two practices in Berkeley Vale PCN						
Key Issues to note							
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**							
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	The ICB should consider costs/value for money as this contract merger will merge two contracts and leads to an 'averaging' effect. In this instance, following analysis there appears to be no cost pressure on the ICB if the merger is approved. The merger will have a positive impact on the practices as they will be more efficient and resilient and therefore, we would not anticipate they would require any vulnerable practice funding in the foreseeable future.						

Regulatory and Legal Issues (including NHS Constitution)	Gloucestershire ICB (ICB) needs to act within the terms of the Delegation Agreement with NHS England dated 26th March 2015 for undertaking the functions relating to Primary Care Medical Services. A merger represents a variation to a practice's GMS/PMS contract and therefore requires agreement by the ICB under delegated commissioning arrangements. The PCCC approved a Standard Operating Procedure for an application to merge, which also sets out the prevailing guidance, legislation and regulations to be considered. This protocol has been followed in handling this application.		
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at current location or can choose to register with another local practice.		
Impact on Equality and Diversity	Assessed as low as patients will continue to have access to services at current location or can choose to register with another local practice.		
Impact on Sustainable Development	Increasing future sustainability is one of the reasons the practices wish to merge.		
Patient and Public Involvement	The practices have discussed their application to merge with their PPGs and will implement wider engagement with patients subject to approval by ICB.		
Recommendation	PCOG is requested to review the application and supporting information which set out the proposals for the merger of two practices and make a recommendation to the PC&DC.		
Author	**Jeanette Giles**	**Role Title**	**Head of Primary Care Contracting**
Sponsoring Director (if not author)	**Helen Goodey, Director of Primary Care and Place**		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICB	Integrated Care Board
PCN	Primary Care Network
PPG	Patient Participation Group
GMS	General Medical Service
GP	General Practitioner
LMC	Local Medical Committee
ANP	Advanced Nurse Practitioner

Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Application to merge from Acorn Practice and Walnut Tree Practice

1. Introduction

1.1 Gloucestershire's Primary Care Strategy supports the vision for a safe, sustainable and high-quality primary care service, which requires a resilient primary care service.

There is an increasing trend towards delivery of 'Primary Care at Scale', with the traditional small GP partnership model often recognised as being too small to respond to the demographic and financial challenges facing the NHS.

Two of the most fundamental issues affecting primary care both nationally and locally which threaten the sustainability of services and employment of staff, resulting in a crisis in general practice relate to workforce and funding.

Within our Primary Care Strategy, we said we would:

- Create a better work-life balance for primary care staff;
- Support practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients.

We made a strategic commitment to 'Primary Care at Scale' including working with practices to support them through merger conversations.

Within our Primary Care Strategy, we recognised Primary care operating at scale could result in:

- Improved financial sustainability for practices through delivering more services along with rationalisation of some back-office functions and reduced duplication of work;
- Reduced management responsibilities for partners as the load is spread amongst more;

- Increased resilience in primary care, such as through additional staff in-house providing the ability to more easily flex to cover absence;
- Improved work-life balance for primary care staff;
- Increased practice staff satisfaction and learning opportunities through offering a more diverse range of services.

Whilst there are different initiatives nationally, the narrative is a repetitive one: sustainability and resilience of primary care fit for the future, which is working as part of an integrated team of multi-specialists needs to be working collaboratively at scale.

Locally we have committed to value the essence of local primary care, care continuity and preservation of “family medicine”.

2. Proposal to Merge

2.1 Gloucestershire ICB has received a merger application (Appendix 1) from the following two practices:

- L84073 - Acorn Medical Practice (list size 4,507 as of 1.1.23) located at May Lane Surgery, 27 May Lane, Dursley, Glos GL11 4JNL

- L84075 - Walnut Tree Practice (list size 5,039 as of 1.1.23) located at May Lane Surgery, 27 May Lane, Dursley, Glos GL11 4JN

Both practices hold a GMS contract. Walnut Tree Practice is currently rated Outstanding and Acorn Practice rated Good for their Care Quality Commission (CQC) assessment.

2.2 Both surgeries are located in the same building and the practice boundaries are shown in Map 1 below.

2.3 The application to merge is a natural evolution of the relationship that has developed between them over many years whilst sharing the same premises. They have developed shared goals and values for their practice teams and patients and have already proved they work well together. They recognised the future challenges they would face were they to remain as two independent practices which could lead to reductions in or limitations to service delivery for their patients due to demand and capacity or workforce challenges.

2.4 Acorn Medical Practice has two partners, and there are three Partners on the Walnut Tree Practice contract. A partner from Acorn is due to leave the partnership in July 2023 due to relocation outside of Gloucestershire, so it is important the merger takes place to ensure ongoing partner resilience. A merger will enable them to meet the challenges and be more attractive to new partners and clinicians etc.

2.5 Nursing and management teams are currently employed jointly by the practices.

2.6 The surgeries already have overlapping boundaries and following the merger the same area will be covered.

2.7 Common working processes are already established to enable the proposed merger to proceed as smoothly as possible. Both practices are on the same clinical system (TPP SystmOne) and have been working together to coordinate appointment booking processes, slot types and workload as part of the review of GP activity data.

2.8 Acorn and Walnut already have a joint practice manager who joined the practice relatively recently and has experience of being involved in the planning and implementation of a two-practice merger.

3. **Financial implications for the ICB**

3.1 A Financial Analysis has been undertaken relating to the potential effect on GMS Global Sum Funding.

3.2 An average weighting differential has been calculated for each practice relating to the period April 2022 – March 2023, subject to proposed merger and from this we have calculated the average notional differential for the combined list of the practices.

3.3 The ICB then calculated a notional April 2022 Global Sum based on the combined actual patient population and applying the average notional differential relating to the period April 2022 – March 2023 for the combined list of the practices to get the weighted list.

3.4 The ICB also assumed that the Temporary Residents Adjustments will roll over to the new merged practice.

3.5 The ICB then compared the result of the notional April 2022 Global Sum calculation for the proposed merged practices to the actual April 2022 Global Sum funding the practices actually received.

3.6 The result is a potential increase of £843.70 in GMS Global Sum funding or approx. 0.1% per annum.

3.7 The methodology used takes into account individual actual and weighted lists relative to the proposed merged entity.

3.8 However, until the combined numbers are finalised by the PCSE Payments system utilising the Carr-Hill Formula at the time of merger this is our best estimate.

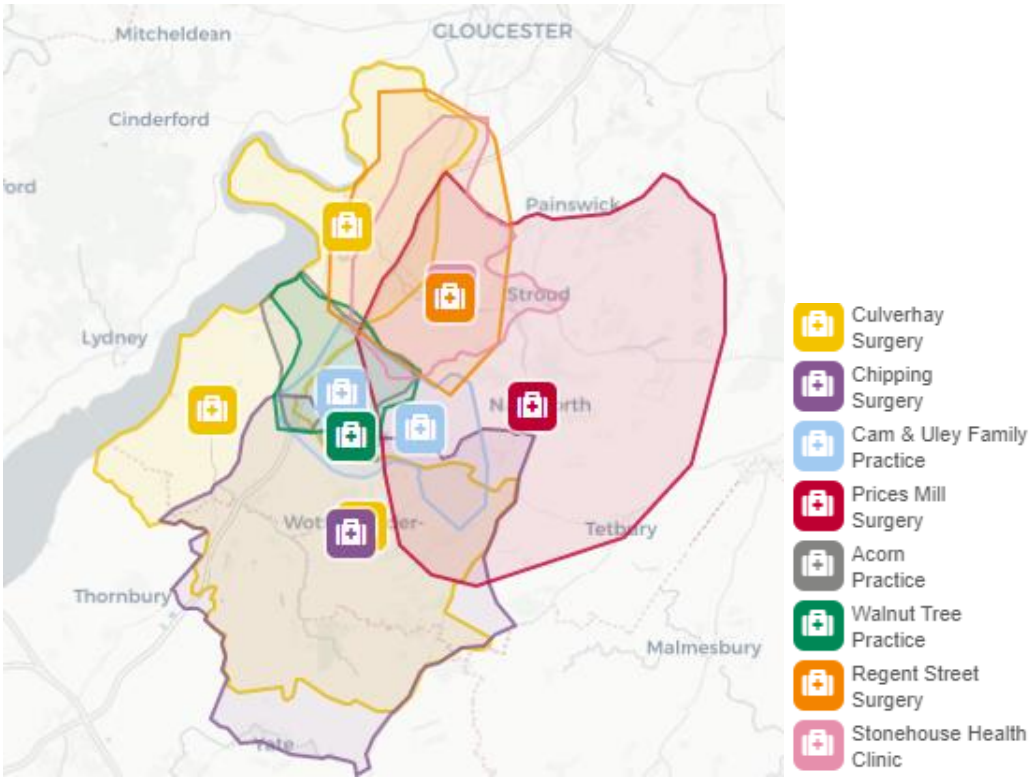
3.9 It is assumed that best practice will be shared to enhance QOF and/or Enhanced Services performance that could potentially increase income.

3.10 However, it should be noted that Acorn Practice is already above the ICB average of practice QOF achievement. In 2021/22 Acorn Practice received 619.33 (97.5%) points and Walnut Tree Practice 591.70 (93.2%) points, compared to a CCG average of 600.54 (94.5%).

4. Alternative local provision

4.1 There are a number of GP practices within the area which patients could register with if they choose to seek an alternative (and they live within the practice's boundary), these are detailed below:

1. Culverhay Surgery, Wotton under Edge
2. Chipping Surgery, Wotton under Edge
3. Cam & Uley Family Practice, Cam and Uley
4. Prices Mill Surgery, Nailsworth
5. Regent Street Surgery, Stonehouse
6. Stonehouse Surgery, Stonehouse.



5. ICB engagement for the Application to Merge

5.1 As per the Standard Operating Procedure (SOP) for the application to merge contracts, the practice has had discussions with the ICB.

5.2 Gloucestershire ICB have engaged with:

- Neighbouring Gloucestershire practices (6 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)
- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB).

5.3 The responses received:

Healthwatch Gloucestershire

"Healthwatch Gloucestershire is supportive of this application. Acorn and Walnut Surgeries are already very closely linked and the public tend to view them both as 'May Lane' in any case and we hear positive experiences about the surgeries. We support an approach that puts patient experience and quality of care at the decision making."

6. Practice Engagement

6.1 The Practices have commenced an initial engagement exercise, with their staff teams and PPGs as well as informing their PCN network colleagues of their intention to merge.

6.2 A detailed stakeholder engagement plan will be developed, subject to approval of their application to merge.

7. Summary

7.1 The two practices already work very closely together at the same location and share staff. They are also part of the same PCN. Dr Simon Opher (Walnut Tree Practice) and Dr Sian Barford-Turner (Acorn Practice) are currently joint Clinical Director of Berkeley Vale PCN.

7.2 There is one practice manager across the two practices.

7.3 The nursing team is currently shared across both practices.

7.4 The merger of these practices is a natural progression which will further increase their resilience and sustainability and they are confident that staff-led improvements will also be

identified as the merger project evolves. They hope to become more innovative with new and different ways of working which should improve the recruitment and retention of GPs and clinical staff.

7.5 Their aim is to provide high quality patient care for patients as a merged practice and to work together to develop personal and organisational resilience.

7.6 Acorn Practice and Walnut Tree Practice wish to merge on 1.10.23 to become May Lane Practice, and following engagement with the Digital Transformation Team, they will identify a date for integration of the two clinical databases.

7.7 For those patients who wish to access GP services at an alternative practice options are available for them to register at alternative surgeries (see para. 3.1).

8. Practice Application

8.1 The Practice application to merge Acorn Practice and Walnut Tree Practice is attached as Appendix 1.

9. Recommendation

9.1 The Committee is asked to approve this request to merge contracts from Acorn Practice and Walnut Tree Practice.

Appendix 1 – Acorn & Walnut Application to Merge

Appendix 2 – Merger Project Plan

NHS
Gloucestershire
Clinical Commissioning Group

Appendix 1

Application for consideration of a contractual merger

(Please add additional pages if you have insufficient room to complete fully)

Name and address of the practices wishing to merge:

Practice A: Walnut Tree Practice

Walnut Tree Practice
May Lane
Dursley
Glos GL11 4JN

Practice code: **L84075**
Type of contract: GMS

Practice B: Acorn Practice

Acorn Practice
May Lane
Dursley
Glos GL11 4JN

Practice code: **L84073**
Type of contract: GMS

Please complete the following:

1. Which of these contracts you would prefer to continue with (CCG final decision in this respect would be required)

L84075 will be the practice code that continues. Acorn Practice [AP] will merge into Walnut Tree Practice [WTP] to form what will eventually become known as May Lane Surgery. The practices assume that the renaming will occur from the proposed merger date of 1 October 2023.

2. Indicate whether you intend to operate from all current premises **yes**

a. If yes, which premises will be considered the main and which is to be considered the branch/s (if applicable):

The practices currently share their existing premises. As both practices share a very similar catchment area and are located within the same building we do not anticipate any changes in service delivery from either practice.

3. Are there any changes to premises/hours, etc? **No**

4. Full details of the benefits you feel the registered patients of all practices involved will receive as a result of this proposed merger.

Walnut Tree Practice has three Partners and a list size of just over 5000 patients. Acorn Practice currently has two Partners and a list size of around 4500 patients. By the time of the merger Acorn Practice will have only one Partner remaining. 1 partner has recently retired whilst a second partner has resigned for relocation reasons. Both practices are active members of the Berkeley Vale Primary Care Network [PCN], which has a total of 5 member practices. Dr Simon Opher, a GP Partner at WP is sharing the Clinical Director role, with Dr Sian Barford-Turner, a GP Partner at AP.

Both Partnerships have reached a mutual decision to apply for a merger, and we believe that this evolution of the relationship has been developing between the practices over the last few years.

As a result of our discussions, we have developed shared goals and values for our practice teams and our patients. It has become clear we share the same ethos and ambition, to extend and promote the range of services available to their population, and to be active members of the Primary Care Network, and to serve our community.

Equally, the Partners recognise the future challenges they would face were they to remain as two independent practices which could lead to reductions in or limitations to service delivery for our patients due to demand & capacity and workforce challenges. For example, Acorn Practice currently has 2 Partners, one of whom is also the Clinical Director for the PCN, the other Partner has resigned and will have left the practice by the proposed merger date. This has highlighted the need to improve resilience and share the management responsibility more widely. The Partners of Walnut Practice also recognise that there may be several changes within the partnership in the next 5 years and potential new partners will be attracted by a larger, resilient partnership.

Our shared values are as follows.

We all work together as a team to support and value each other, ensuring that the best interest of our patients is at the heart of everything we do. We are

· Patient-Centred

· Caring

· Supportive

· Sustainable

- **Working collaboratively with patients and their carers we are committed to providing a service that delivers consistent, accessible, personalised and high-quality care for all.**

- **We support our wider practice team, ensuring that they feel valued and empowered to excel in their roles. We engage our staff in helping to deliver our values, enabling them to work confidently with a sense of meaning and purpose.**
- **We are proud to serve our local community, setting an example in the way we work alongside other agencies within our community, embracing innovation and playing a lead role in the development of our Primary Care Network.**
- **We will all work together to develop personal and organisational resilience, promote a sustainable and healthy work-life balance alongside sound business and financial planning within a mutually supportive culture of openness, honesty and respect.**

Since the initial decision to merge was agreed by the Partners, due diligence has been completed. Both practices share the same firm of Accountants, and this has confirmed the similarity in terms of financial performance, staffing costs, QoF and the range of services offered under the various contracts.

Both Partnerships believe that a merged practice can develop new and different ways of working, making it a more attractive option for new clinical staff, to attract new Partners and to become more resilient for those working in the surgery. For example, as both practices are training practices, cross cover of supervisors will become much easier. As our practices already have extensively overlapping boundaries, we do not anticipate any changes to our patient registrations and there are no planned changes to the existing boundaries which would have an impact on other practices within the locality.

It has become more challenging to manage smaller practices and continue to offer a wide range of services at an outstanding level to patients. Merging will allow the practices to meet the challenges with a wider pool of clinicians and create a more resilient practice with the resources and expertise needed to manage all the demands of general practice, both clinically and administratively.

We believe that the merged practice can offer its patients increased benefits in the following areas:

Quality of Service

The nursing and management teams are currently shared across both practices and by bringing together our GP teams, we will be able to share knowledge and expertise from both practices and have a shared development and CPD plan for our staff teams. Each practice has its own interests and strengths, and that by combining these there will be a wider range of skills accessible to all patients. There is a strong desire to introduce standard processes throughout the new merged practice.

Extended scope and integration

By merging our practices, we anticipate being able to offer a wider range of health services, as well as continuing to share PCN ARR staff to develop improved ways of working.

Improved Access

The additional resilience that will come from having a combined staff team will mean that service delivery can be extended and will be less likely to be impacted by changings in staff availability.

More Choice

Patients in our merged practice will be able to see a wider range of clinicians, of their choice.

5. Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service, including consistent provision across:

We anticipate that the impact of the merger on our respective patients will be minimal. Both practices already operate the same clinical system (SystmOne) and have been working together to coordinate appointment booking processes, slot types and workload as part of the review of GP activity data.

We are currently working together to standardise operating processes. This is made easier by the fact that there is already some interactivity between the practices through the ability to book patients into each other's improved access appointment slots. There is already sharing of some specialist skills within the practices in areas such as minor surgery and women's health.

The practice manager is employed jointly by both practices and joint partners meetings are held each week. This has already resulted in revised ways of working across the practices for both clinical and administrative staff. The practices are engaging with the staff teams and are confident that staff-led improvements will also be identified as the merger project evolves. Changes will continue to develop including the introduction of a single website. The respective Practices' enhanced services provision is identical and both practices hope to increase the scope of provision because of the merger.

We do not expect any further changes to our premises facilities.

6. Merger of clinical systems will require lead time. Please confirm the practice has approval for the clinical system merger and has considered the lead time for the merger:

The Practices will engage with the digital transformation team at the SW CSU and aim for a date of 1 October 2022 for the integration of the two clinical databases. An outline project plan for the clinical system merger exists and,

on the advice of the Senior Project Manager, will be populated, subject to approval of the merger application.

7. Details of the proposed merged practice boundary (please provide a map):

The combined practice map is included. The new combined boundary for the merged practice falls entirely within the existing boundary of the 2 surgeries and therefore all patients currently registered with either practice will continue to receive the same level of service as they enjoy now.

8. Patient and Stakeholder engagement

Have the practices engaged with patients and /or stakeholders on the practice merger?

We have commenced an initial engagement exercise with our staff teams, our PPG's, as well as informing our PCN network colleagues and other practices of our proposed intention to merge. This has been a very constructive exercise as it has helped us to determine our vision and values for our new organisation, as well as hearing back from the PPG members about the issues that our patient population may be concerned about. Full engagement with all our patients and stakeholders will begin in the summer of 2023 following the approval of our application.

Do the practices intend to engage with patients/stakeholders?

Yes, subject to approval by PCOG and PCCC.

When did/will you engage with patients/stakeholders?

Patient and stakeholder engagement began in January 2023 and will continue following approval of the merger.

In what form did/will you engage with patients/stakeholders?

PPG meeting was held on 19 January 2023, full staff meeting was held on 12 January 2023.

A communication and engagement plan has been developed including draft letters for internal and external stakeholders advising of the planned merger. We will put a statement on each of our websites for the patients & this content will be updated through the engagement process along with notices for the waiting areas of both practices. The plan will be implemented following approval.

With whom did/will you engage?

We will engage with all stakeholders including, but not limited to: Gloucestershire ICB; GHFT, contractors; PCN member practices, patients; PCSE; CQC; ICO; NHS Pensions Agency; respective HR and payroll advisors;

other local allied health professionals; respective PPGs; clinical system provider; accounting and legal advisors.

If you have already carried out engagements, what was the outcome?

Engagement has only taken place so far with the respective practice staffs and the PPGs to advise the intent to merge. Staff that were not present that day have subsequently been made aware of the proposal. Both staff & the PPG responded positively to the discussions, following reassurances regarding job security and service provision respectively.

9. Please confirm that a process of due diligence has been undertaken by each of the merging parties for each of the following areas:

Practice Name	Organisational	Financial	Clinical (including record keeping)	Other, e.g. partnership agreements
Walnut Tree Practice	**Review of key contracts, policies, procedures and protocols underway.**	**The practices already have the same accountants who have carried out the financial due diligence and reported on the practices' compatibility. Further meetings with accountants are planned and the year end is already harmonised to March 31.**	**A review of all policies, protocol and procedures is underway and is included within the project plan**	**Partnership agreements are being actively reviewed for consolidation into single document. There are no initial observations and/or concerns. The new agreement will be agreed before 1 October 2023**
Acorn Practice	**As above**	**As above**	**As above**	**As above**

10. Please identify the proposed date you wish the merger will take effect from:
October 1 2023

Business Case

1. Practices' characteristics and intentions for the merged practice

	Current Provision – Walnut Tree Practice	Current Provision – Acorn Practice	**Merged Practice**
Name and address of practice (provide name and address)	Walnut Tree Practice May Lane Surgery Dursley Glos GL11 4JN	Acorn Practice May Lane Surgery Dursley Glos GL11 4JN	May Lane Surgery Dursley Glos GL11 4JN
Name of contractor(s)	Dr S Opher & Partners	Dr S Barford-Turner	
Location (provide addresses of all premises from which practice services are provided)	As above	As above	As above
Practice area (provide map of area)	See attached map	See attached map	No change
List size (provide figure)	5036	4532	Anticipated to be c9568
Number of GPs and clinical sessions (provide breakdown)	3 GP providing 18 sessions per week	3 GPs providing 15 sessions per week	As per columns to the left.
Number of other practice staff (provide breakdown)	Already combined	Already combined	44
Number of hours of nursing time (provide breakdown)	Already combined	Already combined	160
CCG area(s) (list CCG(s) in which practices are located)	Gloucestershire	Gloucestershire	Gloucestershire
Which computer system/s (list system(s) used)	SystmOne	SystmOne	SystmOne
Clinical governance/ complaints lead and systems	Clinical Governance: Complaints & Significant Events: Annette Brown	Clinical Governance: Complaints and Significant Events Annette Brown	To be determined through ongoing development work
Training practice (yes/no)	Yes	Yes	Yes
Core Opening hours (list days and times)	Monday- Friday 0800:18:30	Monday- Friday 0800:18:30	Monday – Friday 08.00 – 18.30

			Saturday & Sunday closed
Extended hours (list days and times)	Monday & Tuesday	Wednesday, Thursday and Friday	Extended Hours provision will be agreed with the PCN but we anticipate the same level of provision as now
Enhanced services (list all enhanced services delivered)	GICB as attached. PHES: NHS Health checks Advanced Contraception	GICB as attached. PHES: NHS Health checks Advanced Contraception	GICB as attached. PHES: NHS Health checks Advanced Contraception
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	Owned	Owned	owned

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
It is essential for resilience that the practices combine their resources. These are increasingly challenging times in the delivery of primary care services. The merged practice will also provide greater clinical skill mix and the ability to offer more wide-ranging appointments. The wider skill mix will also potentially enable the development of new services and specialisms. The practices anticipate this will make the new partnership more resilient and attractive to new partners and staff, maximising the availability of primary care to the benefit of the patients. As the practices already share premises, share staff and operate the same clinical system, no adverse effects are anticipated, although we anticipate that the increase in practice list size may create the perception that it is harder for patients to navigate or to have contact with their preferred GP. We have discussed this with our PPG and we are committed to ensuring that access to the new merged practice remains similar to our current models and that patients are facilitated throughout the process to access their 'usual' GP, a model which both practices use and value. As part of the Stakeholder and Communication Plan, 'frequently asked questions' documents will be produced to address any concerns raised by either patients or staff. Both practices are high QOF achievers and QOF admin processes (recalls etc.) are already under review by both practices and continued delivery of enhanced services will ensure there is no degradation in the level of primary care provided.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	**Already jointly owned**
IT	**Both practices already operate the same clinical system, are upgraded to the new domain and Windows 10. The telephone systems will be integrated when we become a merged practice.**
TUPE	**Staff are currently employed jointly by both practices. Outliers to the standard contract of employment will be managed through TUPE process by the Practice Manager with professional and legal support from CluerHR**
Redundancy	**Nil planned**
QOF	**No changes**
Pension/seniority	**Changes to pension records will be managed through PCSE**
MPIG/PMS Premium	**N/A**
Dispensing	**N/A**

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	**Both practices are high QOF achievers.**
Access	**No change**
Recent or ongoing breaches of contract	**None**
Recent or pending CQC matters	**Nil**
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	**Walnut Tree practice is rated 'Outstanding' by the CQC.** **Acorn practice is rated 'Good' by the CQC.** **An application for a single registered manager will be made as soon as the merger is approved.**
Will there be any cessation of services post-merger?	**No**
Will there be a reduction of hours for which services are provided post-merger?	**No**
Will there be a change in the hours at which services are provided?	**No**

Will there be a reduction in the number of locations or a change in the location of premises	**No**

from services are provided?	
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	**Joint list size c9500 therefore under 10,000. However initial discussions with the PPG have highlighted a very strong preference to keep the service as personal as possible and to maintain continuity of care for all patients. This is supported by the Partners and the clinical teams. Our processes will be aligned to ensure that this is delivered, for example through our booking system which supports choice of GP, through to our long-term condition management which will provide a one stop shop for patients and continuity of clinician.**

5. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.
None identified

6. Merger mobilisation

Please set out below a step-by-step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, the order in which the actions need to be undertaken and timescales for the actions to be completed.
The Partners from both practices meet on a weekly basis to monitor the progress of the merger and to align working practices. **The project plan is attached with this document.** **We aim to:** • **equalise the bank accounts prior to the merger date** • **Re-negotiate the mortgage terms for the premises** • **Unify the reception teams** • **Continue with joint partner, clinical & staff meetings.** • **Specialist advice will be sought based upon specific agenda items**

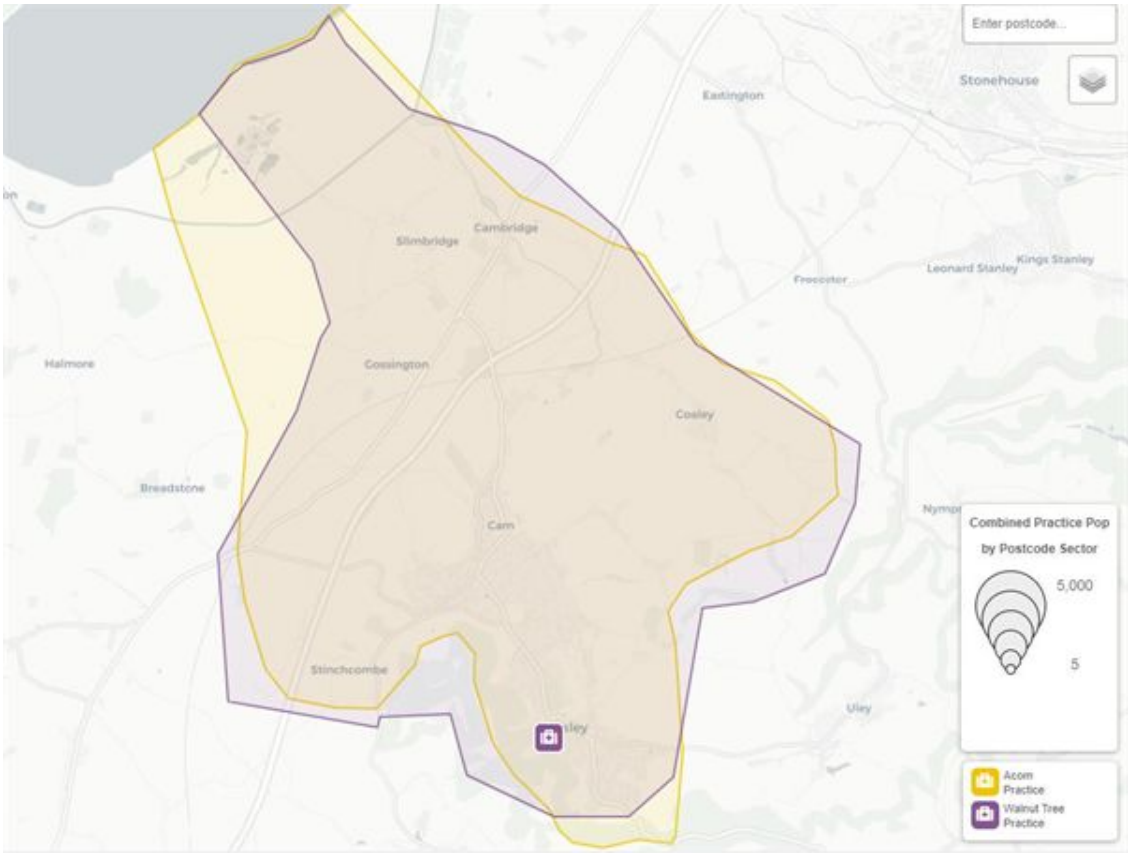
8. Additional information

Please provide any additional information that will support the proposed practice merger.
Walnut & Acorn Practices currently share ownership of the premises and jointly employ all the staff. We therefore predict that the merger should be relatively straightforward.

May Lane Project Plan

May Lane
_Gant_Chart_Feb 23

Boundary Map



Staffing Profile

Walnut Tree Practice

POSITION	CONTRACTED HOURS / WEEK
Reception staff x 7	147
Salaried GP x 2	6 sessions in total

Acorn Practice

Reception Staff x 6	147.5
Salaried GP	2 sessions

Joint Staff

Practice Manager	36
IT Manager	20
Medical Secretary	18

Nursing Team – joint staff

POSITION	CONTRACTED HOURS / WEEK
Nurse Prescriber	19
Practice Nurse x 3	79
HCA	7.5
TNA Apprentice	37.5
Phlebotomist	17

Additional Roles – joint staff

ARR Pharmacist	37.5
ARR Pharmacy Technician	37.5
ARR Paramedic	15
ARR HCA	22.5
Young Persons Link Worker	37.5
ARR Social Prescriber	37
QI HCA	19.5

Enhanced service Provision	Walnut Tree	Acorn
Anticoagulation	Yes	Yes
Older People Care Homes	Yes	Yes
LD/PD Care Homes	Yes	Yes
Deep Vein Thrombosis	Yes	Yes
Diabetes Phase 2	Yes	Yes
High Risk Drugs	Yes	Yes
Secondary to Primary Care Phlebotomy	Yes	Yes
SMI Physical Health Checks	Yes	Yes
Primary Care Offer	Yes	Yes
Inter-Practice Minor Surgery	Yes	Yes
Minor Surgery	Yes	Yes
Ear Irrigation	Yes	Yes
Prophylaxis with Antiviral Drugs - In and Out of Season	Yes	Yes
UK Resettlement Schemes (UKRS)	Yes	Yes
Primary Care Phlebotomy	Yes	Yes
Respiratory Diagnostic Provision	Yes	Yes
Ukrainian Health Checks & Support	Yes	Yes
Weight Management	Yes	Yes
Learning Disabilities	Yes	Yes
Out of Area	No	No

May Lane Surgery Merger Gant Chart

Practices	Practice Leads
Walnut Tree Practice	Dr Simon Opher
Acorn Practice	Dr Sian Barford-Turner
Project Assistance (CCG Locality Manager)	**Project Lead GP**

Document Last Saved By (Auto.)	Date Document Last Saved (Auto.)
Annette Brown	3/2/2023 0:00

Total Tasks	111
Total Tasks with a Deadline	111
Tasks Completed	27
Tasks Outstanding	0
Tasks due within 7 days	0
Tasks Overdue	0

TODAY: 4/12/2023

Work Stream	Sub Category	Ref	Tasks	Task Owner(s)	Responsible	Notes	Deadline (DD/MM/YYYY or enter N/a)	Date Completed (DD/MM/YYYY)	STATUS FLAG (Auto.)	Project Summary Timeline: 1-Mar-23	1-Apr-23	1-May-23	1-Jun-23	1-Jul-23	1-Aug-23	1-Sep-23	1-Oct-23
1. Executive Group	*Business Plan*	1.1.1	draft merger application for ICB		AFB			4/12/2023	c								
		1.1.2	submit business plan to ICB		AFB			4/12/2023	c								
	Business Continuity	1.2.1	Write a Continuity plan to cover merger period		AFB & Partners												
		1.2.2	Produce Risk register		SG												
		1.2.3	Implement Continuity plan		AFB & Partners												
	Business Strategy	1.3.1	Define Stategy for new organisation		Partners												
		1.3.2	Write Strategy Plan		TBC												
		1.3.3	Define and write Vision Statement		All	Meeting 27 March 2023											
	Communications	1.4.1	Write Communication Plan		AFB & Partners												
		1.4.2	Communication & Engagement with Partners		All				c								
		1.4.3	Communication & Engagement with Staff		AFB & Partners	PLT 12 January 2023			c								
		1.4.4	Communication & Engagement with Patients		AFB & Partners	PPG Meeting 19 January 2023											
		1.4.5	Comms & Engagement with other Stakeholders		Partners												
		1.4.6	Ongoing communication		TBC												
	Due Diligence	1.5.1	Financial model		AFB & Partners												
		1.5.2	Partnership agreement		Partners												
		1.5.3	Property liabilities		SO												
	Resource	1.7.1	Additional assistance		AFB & Partners												
		1.7.2	Project Manager		AFB & Partners												
		1.7.3	Partners/salaried/locum employment		AFB & Partners												
	Identity	1.8.1	Business Name		AFB & Partners				c								
		1.8.2	Logo/website/uniform/badges etc		AFB & Partners				c								
	Monitoring Planning Process	1.9.1	Monitor Project Work Streams		AFB & Partners												
		1.9.2	Review Impact on 'day job'		AFB & Partners												
		1.9.3	Complete Prescribing Form for all Prescribers		AFB	subject to merger approval											
		1.9.4	Complete GP Practice Merger/Closure Forms - PCSE		AFB	subject to merger approval											
2. Human Resources	*Accomodation / Premises*	2.1.1	Property Breakdown		SO												
	Contracts / Services	2.2.1	Identify contracts for review		AFB												
		2.2.2	Identify contract expiry dates		AFB												
		2.2.3	Identify contracts that can be amalgamted		AFB												
		2.2.4	Identify prospective savings		AFB												
		2.2.5	Procurements		AFB				c								
		2.2.6	Supplies		AFB				c								
	Staffing & Skill Mix	2.3.1	Management Structure		AFB & Partners				c								
		2.3.2	Staff Structure Agreement		AFB & Partners												
		2.3.3	Staff skills analysis		AFB												
		2.3.4	Admin/back office functions		AFB & Partners												
		2.3.5	Look at and decide on training requirments		AFB & Partners												
	TUPE	2.4.1	Start Consultation for any employees identified		AFB & Partners	CluerHR											
		2.4.2	Identify suitable employees representative if required		AFB												
		2.4.3	Address concerns / issues raised		AFB & Partners												
		2.4.4	Identifiy Employer Liability Information (ELI) ..?		AFB												
		2.4.5	Identify TUPE requirements		CluerHR												
		2.4.6	Agree work roles- restructuring		CluerHR												
		2.4.7	Ensure staff have new employ't contracts and JS		CluerHR				c								
	Working practices	2.5.1	Set up working group to review policies & procedures		TBC												
		2.5.2	Review working patterns of new organisation		AFB & Partners												
		2.5.3	Decide breakdown and locations of admin 'teams'		AFB & Partners												
		2.5.4	Decide specific Admin appointments (IG ...)		AFB & Partners												
		2.5.5	Decide breakdown and location of Nurses (Lead..)		AFB & Partners				c								
		2.5.6	Decide on specific Nurse responsibilities		AFB & Partners				c								
		2.5.7	Confirm staff have indemnites, registrations, etc		AFB & Partners												
		2.5.8	Draw up staff rosters		AFB & Partners												
		2.5.9	Align Admin policies and protocols/shared docs		SG												
3. Legals	*Appoint Solicitors*	3.1.1	Decide Solicitors to use (P'ship Agreement)		Partners	VWV			c								
		3.1.2	Decide Solicitors for other work		Partners				c								
	Partnership Agreement	3.2.1	Sign docs confirming proceeding with merger		Partners												
		3.2.2	Review existing Partnership Agreements		Partners				c								
		3.2.3	Create new Partnership Agreement		Partners	VWV instructed											
		3.2.4	Ratify Agreement - Solicitors		Partners												
		3.2.5	Catalogue & value all assets of each Partnership		AFB & Partners												

Work Stream	Sub Category	Ref	Tasks	Task Owner(s)	Responsible	Notes	Deadline (DD/MM/YYYY or enter N/a)	Date Completed (DD/MM/YYYY)	STATUS FLAG (Auto.)	1-Mar-23	1-Apr-23	1-May-23	1-Jun-23	1-Jul-23	1-Aug-23	1-Sep-23	1-Oct-23
		3.2.6	Reallocate assets to new Partnersip		AFB & Partners												
		3.2.7	Redistribute assets not required by new Partnership		AFB & Partners												
		3.2.8	All Partners sign new Partnership Agreement		Partners												
		3.3.4	Agree legal and financial paperwork		Partners												
Accountants & Banking		4.1.2	Appoint an Accountant		Partners	Lentells			c								
	Banking / Pensions	4.2.1	Decide Banking provider		AFB & Partners	HSBC currently used for existing joint account											
		4.2.2	Appoint Bank		Partners												
		4.2.3	Complete NHS Pensions Form - Estimate for GPs		AFB												
		4.3.4	Complete Decleration of Banking Details Form		Partners/Lentelsl												
		4.2.5	Ensure employee's Pension Provider Updated		Payroll												
	Due Diligence	4.3.1	Undertake Financial Due Diligence		Lentells	report completed			c								
		4.3.2	Confirm viability of new organisation		Lentells	completed			c								
		4.3.3	Decide on end of financial year		Partners				c								
		4.3.4	Confirm: Partnership or Company ltd by Shares		Partners				c								
		4.3.5	Review staff salary arrangements		AFB & Partners	pay already aligned			c								
		4.3.6	Decide on Payroll System		AFB & Partners				c								
		4.3.7	Ensure staff are in single NHS Pension Scheme		Lentells Payroll												
		4.3.8	Ensure staff are on single HRMC number		Lentells Payroll												
		4.3.9	Confirm agreement on allocation of Partner income/drawings and prior shares		Lentells												
	QOF/ ES	4.4.1	Review QOF		AFB & Partners				c								
		4.4.2	Review Enhanced Services		AFB & Partners				c								
5. Operational Clinical Strategy & Access	*Operating Clinical Strategy*	5.1.1	Draft Operating Clinical Strategy - initial draft		Partners												
		5.1.2	Decide on Care Navigation Pathways		AFB & Partners												
		5.1.3	Decide on Appointments methodology		AFB & Partners												
		5.1.4	Workshop Care Navigation		AFB & Partners												
		5.1.5	patient recall process		AFB & TS				c								
	Operating Hours	5.2.1	Agree opening time		Partners				C								
	Governance	5.3.1	Review Regulatory requirements		AFB & Partners												
		5.3.2	Review CQC registration		AFB & Partners												
6. Joint Working Prior to Merger	*Improved Access*	6.1.1	Prepare bid		AFB & Partners												
		6.1.2	Financial Due Diligence of bid		AFB & Partners				c								
		6.1.5	IT arrangements in place		SG												
		6.1.6	Centralised Appointments Book in place		SG & Partners												
		6.1.7	Methodology for ICE and tasks agreed		SG & Partners												
		6.1.8	Governance arrangements in place (CQC, IG, Indemnity etc)		AFB & Partners												
		6.1.9	Financial stream agreed/understood		AFB & Partners												
7. Clinical Admin / IT	*IT Contracts*	7.1.1	Identify all IT contracts (and APIs)		SG												
		7.1.2	Ensure all IT contracts are aligned		SG												
		7.1.3	Agree BMA/LMC payments		SG												
		7.1.4	Align Clinical Protocols and Policies		SG	to include audit programme											
		7.1.5	Align Internet/Intranet Policy and Protocols		SG												
		7.1.6	Agree Practice Web Site and Intranet		SG												
	QOF / Governance	7.2.1	Ensure IG Agreements are in place/signed		SG												
		7.2.2	Agree Indemnity arrangements Partners		Partners												
		7.2.3	Agree Indemnity arrangements clinicians		Partners												
		7.2.4	In line with finance agree QOF protocols		Partners												
		7.3.5	Ascertain Third Party Applications (APIs)		SG												
		7.3.6	Decide on Third Party Applications		SG & Partners												
		7.3.8	Dates for single TPP database		SG												

Work Stream	Sub Category	Ref	Tasks	Task Owner(s)	Responsible	Notes	Deadline (DD/MM/YYYY or enter N/a)	Date Completed (DD/MM/YYYY)	STATUS FLAG (Auto.)	1-Mar-23	1-Apr-23	1-May-23	1-Jun-23	1-Jul-23	1-Aug-23	1-Sep-23	1-Oct-23

Agenda Item 9

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Report Title	**PC & DC Risk Management Report**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
			X				
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
Executive Summary	This reports looks to encompass the following; 1. The PC&DC ICB Risk Register Risks have been assigned to Executive Committees within the 4Risk system and can be filtered as per the Committee. Within both Risk Registers for this Committee, risks have been extracted from the system from rated as a medium, high or extreme residual priority score (current score). There are a total of **2** risks highlighted across all directorates within the risk register.						
Key Issues to note	It should be acknowledged that the ICB Risk Management System, 4Risk, has recently migrated to a new version and have presented issues with regards to system configuration and reporting. These are being worked though with the software supplier to be rectified so reporting and the management of risk can be more effective.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Key risks can be found within the CRR and Strategic Risk Registers.						
Management of Conflicts of Interest	• N/A						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource	**X**	**Buildings**				
Financial Impact	There are risks which relate to the financial position of the ICB.						
Regulatory and Legal Issues (including NHS Constitution)	HMFA, ICB SoRD, Risk Management policies and procedures						
Impact on Health Inequalities	To be included in future CRR and BAF						

Impact on Equality and Diversity	As above		
Impact on Sustainable Development	As above		
Patient and Public Involvement	As above		
Recommendation	System Quality Committee is asked to: • Note the content of risk register • Note the content of confidential risk register • Note the content of the BAF • Acknowledge the developmental work of the 4Risk platform with ICB Directorates		
Author	**Christina Gradowski**	**Role Title**	**Associate Director of Corporate Affairs**
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

Corporate Risk Register

Generated Date	11 Apr 2023 11:21
Risk Criteria	
Project	Risks
Risk Register	Clinical, Digital Transformation, Finance and Business Intelligence, Integration Directorate, Operational Planning and Performance, Primary Care and Place, Strategy and Transformation, Urgent Care, People Culture and Engagement, Quality, Safeguarding
Committee	Primary Care and Direct Commissioning

Corporate Risk Register

NHS Gloucestershire

Deliver a workforce programme to attract new people into Gloucestershire to work across health and social care supporting existing staff as well as ensuring we seize the opportunities presented by data and digital technologies.

Reference	Owner	Committee	Description	Cause	Effect	Inherent Priority	Controls Detail	Residual Priority	Actions Detail	Actions Assignee	Actions Fixed Target	Actions Status	Target Priority
1067	**Owner**: Cath Leech **Assignee**: Haydn Jones	Primary Care and Direct Commissioning	Primary Care Data Quality	Currently unable to identify the full list patients that have a LTC due to data quality issues being provided in the extracts from Sollis	This is impacting on the ability of the BI Team & PCCAG team to carry out their function effectively	High (3.3=9)	Project team in place to manage project governance and oversee implementation of new solution. Alternatives currently being explored Daily updates from Sollis to understand where they are with a timeframe for resolution	High (3.3=9)					Low (2.2=4)

Improve population health through locality based working placing a greater focus on personal responsibility wellbeing and prevention.

Reference	Owner	Committee	Description	Cause	Effect	Inherent Priority	Controls Detail	Residual Priority	Actions Detail	Actions Assignee	Actions Fixed Target	Actions Status	Target Priority
1133	**Owner**: Ellen Rule **Assignee**: Ellen Rule	Primary Care and Direct Commissioning	(T21) There is a risk that the work and priorities for transformation programmes may not align to the planned work and priorities for the Primary Care Networks due to changes in the way ILP's & PCN's are now working following the Covid pandemic..	Formation of ILPs and PCNs with there own priorities.	• Lack of engagement at local level • Variable engagement (high in some areas and low in others) leading to an impact in standardisation of pathways as local solutions are reached The change to the funding of Primary Care Networks may also lead to a destabilisation of workforce within current pathways as PCNs are funded to increase their establishment of specialist clinical and non-clinical staff.	High (2.4=8)	Alignment of senior team from transformation and service redesign directorate to ILPs	Medium (2.3=6)	Post-Covid, ILP meetings are now being stood back up and re-instated. There will be CPG representation where possible. Senior Transformation Team Managers have been nominated to attend the Integrated Locality Partnership Boards. Continue to monitor the effect of ICS transition within this risk. Continue to monitor the progress ILPs make post Covid.	Ellen Rule Ellen Rule Ellen Rule Ellen Rule	31 Mar 2023 31 Mar 2023 30 Mar 2023 30 Mar 2023	Not Started Not Started Not Started Not Started	Low (2.2=4)

Pt 1 Agenda Item 9

Primary Care & Direct Commissioning Committee

March 2023

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**			
	PCOG	14/03/2023					
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 12 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						
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)	Jo White & Declan McLaughlin 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

Pt 1, Agenda Item 9

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 & Declan McLaughlin (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 April 2023	**Reporting Period:**	March 2023

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 Contract DES & Service Specifications

a) Investment and Impact Fund

2022/23 – The PCN team are continuing to review PCNs IIF Achievement each month, following release of the local PCN dashboard (see below)

b) PCN DES Service Specifications

- As of 31st March 2023, PCNs have reviewed their personalised care cohort definition and extend the offer of proactive social prescribing based on an assessment of the population needs and PCN capacity.

c) Enhanced Access

- The Enhanced Access Service has been delivered by PCNs since the 1st October 2022.
- The Enhanced Access outside of Core Hours 6.30 - 8 Mon to Fri and 9-5 on Saturday – Work is ongoing with the PCNs to support Hub configuration for Enhanced Access.
- ICE Access for Hubs – The ICE upgrade will take place in June that will include the fix for the issues identified during testing of ICE access in the TPP hubs. The Digital Team are collating information from PCNs in preparation for the upgrade and are developing a user guide.

d) PCN Dashboard

- A local PCN dashboard has been developed to show performance against a range of metrics, including IIF performance, to support PCNs with achieving IIF and PCN DES requirements (in addition to the national Dashboard).
- The local PCN dashboard has been updated weekly throughout March to support PCNs as year end approached.

e) New ARRS Process & the New PCSE Portal deadlines

- NHSE/I have advised that the changes to the ARRS Portal to include payments will **not be going live** until at least June 2023, due to an issue in the testing phase.
- NHSE/I have announced their will be a new contract variation template for changes to payments, which will be released in April 2023.

f) PCN Development Funding for 2022/23

- All PCNs have now been paid their PCN Development Funding for 2022/23

g) PCN Quality Improvement Non-Recurrent Funding

- In March 2023, ICB Operational Executives agreed an additional allocation of QI funding to be given to PCNs to support the extension or continuation of QI projects and project management support to help effectively deliver the projects. PCNs have been requested to review their current QI projects, to understand spend and outcomes to date, prior to agreeing plans for this funding use.
- Business Intelligence (BI) are continuing to work with PCNs to complete an evaluation of the QI Projects
- As part of the ICB priorities process, the PCN Team have submitted a project brief to secure additional funding to support PCNs to continue with the QI initiatives and/or upscale roll out of projects to other PCNs, awaiting outcome of this.

The Network Contract DES contract specifications and associated documents for 2023/24 were released on 30th March. This included:

- 2023/24 Network Contract DES Specification
- 2023/24 Network Contract DES Guidance
- 2023/24 Capacity and Access Payment Guidance
- CVD Prevention and Diagnosis – Supplementary guidance
- Early Cancer Diagnosis – Support pack
- Tackling Neighbourhood Health Inequalities - Supplementary guidance

- Personalised Care: Proactive social prescribing and shared decision making - Supplementary guidance
- 2023/24 IIF Guidance
- PCN Adjusted Populations, March 2023

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.
- At 31 March 2023 the ICB average for LD patients with an Annual Health Check (AHC) and a Health Action Plan (HAP) was 86.5% which exceeds the national aim of 75%. Achievement for 2021/22 was 78.1%.

b) Severe Mental Illness (SMI) Physical Health Checks

- The national aim for 2022/23 remains at 60%.
- At 31 March 2023 the ICB average for SMI physical health checks was 61.37% for 22/23 which exceeds the national aim of 60%. Achievement for 2021/22 was 51%.

c) GP CPCS (Community Pharmacist Consultation Service) - *(no update given this month)*

- The ICB and LPC continue to work with pharmacies and practices to build relationships and implement with practices who wish to participate.

d) Enhanced Services

- The Enhanced Service Review Group (ESRG) is now finalising the review of the local enhanced service specifications through the ESRG governance route for commissioning services for 23/24.
- An uplift of 2.9% on all local enhanced services has been agreed for 2023/2024.

e) Migrant Health

Homes for Ukraine (HFU) – *(no update given this month)*

As of 7th February 2023, 1364, residents have arrived into the county, of which over 1,100 have registered with a GP practice.

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 – *(no update given this month)*

The occupancy for as of 7th February 2022:

Ramada	70 people occupying 47 rooms	Royal Well and St Georges (Equal split)

Orchard	84 people occupying 60 rooms	Rosebank
Ibis	195 people occupying 127 rooms	Aspen (2/3 patients) and GHAC (1/3 patients)
Prince of Wales (Berkeley)	24 people occupying 90 beds	Acorn, Walnut, Cam & Uley, Culverhay and Chipping Surgery (Equal split)

The project team have moved fortnightly meetings to monthly meetings. At hotel level, work continues with managing all health needs and GP registrations. The ICB were informed on 2nd March of two new hotels opening, Regency Hall, Cheltenham with 100 beds and New Inn Hotel, Gloucester with 69 beds. As yet there are no residents in these hotels and the PC team are informing the local practices of their opening to agree provision of the migrant Enhanced service.

g) Acute Respiratory Infection (ARI) Hubs

- Two ARI hubs are being run by Rosebank PCN in Gloucester and St Paul's PCN in Cheltenham
- Appointments are offered to all practices in the Cheltenham and Gloucester localities following triage, to both adults and children.
- This service currently excludes the Alney Practice as they use EMIS Web. Alney have asked the Digital Team to support with some issues they are having accessing patient records and for OOH (PPG) to be able to directly book into the Hub. The team have provided some options to their IT lead and the project group are currently waiting for information to be provided on the sharing options with Adastra.

h) Primary care non recurrent funding to practices 2023/24

- Additional appointment capacity – to support practices increase capacity to meet demand, including during the winter period and around bank holidays. The scheme is flexible to enable planning of additional appointment capacity to meet the needs of practices and patients.
- Targeted inequality funding to support general practice to test and learn different ways of working which will make the practice more attractive to GPs (existing and new), provide additional GP capacity and enable the practice to introduce ideas for new ways of working.
- Sustainability scheme which aims to support practices to continue to improve interest, ownership, knowledge and understanding of the climate crisis and crisis change as well as how general practice can contribute to the net 0 target for the NHS. The practices will create Green Champions to raise awareness and sustainability in the practice and promote this work to patients and will share good practice and knowledge.

i) NHS England letter dated 6.3.23 outlined the changes to the GP Contract in 2023/24 with the goal of improving patient experience and satisfaction.

Access requirements include:

- Offer of assessment will be equitable for all modes of access
- Prospective record access to be offered by 31.10.23
- Mandate use of the cloud-based telephony national framework

QOF

- QOF indicators will be reduced from 74 to 55
- QI modules will focus on workforce wellbeing and optimising demand and capacity in General Practice

3. Workforce and ARRS

NHSE's Additional Roles Reimbursement Scheme (ARRS) provides funding for a range of clinical and non-clinical roles to create bespoke multi-disciplinary teams within the practices they support. Gloucestershire's Primary Care Training Hub and Workforce team actively support both Primary Care Networks (PCN) with the recruitment of ARRS roles via a number of mechanism's including PCN Workforce conversations at which ARRS plans, challenges and opportunities are discussed, along with support for each PCN's ARRS planning and budget utilisation. Gloucestershire PCN's have successfully recruited a range of ARRS roles including Clinical Pharmacists, Social Prescribing Link Workers, Physician's Associates, Pharmacy Technicians, Paramedics and Mental Health Practitioners amongst others. Whilst we continue to support PCN's with their ARRS recruitment across all roles, our key focus is on roles including First Contact Physiotherapists, Advanced Practice, Health and Wellbeing Coaches, Occupational Therapists as well as the new GP Assistant and Digital and Transformation Lead ARRS roles. Updates on specific role activity and plans will be provided in future reports.

Further information on all ARRS roles can be found on our ARR repository including details such as role overview, job descriptions, training requirements (including Roadmaps where available) and a range of other content including case studies and videos.

ARRS Repository Archive - Gloucestershire Primary Care Workforce Centre (glosprimarycare.co.uk)

Changes to ARRS as part of the new GP Contract: Several changes have been announced including:

- Increasing the cap previous cap on Advanced Practitioners from 2 to 3 per PCN with a list size of 99,999 or fewer (applicable to all PCNs in Gloucestershire)
- Advanced clinical practitioner nurses now added to the eligible roles under ARRs, as advanced practitioners
- Acknowledging the benefits that Physicians Associates (PA's) have had in general practices, the new GP contract confirms that apprenticeship PA's are now a reimbursable role under ARR's.

In addition to the above, MHPs are also referenced in the new GP contract with the previous cap on numbers a PCN could have in post being lifted entirely. We are in discussions with our partner in this programme, GHC, to progress the recruitment for those PCN's wishing to recruit a 2nd MHP.

a) PCN placement expansion: HEE funding has been offered to PCNs to support expansion in learner placements. Facilitated conversations between the training hub (including the clinical chair and practice education facilitator) are in progress to support this expansion. So far 8 PCN discussions have taken place with the planned expansion in placement already exceeding the original targets. The aim is that increased placement activity will also support the future workforce in Primary Care.

b) GP recruitment and retention funding: We are pleased to confirm that our Primary Care workforce team were successful in their bid to NHSE&I for 23/24 GP recruitment and retention funding. Whilst the amount available was lower than we were anticipating, our successful application for this funding has enabled us to support over 60 mid-late career GPs within Gloucestershire with sponsorship for a 'mini-fellowship'. The aim of this funding is to enhance retention and upskill GPs, focusing on reduction of health inequalities and professional development linked to population health and neighbourhood transformation. Further activity includes support for prospective and new partners (a local offer to complement the NHSE New to Partnership offer). The latter offer is planned to engage experienced and late career GPs but supporting those in their mid-career. GP partner recruitment and retention is a key focus for the training hub and ICB. Whilst we have recently been notified that NHSE&I's 'New to Partnership Scheme and funding will no longer be offered to prospective GP partners post 31st March 2023, we are in discussions with NHSE&I to establish what support will be provided to encourage GPs into Partnership roles, longer term.
GP support lead remains in post and supporting an average of 5-7 GPs per month, aiding retention and wellbeing and providing career guidance.

c) Tier 2 Visa applications: Noting the increase in Dr's from abroad who are qualifying as GPs in the UK (with this figure being approximately 50% of GPs qualifying in Gloucestershire), we are seeing an increase in the number of Tier 2 visa requests. Recognising the benefits, skills, and support that these Dr's and other clinical roles, 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. To further our understanding of which practices have a Tier-2 visa, a short survey was sent out via 'What's New This Week' asking for practices who have existing Tier-2 visas in place to make us aware. For those looking to apply, HEE have launched a Tier-2 information page which we are in process of reviewing. Visa and Sponsorship support for Doctors and Training Practices - Severn Primary Care (severndeanery.nhs.uk)

d) Primary Care Nursing Workforce Development: In recognition of the important work General Practice Nurses contribute to Primary Care we are seeking ways of promoting retention of our current workforce and recruitment of the future workforce. This includes the planned employment of Legacy Mentors which will offer mid to late career Nurses in Primary Care the opportunity to mentor newly qualified nurses, new to practice nurses and students. Where this work has been carried out in other systems a number of nurses considering retirement have decided not to and those who have thought about leaving have stayed and we are looking to replicate these successes across Primary care in Gloucestershire.

Primary Care Nurses are an essential ingredient in the primary care workforce and therefore much valued. Their education needs to be current and continually updated with the changing demands. Noting this this, we have a planned Education event for our HCA's – recognising that this vital part of our workforce.

Various projects are underway to support the nursing workforce in Primary Care. Following the successful launch of a project called 'Nurse on Tour' in The Northeast of England, where a Primary Care Nurse lead undertook a pilot to encourage Nursing students to experience Primary Care, Gloucestershire training hub developed a similar programme, the first in the region. With the initial objective to introduce Nursing students to Primary care as a first-destination career choice, the programme gives Student Nurses from all disciplines the opportunity to ask questions to Primary Care professionals about their

experiences whilst also deliver meaningful preventative care in the community. Nursing Students are supported to participate in collaborative learning, provide health checks for patients who had been asymptomatic, offer health promotion, diagnose, and refer conditions for further treatment.

All Nurses have given positive feedback with several now considering Primary Care as their first destination career choice, one asking for a Primary Care placement and other wanting to repeat the Nurses on tour experience. The intention is to continue to grow this programme and offer the opportunity to further practices. Indeed, the programme is looking to expand beyond the confines of health checks to offer Learning Disability Health Checks plus linking in with some health inequality work to support childhood immunisation uptake.

Our Nursing team are working closely with Gloucester University to foster links with our students from all disciplines, including attending all induction days so that students are made aware of Primary care from the outset as a first destination career path. In addition, there is now an NHSE&I funded module that Nursing students can undertake as an undergraduate (as extra) that can prepare them for life as a Primary Care Nurse. It is hoped that this will enable more students to access jobs when they leave university.

The training hub also has in place a preceptorship scheme and dedicated General Practice Nurse (GPN) Fellowship scheme, to support nurses new into Primary Care, which further supports the pipeline of dedicated nursing staff. Gloucestershire PCNs have growing numbers of trainee nursing associates, who once qualified as nursing associates can further develop into GPNs. The nursing associate role and associated development pathways are supported by two practice education facilitators within the training hub.

e) **Supporting our non-clinical workforce:** With non-clinical roles making up over 50% of our Primary Care workforce, the Primary Care training hub/workforce team are actively developing several programmes to support recruitment, retention and development of our colleagues working within Gloucestershire's GP practices. As is the case with clinical roles, those in non-clinical roles such as Practice receptionists and Care Navigators are facing significant challenges. With demand for Primary Care higher than it's ever been and factors including capacity, patient interactions, burnout, pay, complexity of the job versus expectations are resulting in an increased number of non-clinical staff leaving their posts.

In addition to the recent launch of virtual Primary Care Induction sessions (available for anyone new to Primary Care) and a range of bite-sized training offers for reception and administrative staff (designed to support staff over Winter, including sessions on red flags, pharmacy services and health and wellbeing) 3 x 'away days' for our Administrative roles have been booked for May and June. The events will cover a range of topics including conflict resolution, patient self-care, care navigation and career development. This will be an opportunity to celebrate the invaluable support they provide to our Primary Care colleagues and patient population. Ongoing work is being undertaken to identify key factors that would support retention of staff within Primary Care.

f) **Primary Care Flexible Staffing Pool:** Gloucestershire established our Primary Care Flexible Staffing Pool in April 2022 with our partner NASGP (National Association of Sessional GPs). Funded by NHSE, the ambition is for these flexible staff pools is to increase capacity in general practice and create a new offer for local GPs wanting to work flexibly, whilst reducing the burden in accessing temporary staff. NHSE's vision is for the flexible staff pools to be developed into a mechanism that acts as a local point of contact, offering support and advice to the Locum GP workforce more widely through robust engagement and support, whilst offering practices the ability to book Locum GPs for their practice sessions. Gloucestershire's Primary Care Flexible staffing pool for Locum

GP's is working very well with 11,639 hours worked by Locum GPs in the pool since launch and session fill of 91% in January 2023. Usage of the Flexible Pool is currently FOC for Locum GPs and Practices and further modules covering additional clinical and administrative roles, will launch during 2023.

g) **GP Retainer Scheme:** NHS England's National GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme is aimed at doctors who are seriously considering leaving or have left general practice due to personal reasons (caring responsibilities or personal illness), approaching retirement or requiring greater flexibility with the addition of an identified educational supervision need. The scheme supports both the retained GP and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support. Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations. This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support. Gloucestershire actively support the GP retainer scheme with retainers able to apply via Health Education England. To further support our GP retainers a GP retainer Peer support group has been established and will launch shortly with support from a GP mentor and coach.

h) **Promotion of Apprenticeships within Primary Care:** Apprenticeships are a productive and effective way to grow talent and develop a motivated, skilled, and qualified workforce. Apprenticeships allow you to diversify and freshen up your workforce. According to the ESFA (Education and Skills Funding Agency) "86% of employers said apprenticeships developed skills relevant to their organisation" and "78% reported it improved productivity". An apprenticeship is on the job training leading to a national qualification, available for both new and existing staff. Anyone over the age of 16, who is not in full time education, can apply to be an apprentice enabling the development of new and existing staff in both clinical and non-clinical roles. Whilst they can be used to develop skills in administration, customer service, and in specialist office skills, such as Finance and IT, apprenticeships are also available for roles including Healthcare Support, Management, Team Leadership and Administration. Our new Apprenticeship page will launch in the next few weeks in addition to a planned event to promote Apprenticeships within Primary Care, around May/June 2023.

i) **Widening Participation:** Gloucestershire Primary Care Training Hub and Workforce team continue to raise awareness of Primary Care careers and increasing opportunities for work experience at all career stages including school age. With a GP Scholar supporting development of the programme, we are engaging with GHFT and GHC to gain support from their existing career roles, promotional channels, documentation, and experience. Our next steps include launch of a Widening Participation 'reinitiating' plan including focus on introducing a school audience to Primary Care Careers along with launch of the virtual work-experience programme for schools.

4. Digital Updates

a) **Clinical System Changes**

- At the end of April 2023 there will be 65 practices on SystmOne, leaving 4 practices in the county on EMIS.
- The Alney Practice have expressed an interest in moving to SystmOne but would like clarity on the dispensary EPS functionality, which the Digital Team are looking into.
- Acorn and Walnut have submitted an application to merge in October 2023.

b) **Footfall Website**
63 practices are using the footfall website, with practices moving over to the latest version (version 6). The transfer of the business meant that the V6 upgrades were delayed, however, they have now recommenced, and we are engaging with practices to book in their upgrades. The remaining practices use alternative web providers.

c) **National Programmes**

- 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. The 2023/24 GMS contract states that all practices will need to have actioned this facility by 31st October 2023. The Digital Team will be working with the Primary Care contracting Team and Empower the Person Team to assist practices in meeting this requirement. NHSE/I is providing information on practices that have added the 104 code. ICBs are required to work with practices that have applied the code to the whole practice and agree a delivery plan with practices that have sent a request to the supplier not to be switched on. We have emailed all the practices with advice on how to proceed.
- The Register with a GP surgery online service will provide all practices in England with an online option for their patients, helping reduce the administrative burden for general practice as well as making GP registration more accessible to the public. NHSD has run a webinar for practices to attend and we will be providing an overview to practices at the user groups.

5. COVID-19 Vaccination Programme

Spring Booster 2023

- The Spring Booster programme for 2023 is currently being planned following JCVI interim guidance to vaccinate
  - Over 75 year olds
  - Residents of Older Adult Care Homes
  - Immunosuppressed patients over 5 years of age
- Based on the above c75,000 people in Gloucestershire will be eligible for a Spring Booster
- Programme in the South West is likely to start on the 10th of April and last to end of June.

Surge - 2023

- Surge plans remain in place in the event of increased infection rates.

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

As of 1st April 2023, the ICB has assumed delegated responsibility for pharmacy, optometry, and dental services (POD) across the county. The Primary Care team is continuing to work 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 (1st March 2023) is as follows:

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangement for delegation. This has included the completion of an MOU (collaboratively across all ICBs in the SW) as well as the finance domains on the Safe Delegation Checklist (SDC).
- Accompanying the final version of the SDC that was submitted to NHSE on 24th February 2023, following approval from PC&DC, the ICB requested that as it was not able to submit a fully 'Green' RAG rated SDC that NHSE commit to establishing a SW transition group with representatives from each ICB to oversee a transition plan and for this group to continue to meet to review the arrangements for the first 12 months. The first ICB wide meeting was set up by NHSE on 30th March 2023 and the main outcome was that NHSE will produce a draft shared transition plan for agreement by the SW ICBs.
- A Gloucestershire professional leads meeting was held on 15th March 2023 and further meetings will be set up in 2023/24 with invitations to leads from local Medical, Pharmacy, Optometry and Dental Committees. These meetings will be ongoing in 2023/24 and local committee representatives will be invited to future PCOG meeting as and when required to discuss and facilitate agreement of local plans and strategies for all primary care services, not just medical.
- The 9th project team meeting was held on 13th March 2023 and future meetings will be set up for 2023/24. However, now move from setting up systems and procedures to be able to safely take on Delegated Authority for POD services to a more transitional focus now that the ICB has assumed responsibility. This will mean addressing a range of issues including:

    - Updated Terms of Reference;
    - Future membership;
    - Structure of Group, e.g. are sub-groups needed as we implement POD services delivery;
    - Development and implementation of the Transition Plan.
    - Ensure outstanding issues from final SDC submission are resolved.
    - risk mitigation and management.
    - relationship building to ensure smooth processes

- BDO produced their draft Internal Audit Report on the readiness and risks associated with POD Delegation. The report has been approved by the ICB and presented to the Audit Committee in March.
- NHSE agreed that Monthly 'Touchpoint' meetings will continue in 2023/24 with a named relationships manager from NHSE. Members of the POD project team will continue to attend and issues raised are logged with NHSE and added to FAQs which NHSE circulate throughout the South West. FAQs include issues raised by all South West ICBs.
- NHSE SW facilitated a pan ICB Workshop on 21st March 2023 in 2023. This Workshop gave the opportunity for ICBs to meet CCH staff and begin to air issues and to start the process of effective collaborative working. NHSE described the purpose of the Workshop as – "*Preparation for the delegation of Pharmacy, Optometry and Dentistry and working together on a collaborative operating model for primary care.*"
- On 23rd March 2023 NHSE SW issued the first Combined Risk Register for all three POD Services that will be reviewed and refined by the POD Project Team and Transition Group.
- The Delegation Agreement and Collaborative Commissioning Hub (CCH) MOU from NHSE was signed by Mary Hutton after approval by the ICB Board on 29th March 2023.
- Following on from the Delegation Agreement being signed NHSE also issued three Contractual Notices in support of the Allocation of Primary Care Contracts that form part of the delegation of Primary Care and Secondary Care Dental.

- Transition Plan – The ICB will work with SW ICB and NHSE SW colleagues to establish and deliver the aims of an agreed SW Transition Plan in the first 12 months of POD Delegation. The first ICB wide meeting was set up by NHSE on 30th March 2023 and the main outcome was that NHSE will produce a draft shared transition plan for agreement by the SW ICBs.

The ICB has convened a Dental Strategy group to address some of the most pressing issues around dental; access, health inequalities, workforce and oral hygiene. This group has a broad membership to include NHSE, GHC, GHFT, Local Dental Committee, South West Dental network, GCC PH team and the ICN. A local commissioning plan is also being developed.

Key issues for last reporting period including reasons for variance

- Primary Care is experiencing significant demand and increased activity. This is impacting on practice's capacity to meet the demands of their patients but also 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. Assurance process for PCN Funding streams (i.e., 21/22 Development Funding, Transformation Funding, QI Projects) on hold due to pressures in primary care.

Key points for upcoming reporting month including any potential Issues

- Establishment of a Dental Strategy Commissioning Group.
- Prestige language service continues to be closely monitored following reports from some Gloucestershire practices that there are significant wait times and meeting demand for interpreters.
- Liaise with PCNs regarding Capacity and Access Improvement Payment plans, which are due to be submitted to the ICB by 12th May 2023.

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 Primary Care Workforce team continue to work with PCN's 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. • Development of monthly BI Workforce reporting to track workforce trends - will enable proactive short to longer term strategic workforce planning along with continued development of programmes to support workforce recruitment and retention
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 23/24 45 in total		• Task & Finish Group in place - includes GHC, CDs, ICB • Ahead nationally on recruitment – 11 PCNs now have MHP appointed or in post – an increase. Recruitment of MHPs for next 2 PCNs in progress. • 2 PCNs do not require an MHP at this time. • In negotiations with GHC on a recruitment trajectory for PCN's who want a further i.e., 2nd MHP • Noting recruitment challenges with the B7 MHPs i.e., due to role availability, looking at potential to recruit other MHP roles e.g. OT's but further discussions on scope of practice, required. • GHC undertaking a range of activity to support MHP role retention including weekly peer support groups and reflective supervision – plans for further support in discussion.
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 and role availability. However, working via SWASFT's rotational model means Paramedics can potentially work evenings/weekends in general practice.

			• A number of new Paramedics will potentially be in place in Primary Care by Autumn – awaiting confirmation from SWAST • SWASFT have confirmed 'over-recruitment' of Paramedics to support provision of those in Primary Care but TBC if will meet Gloucestershire PCN's requirements - recruitment one further role (part-time) to a local PCN in discussion. • Another option is recruitment of band 7 paramedics that do not require a rotational model but there is a lack of suitable applicants.
National PCSE Payment Issues	Monthly payments missed by PCSE nationally		• Payments now being paid by PCSE and there has been a number of problems with the new processes and the national team are working on sorting these out.

Sign off			
6. Project Lead:	Jo White/Helen Edwards	Date:	31.03.2023

Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Report Title	**Primary Care & PCN Performance Report**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	x						
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
	PCOG	23/02/23					
Executive Summary	The report aims to give an overview of the performance within Primary Care & PCNs including • Investment & Impact Funding • Severe Mental Illness Physical Health Checks • Learning Disability Annual Health Checks • General Practice Appointment Data • PCN Additional Roles Reimbursement (ARR) Scheme						
Key Issues to note	In month 12 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)**							
Management of Conflicts of Interest	If the data in this report shared at meetings, it is ensured that the data is treated in confidence. The local PCN DES/IIF Dashboard is shared monthly with PCNs.						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	None – data information sharing. IIF has financial incentives for PCNs.						
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.						
Impact on Health Inequalities	The primary care performance data can help identify areas that may require additional support.						
Impact on Equality and Diversity	N/A – paper is on primary care performance data						

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

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

Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Primary Care & PCN Performance Report

March 2023

1. Introduction

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

2. Purpose and Executive Summary

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

- Investment & Impact Funding
- Severe Mental Illness Physical Health Checks
- Learning Disability Annual Health Checks
- Local Enhanced Service Achievement
- General Practice Appointment Data
- PCN Additional Roles Reimbursement (ARR) Scheme

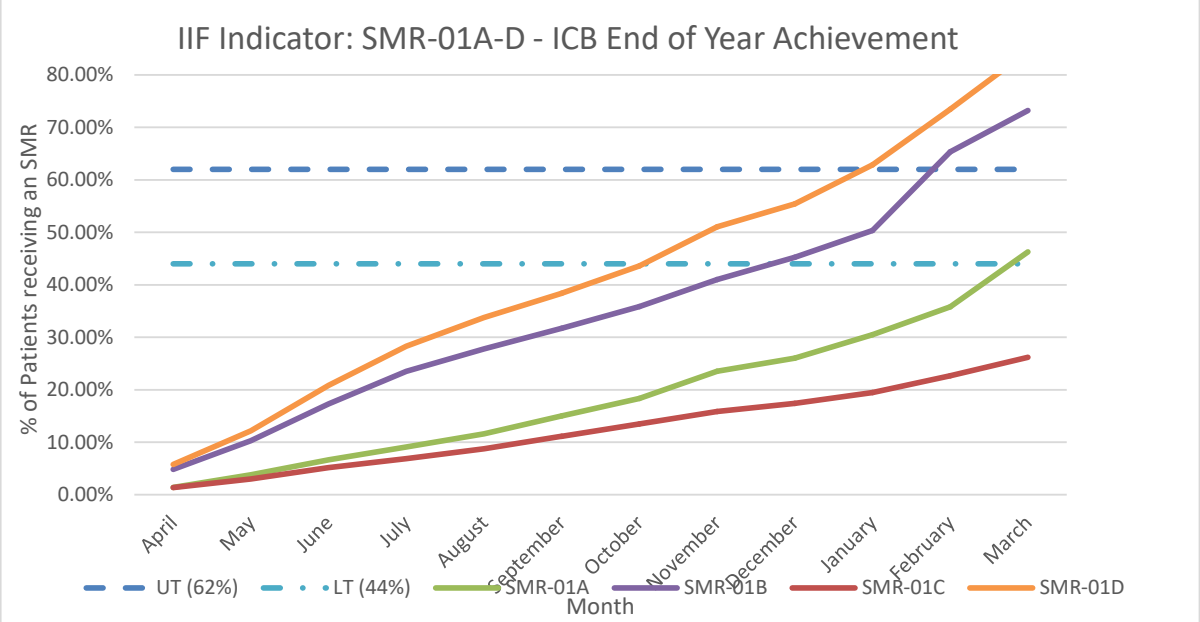
3. Investment & Impact Funding 2022/23

3.1.1 The PCN DES & IIF Dashboard with data up to the 31 March 2023 has been circulated to PCNs. The top-level reporting for PCDC to note are:

Vaccination & Immunisation	• **% of 65+ who received a flu vaccination:** 14 PCNs have exceeded the upper threshold of 86%. 1 PCN achieved 85.7%. Overall ICB achievement was 94.6% • **% of 18-64 year olds at clinical risk, who received a flu vaccination:** 13 PCNs have exceeded the upper threshold of 90%. The remaining 2 PCNs achieved 89.9% and 63.7% respectively which is above the lower threshold of 57%. Overall ICB achievement was 89.6%. • **% of 2/3 year olds who received a flu vaccination**: 13 PCNs exceeded the upper threshold of 82%. The remaining PCNs achieved 78% and 55.1% respectively, both above the lower threshold of 45%. Overall ICB achievement was 85.4%
Tackling Health Inequalities	• % Patients with ethnicity recorded at ICB average is 97.1% with all PCNs exceeding the upper threshold of 95%.

CVD Prevention	• The ICB average for all indicators in this theme has increased each month. • The ICB average has reached the upper threshold for 3 of the indicators, and lower threshold for the other 3 indicators in this theme.
Personalised Care	• % Registered patients referred to a social prescribing service indicators continued to improve across the ICB; the ICB average exceeded the upper threshold of 1.2% at 1.85%.
Enhanced Health in Care Homes	• % Care home residents aged 18+ with a Personalised Care and Support Plan (PCSP) agreed/reviewed since 1st April 2022; The ICB average is 96.9% against an upper threshold of 98%.
Structured Medication Reviews	• Improvements are seen in all 4 SMR cohorts. • The ICB average for SMR-01B was 73.22% and SMR-01D 84.89%, exceeding the upper threshold of 62%.

The graph below shows the ICB position at the end of March 2023.



- SMR-01A: % Patients at **risk of harm due to medication errors** received a SMR
- SMR-01B: % Patients living with **severe frailty** who received a SMR
- SMR-01C: % Patients using **potentially addictive medicines** who received a SMR
- SMR-01D: % **Permanent care home residents 18+** who received a SMR

UT denotes the Upper Threshold PCNs need to achieve to receive maximum points.
LT denotes the Lower Threshold PCNs need to achieve.

4. Severe Mental Illness Physical Health Checks

The national aim for SMI physical health checks for 2022/23 remains at 60%, and the local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly. We are pleased to report the end of year achievement for SMI physical health checks was 61.37% which is over and above the national target. Achievement for 2021/2022 was 51%.

5. Learning Disability Annual Health Checks

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

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

We are pleased to report the end of year achievement for Learning Disability Annual Health Checks was 86.5% which is over and above the national target. Achievement for 2021/22 was 78.1%.

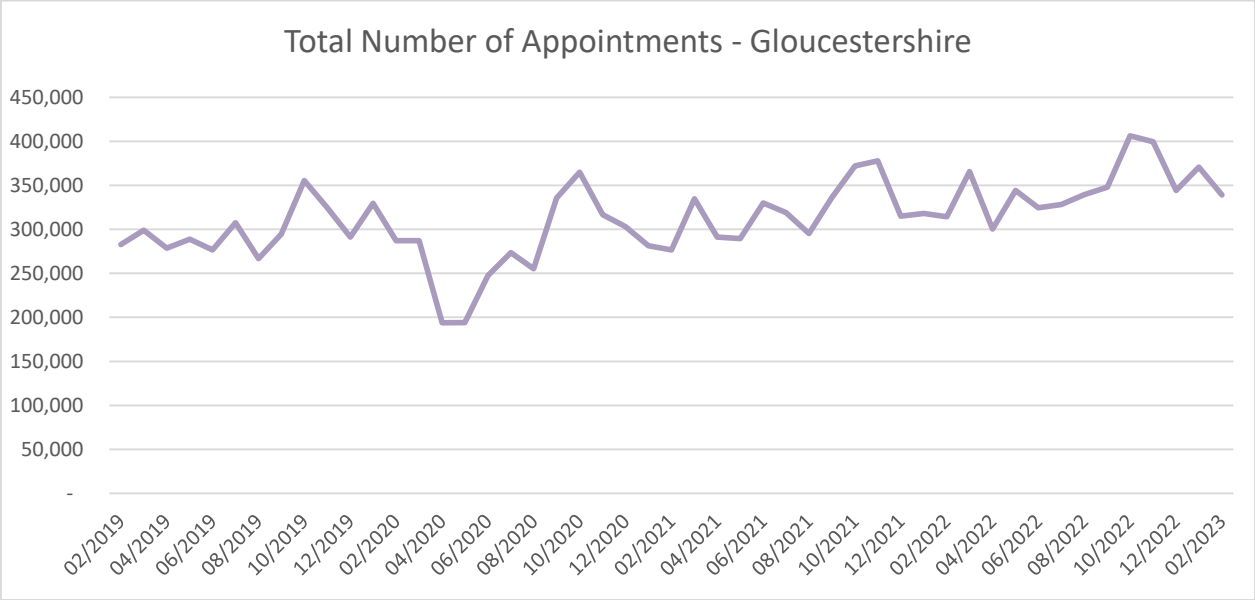
6. General Practice Appointment Data

GP Appointment Highlights

Please note there are known issues nationally with the GP Appointment Data that is extracted from Practice Clinical Systems. The Primary Care and Digital Teams are working with practices where data does not look consistent to ensure that individual appointment types are mapped correctly to a set of nationally agreed appointment categories. It will take several months before this work is reflected in the data extractions.

Total Appointments

For the month of February 2023, data from NHS Digital shows the number of appointments both nationally and in Gloucestershire fell due to February being a short month and the half-term school holiday.

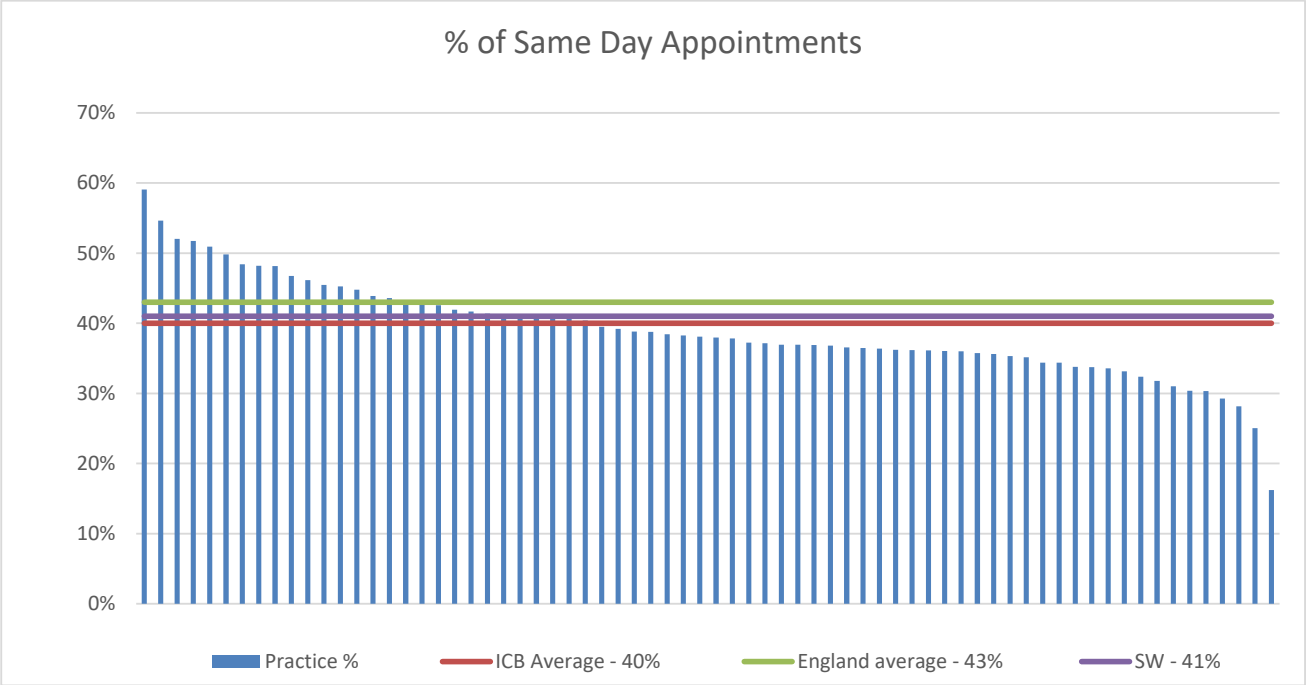


Within Gloucestershire:

- 69 practices delivered 339,045 appointments in February 2023.
- 44% of all appointments were with a GP.
- 35% of all appointments took place on the day they were booked.

Same Day Appointments

The graph below shows the spread of same day appointments (%) offered by individual Gloucestershire practices in February 2023.



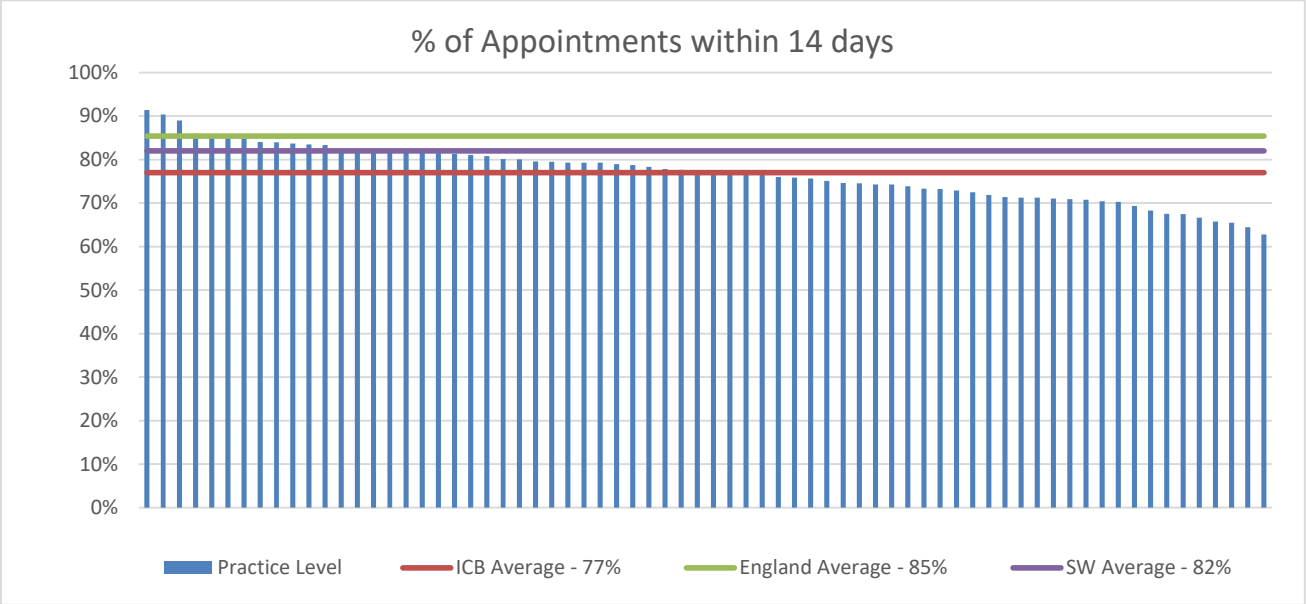
The table below shows the percentage of practices providing same day appointments compared with the South West and England averages.

% of Same Day Appointments	Number of Practices on/above	Number of Practices below
ICB Average – 40%	28	42
England Average – 43%	19	51
SW Average – 41%	27	43

The latest practice ring round undertaken by the Primary Care Team is currently in progress. 98.6% of those practices already contacted were able to offer an urgent appointment either the same day or on the following day. Not all appointments necessarily need to be the same day or the next day.

Appointments offered by practices within 14 days

The graph below shows the % of appointments offered by practices within 14 days.

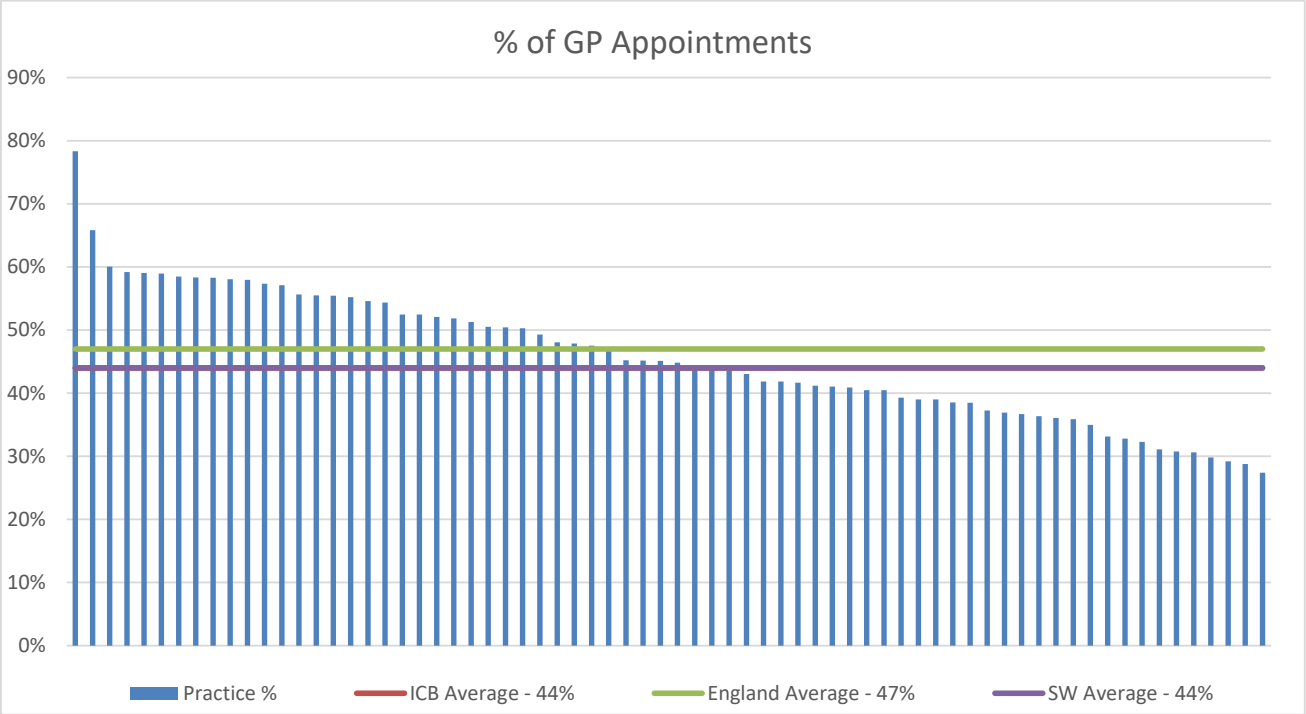


The table below shows the percentage of practices providing appointments within 14 days compared with the South West and England averages.

% of Appointments available within 14 days	Number of Practices on/above	Number of Practices below
ICB Average – 77%	39	31
England Average – 85%	7	63
SW Average – 82%	19	51

Total appointments offered with a GP

The graph below shows the % of the total appointments offered that took place with a GP in Gloucestershire practices.

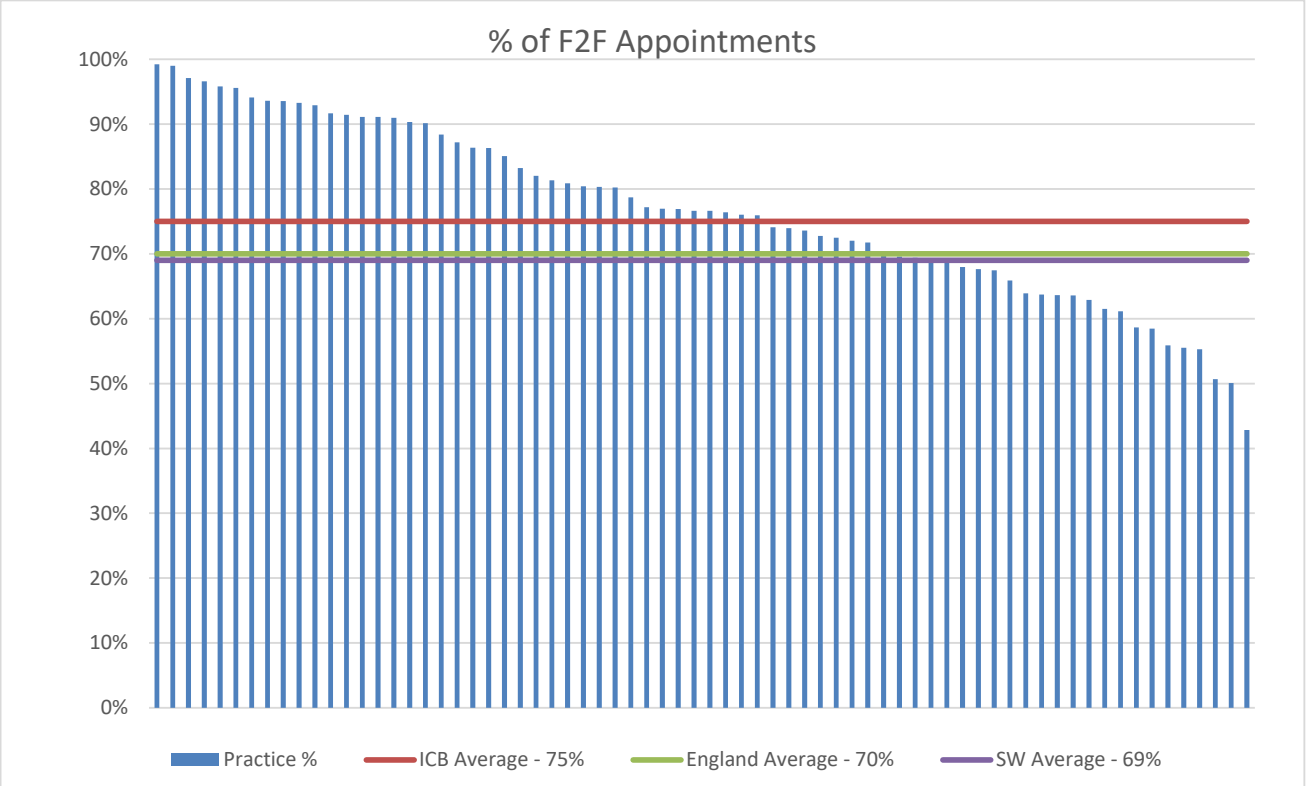


149,178 (44%) of total appointments were GP appointments. The table below shows the percentage of appointments within Gloucestershire with a GP compared with the South West and England averages.

% of Appointments with a GP	Number of Practices on/above	Number of Practices below
ICB Average – 44%	39	30
England Average – 47%	32	37
SW Average – 44%	39	30

Face to Face Appointments

The graph below shows the percentage of Face to Face appointments that took place by practice.

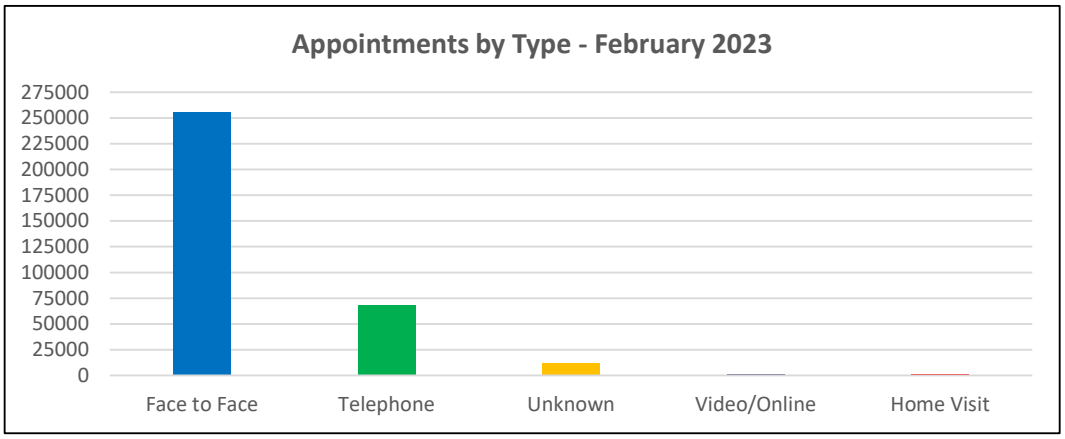


This data shows that 50 of the 69 of practices are delivering face to face GP appointments above the average for the South West and England.

% of Face to Face GP Appointments	Number of Practices on/above	Number of Practices below
ICB Average – 76%	36	33
England Average – 69%	50	19
SW Average – 69%	50	19

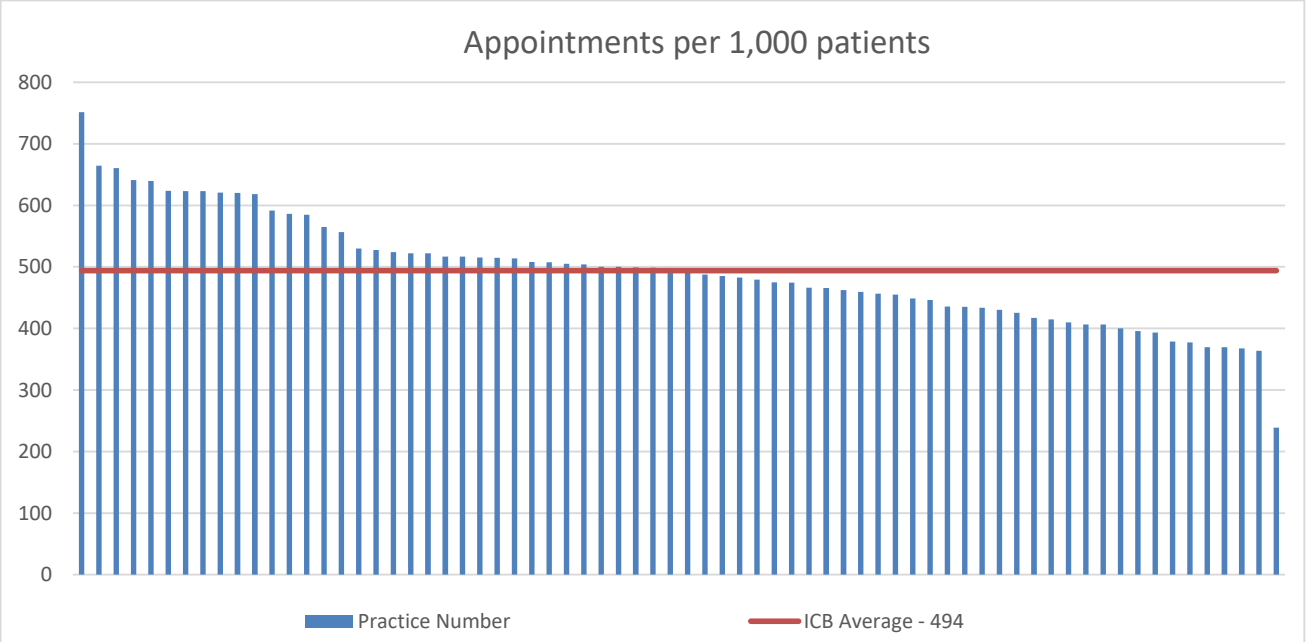
Appointments offered by type

The graph below shows a breakdown of the appointments offered by type. Video/Online appointments and home visits accounted for less than 1% of the total appointments offered.



Appointments offered per 1,000 patients by GP Practice

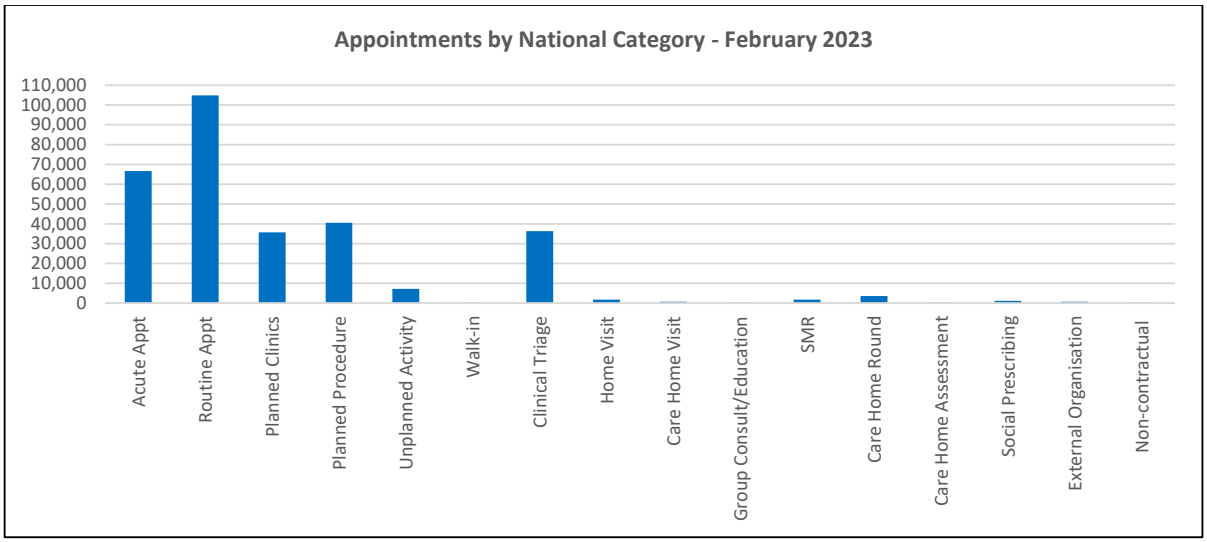
The graph below shows the number of appointments offered per 1,000 patients by GP Practice



Please note that the rate of appointments per 1,000 patients varies greatly due to individual practice differences, such as how appointment books are managed, GP system supplies and small list sizes caused by practices in the process of closing or merging.

Types of Appointment

As mentioned earlier, practices align the types of appointment offered to a set of nationally agreed categories. The graph below shows a breakdown of the types of appointments offered by practices across Gloucestershire in February 2023.



Appointment Trends

Please note, as February is a shorter month and therefore it affects the actual numbers.

Appointments	December	January	February	Trend
Total Appts - National	26,740,950	29,442,876	27,257,347	
Total Appts - Glos	344,128	370,840	339,045	
Glos Data				
% of Same Day Appts	44	40	40	
% Appts within 14 Days	79	78	77	
% Face to Face Appts	75	76	75	
% GP Appts	46	46	44	
No of Appts per 1,000 Patients	502	585	494	

7. PCN Additional Roles Reimbursement (ARR) Scheme

8.1 A summary table for the number of and type of ARR staff across the 15 PCNs based on February 2023 claims is shared below.

Headcount ARR Roles

Role / PCN	Aspen	Berkeley Vale	Chelt. Central	Chelt. Peripheral	Forest of Dean	Gloucester Inner City	Hadwen & Quedgeley	North and South Gloucester	North Cotswold	Rosebank	Severn Health	South Cotswold	St Paul's	Stroud Cotswold	TWNS	Total
Care Coordinator	11	11	2	1	8	9	5	4	3	7	5	6	1	4	1	**78**
Clinical Pharmacist	3	3	7	3	12	7	1	5	5	4	7	7	12	4	9	**89**
Dietician					1											**1**
Digital and Transformation Lead			1		2	1		1			2				1	**8**
First Contact Physiotherapist			2				1			1		3			3	**10**
General Practice Assistant				1	2											
Health and Wellbeing Coach		6	1												2	**9**
Mental Health Practitioner Band 7	1		1	1	1		1	1					1			**7**
Mental Health Practitioner Band 8A			1				1									**2**
Nursing associate	1	1								1		1				**4**
Paramedic		3	4					2				4	2			**15**
Pharmacy Technician	1	4	3	2	5	1	1	3	2	2	3	3	2	3	4	**39**
Physician Associate	1			2						1					1	**5**
Social Prescribing Link Worker	4	1	6	5	3	3	4	5	2	3			3	4	4	**47**
Trainee nursing associate	1	1	2		2			1		1		2	2	1	1	**14**
Total	**23**	**30**	**30**	**15**	**36**	**21**	**14**	**22**	**12**	**20**	**17**	**26**	**23**	**16**	**26**	**328**

WTE ARR Roles

Role / PCN	Aspen	Berkeley Vale	Chelt. Central	Chelt. Peripheral	Forest of Dean	Gloucester Inner City	Hadwen & Quedgeley	North and South Gloucester	North Cotswold	Rosebank	Severn Health	South Cotswold	St Paul's	Stroud Cotswold	TWNS	Total
Care Coordinator	7.734	7.426	2	0.8	6.44	7.041	2.226	2.347	2.8	5.986	3.44	4.908	1	2.66	0.64	**57.448**
Clinical Pharmacist	2.6	2.273	4.993	3	11.107	5.4	1	4.54	3.687	2.39	4.8	5.273	9.974	3.573	7.207	**71.817**
Dietician					1											**1**
Digital and Transformation Lead			0.64		0.373	0.92		0.48			1				0.64	**4.053**
First Contact Physiotherapist			1.3				0.747			1		2.12			2.48	**7.647**
General Practice Assistant				0.533	1.493											
Health and Wellbeing Coach		2.999	1												1.907	**5.906**
Mental Health Practitioner Band 7	1		1	1	1		0.6	1					1			**6.6**
Mental Health Practitioner Band 8A							1									**1**
Nursing associate	0.8	1								1		0.987				**3.787**
Paramedic		2.4	3.787					0.75				3.72	2			**12.657**
Pharmacy Technician	1	3.453	2.84	2	4.653	1	0.587	3	1.8	2	2.6	2.6	1.933	2.427	2.28	**34.173**
Physician Associate	1			2						1					1	**5**
Social Prescribing Link Worker	3.44	0.987	5.6	5	2.587	3.067	2.86	3.533	1.8	2.28			1.6	2.76	3.68	**39.194**
Trainee nursing associate	0.8	1	2		1.067			0.8		0.8		1.707	2	0.8	1	**11.974**
Total	**18.374**	**21.538**	**25.16**	**14.333**	**29.72**	**17.428**	**9.02**	**16.45**	**10.087**	**16.456**	**11.84**	**21.315**	**19.507**	**12.22**	**20.834**	**262.256**

8. Recommendations

8.1. The committee is asked to note the current performance against the indicators.

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

Agenda Item 12A

ICB System Effectiveness Group (SEG)
9th January 2023 (10.30-12.30)
Microsoft Teams Meeting
Minutes

If agreed as correct, these minutes will be made available to the public on request in compliance with the Freedom of Information Act 2000

Present

Alan Gwynn	AG	GP/Population Health Management - Frailty
Trudi Pigott	TP	ICB Deputy Clinical Quality Director (Chair)
Dino Motti	DM	ICB Public Health Consultant GCC
Caroline Graham	CG	ICB Planned Care Commissioning Manager
Sarah Riordan-Jones	SRJ	ICB Primary Care Clinical Audit Manager
Alexandra Percell	AP	GHFT Clinical Effectiveness and Quality Improvement Manager
Gemma Artz	GA	ICB Programme Director, Clinical Programmes
Robert Mauler	RM	ICB Assistant Director for Quality and Safety
Caroline Herbert	CH	Clinical Effectiveness and Quality Improvement Facilitator GHFT
Hanna Tunbridge	HT	Clinical Audit Manager GHC
James Wright	JW	Associate Director of Patient Safety, Quality & Clinical Compliance GHC
Richard Thorn	RT	ICB Senior Programme Manager – Elective Care Team
Martin Pratt	MP	GHNHSFT Director of Pharmacy
Clare Turner	CT	GHC NICE Guidance Manager
Mark Gregory	MG	ICB Medicines Optimisation Management Lead

Apologies

Laura Bucknell	LB	GCS Head of Pharmacy
Zoe Riley	ZR	ICB Senior Commissioning Manager (Children and Families)
Julie Symonds	JS	ICB Deputy Director of Nursing
Rebecca Smith	RS	ICB Associate Director, Clinical Programmes
Adele Jones	AJ	ICB Chief Pharmacist Primary Care & Associate Director

ITEM		ACTION
1	**Introduction/Welcome/Apologies** As above.	
2	**Declaration of conflicts of interest** Nil.	
3	**Minutes of the last meeting – 7th November 2022** Not discussed – amendments to TP. **Action: All to read minutes and send any amendments to TP**	**ALL**
4	**Matters Arising** 7th November 2022 action log discussed and closed as appropriate.	
5	**NICE Guidance (standing agenda item)** **a. Deviations: NICE Guidance**	

	b. Nice Update Nil.	
6	**Update from GHNHSFT** AP gave update: • Nikki Tremeer has left – there will be a like for like replacement. • Quality Account will be published May 23 – pulling together now. • New sequins for 2023/24 have been released – working on these. TP suggested having sequins as a standing agenda item – across the board. RM felt from his point of view – focus on the real improvements coming through – what has improved for patients and how have they become more effective. JW also felt the sequins had more contractual lines attached – not sure how the ICB/ICS will do with the contractual bits. TP replied they had not had those discussions yet – will take back to MAE/AS. **Action: TP to discuss ICB/ICS sequins on behalf of SEG.** SRJ asked about the quality accounts – will they be picked up as part of this group? TP replied it was open for discussion and what the group would find as a benefit. RM felt this was the most challenging area they were dealing with from the old CCG.	**TP**
7	**Update from GHC – NICE updates** JW gave update: • Well formed team from previous legacy organisations. • Quality reports go through to the quality assurance group and then through to the quality committee – then to board and ICB. • Raft of committees and groups underpin all of the above. • JW happy to share quality governance structure and quality strategy. **Action: JW to send group quality governance structure and quality strategy.** • Identified 6 sequins – can share these with the group. **Action: JW to send the 6 sequins to the group.** CT gave overview of her role: • NICE Guidance Manager • Project manage implementation and monitoring of all relevant NICE guidance – clinical guidelines/quality standards/technology appraisals • 329 pieces relevant to GHC. • 170 done via base line assessments. • If corresponding clinical guideline ask the clinicians to help. • Devise annual plan of work which sets out which guidance needs to be reviewed – by quarter. • Need to determine if relevant to the trust. • Use Datax to monitor all the actions – accessible to all members of staff. • Working on a dashboard to provide a more visual summary.	**JW** **JW**

	HT gave overview of her role: • Manage clinical audit team for GHC. • 2 clinical audit officers plus HT. • 153 audits on the programme for this year. • Challenge to manage the audits – some need more work than others. • Working through the process of developing next year's programme – must dos and local priorities – bottom-up audits. • Spread across each of the directorates. • Offer project support and clinical audit training. • Trying to finish the 22/23 programme whilst looking ahead at the 23/24 programme. • Ongoing challenge – support busy clinicians. • Dashboard – to show how the clinical audit programme is progressing – rag ratings – focus on red rag ratings – compliance below 80%. TP felt there were so many opportunities with this moving forward and could save time across the system.	
8	**Clinical Risk Register** Not discussed.	
9	**Local Policy** **Upright MRI Scans/Benign Skin Lesions/Governance/Draft continuous glucose monitoring policies with clinical staff** RT gave an update of why he was at the meeting: • Historically PCT/CCG had a list of effective clinical commissioning policies list of treatment thresholds – will or will not fund. • Sub-group effective clinical commissioning policy sub group – make recommendations – left CEG (SEG) out of this and went to the quality committee group. • Few issues at the end off the CCG with policies that went to the quality committee group – felt not enough people had seen them. • Look at should these policies come back to ICB SEG first/go to both? • Best process of signing off the policies. Example - benign skin lesions – if meets criteria ICB approve funding code – new policy – change to process and wording stronger for primary care – major change - have to go through the quality group for sign off. Could be brought to SEG for wider group to consider first or as well as. TP asked the group if they should trial it for a few months to see whether there is value in it. JW felt GHC would have their own groups that would inform their clinical policy group. Will need some time to think on how best to build on this - will need clear quality monitoring statements in the policies and they don't let things run and run - could challenge the robustness of the quality monitoring within policies. AP questioned whether worth inviting their policies manager from GHT.	

	TP asked RT to send out the skin legion and glucose monitoring information to the group – put on the agenda for signing off. **Action: RT to send the information on skin legions and glucose monitoring to the group.** TP suggested adding to the SEG TOR in the short term. **Action: TP to add effective clinical commissioning policies to SEG TOR.**	**RT** **TP**
10	**Effective Clinical Commissioning Policies (ECCP) Minutes** Nil.	**For Info**
11	**Knowledge Management - Latest SCWCSU bulletins** Not received since 2020. **Action: TP/GH find out about knowledge management distribution list.**	**For Info** **TP/GH**
12	**G-Care Pathways** Nil.	**For Info**
13	**AOB** TP suggested meeting outside this group with AP and Jane Stewart to discuss the sequins – find any links – make it more streamlined for everyone. **Action: TP liaise with AP and Jane Stewart re sequins.** Group discussed length and frequency of meetings.	**TP**
Future Meeting Dates (TEAMS): **13th March 2023 10.30-12.30** **8th May 2023 10.30-12.30**		

Classification: Official

Publication approval reference: PAR1314

NHS Standard Contract 2022/23

Minimising *Clostridioides difficile* and Gram-negative bloodstream infections

27 April 2022

Introduction

The NHS Standard Contract 2022/23 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of both *Clostridioides difficile* (*C. difficile*) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. The thresholds for each trust, together with the methodology used to identify these, are set out in this document. Thresholds for clinical commissioning groups (CCGs) are also provided.

Scope of the thresholds

Since April 2017, reporting trusts have been asked to provide information on whether patients with *C. difficile* had been admitted to the reporting trust within the three months prior to the onset of the current case. This allows a greater granulation of the healthcare association of cases.

Table 1: The six prior healthcare exposure groups for *C. difficile*

Prior healthcare exposure group	Definition
Hospital-onset healthcare-associated (HOHA)	Specimen date is ≥3 days after the current admission date (where day of admission is day 1)
Community-onset healthcare-associated (COHA)	Is not categorised HOHA and the patient was most recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date)

Prior healthcare exposure group	Definition
Community-onset, indeterminate association (COIA)	Is not categorised HOHA and the patient was most recently discharged from the same reporting trust between 29 and 84 days prior to the specimen date (where day 1 is the specimen date)
Community-onset, community associated (COCA)	Is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 84 days prior to the specimen date (where day 1 is the specimen date)
Unknown	The reporting trust answered 'Don't know' to the question regarding previous discharge in the 3 months prior to the case
All unknown	The reporting trust did not provide any answers to questions on prior admission

From April 2020, reporting trusts were asked to provide information on whether patients with Gram-negative bloodstream infections had been admitted to the reporting trust within one month prior to the onset of the current case. This allows a greater granulation of the healthcare association of cases.

Table 2: The five prior healthcare exposure groups for Gram-negative bloodstream infections

Prior healthcare exposure group	Definition
Hospital-onset healthcare-associated (HOHA)	Specimen date is ≥3 days after the current admission date (where day of admission is day 1)
Community-onset healthcare-associated (COHA)	Is not categorised HOHA and the patient was most recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date)
Community-onset, community associated (COCA)	Is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 28 days prior to the specimen date (where day 1 is the specimen date)
Unknown	The reporting trust answered 'Don't know' to the question regarding previous discharge in the month prior to the case
No information	The reporting trust did not provide any answers to questions on prior admission

For 2022/23, as for 2021/22, trust-level thresholds comprise total healthcare-associated cases (ie HOHA and COHA).

Although it does not form part of the NHS Standard Contract requirements, a focus across ICSs on reducing infection levels is also important as actions to reduce the risk of infections, and to support early diagnosis and appropriate treatment, will have beneficial effects for both patient outcomes and service demand. To support this, thresholds are provided for the CCG geographies in place as of Q4 2021/22 and, subject to legislation being passed by Parliament, these will be revised to reflect ICS geographies. In contrast to the thresholds for trusts, which only include healthcare-associated cases, CCG thresholds include total cases (ie all categories listed above).

Baseline period

All thresholds are derived from a baseline of the 12 months ending November 2021, as this is the most recent available data at the time of calculating the figures.

Where *C. difficile and* Gram-negative bloodstream infection case counts are presented as rates per 100,000 bed days, for example on Fingertips, bed days data is sourced from the KH03 collection published quarterly by NHS England and NHS Improvement. There is a greater lag on this data than the monthly case counts of *C. difficile and* Gram-negative bloodstream infections. Prior to the COVID-19 pandemic, bed days could be readily estimated as the seasonal pattern was fairly stable. However, the pandemic has resulted in greater variation in bed days, and as such the lag on bed days data would pose a challenge to timely monitoring of progress towards the reductions set out in the thresholds. For this reason, thresholds are presented as cases and rates per 100,000 bed days are not shown.

Trust thresholds

Trusts are required under the NHS Standard Contract 2022/23 to minimise rates of both *C. difficile* and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement.

The following table sets out the threshold levels for each trust's count of healthcare-associated (ie HOHA plus COHA) cases. These are calculated on the basis outlined below:

C. difficile

- If a trust had fewer than or equal to 10 cases during the 12 months ending November 2021, the threshold will be equal to that count. If a trust had more than 10 cases, the threshold will be one less than the count.
- All thresholds were rounded down to the nearest whole number and pertain to healthcare-associated cases (ie HOHA and COHA cases).

Gram-negative bloodstream infections (*E. coli, Klebsiella spp, P. aeruginosa*)

- For each of the three Gram-negative bloodstream infection types specified, if a trust had fewer than or equal to 10 cases during the 12 months ending November 2021, the threshold will be equal to that count. If a trust had more than 10 cases, the threshold will be 5% less than the count.
- All thresholds were rounded down to the nearest whole number and pertain to healthcare-associated cases (ie HOHA and COHA cases).

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
RCF	AIREDALE	24	38	1	8
RBS	ALDER HEY CHILDREN'S	3	8	3	17
RTK	ASHFORD & ST PETER'S HOSPITALS	18	53	7	27
RF4	BARKING, HAVERING & REDBRIDGE UNIVERSITY HOSPITALS	48	136	37	104
RFF	BARNSLEY HOSPITAL	34	56	4	11
R1H	BARTS HEALTH	113	241	69	175
RC9	BEDFORDSHIRE HOSPITALS	58	64	14	17
RQ3	BIRMINGHAM WOMEN'S AND CHILDREN'S	2	11	5	17
RXL	BLACKPOOL TEACHING HOSPITALS	109	91	19	44
RMC	BOLTON	80	53	1	11
RAE	BRADFORD TEACHING HOSPITALS	43	80	10	31
RXQ	BUCKINGHAMSHIRE HEALTHCARE	54	81	10	34
RWY	CALDERDALE & HUDDERSFIELD	38	71	11	19
RGT	CAMBRIDGE UNIVERSITY HOSPITALS	110	157	38	101
RQM	CHELSEA & WESTMINSTER HOSPITAL	25	73	23	39
RFS	CHESTERFIELD ROYAL HOSPITAL	31	67	9	18
RJR	COUNTESS OF CHESTER HOSPITAL	57	37	9	19
RXP	COUNTY DURHAM & DARLINGTON	59	109	13	41
RJ6	CROYDON HEALTH SERVICES	20	42	10	41
RN7	DARTFORD & GRAVESHAM	21	71	11	23
RP5	DONCASTER & BASSETLAW HOSPITALS	48	87	17	35
RBD	DORSET COUNTY HOSPITAL	46	43	9	17
RWH	EAST & NORTH HERTFORDSHIRE	59	46	11	22
RJN	EAST CHESHIRE	6	29	1	5
RVV	EAST KENT HOSPITALS UNIVERSITY	82	121	47	72
RXR	EAST LANCASHIRE HOSPITALS	54	135	7	52
RDE	EAST SUFFOLK AND NORTH ESSEX	102	119	20	44
RXC	EAST SUSSEX HEALTHCARE	56	81	18	43
RVR	EPSOM & ST HELIER UNIVERSITY HOSPITALS	50	55	6	36
RDU	FRIMLEY HEALTH	55	219	38	65
RR7	GATESHEAD HEALTH	32	68	8	26
RLT	GEORGE ELIOT HOSPITAL	13	36	8	8
RTE	GLOUCESTERSHIRE HOSPITALS	102	76	15	30
RP4	GREAT ORMOND STREET HOSPITAL FOR CHILDREN	8	8	8	12

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
RN3	GREAT WESTERN HOSPITALS	48	69	19	23
RJ1	GUY'S & ST. THOMAS'	48	125	68	100
RN5	HAMPSHIRE HOSPITALS	49	76	17	20
RCD	HARROGATE & DISTRICT	40	24	1	6
RQX	HOMERTON UNIVERSITY HOSPITAL	19	38	8	26
RWA	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	58	166	26	68
RYJ	IMPERIAL COLLEGE HEALTHCARE	67	95	44	78
R1F	ISLE OF WIGHT	27	37	9	9
RGP	JAMES PAGET UNIVERSITY HOSPITALS	33	55	10	36
RNQ	KETTERING GENERAL HOSPITAL	41	55	9	26
RJZ	KING'S COLLEGE HOSPITAL	115	169	79	157
RAX	KINGSTON HOSPITAL	27	32	13	29
RXN	LANCASHIRE TEACHING HOSPITALS	122	112	13	26
RR8	LEEDS TEACHING HOSPITALS	164	267	52	91
RJ2	LEWISHAM & GREENWICH	37	81	22	63
RBQ	LIVERPOOL HEART & CHEST HOSPITAL	9	6	1	1
REM	LIVERPOOL UNIVERSITY HOSPITALS	134	174	20	86
REP	LIVERPOOL WOMEN'S	0	5	0	1
R1K	LONDON NORTH WEST UNIVERSITY HEALTHCARE	64	92	41	69
RWF	MAIDSTONE & TUNBRIDGE WELLS	62	82	16	23
R0A	MANCHESTER UNIVERSITY	174	218	44	148
RPA	MEDWAY	34	77	17	37
RBT	MID CHESHIRE HOSPITALS	32	25	2	12
RXF	MID YORKSHIRE HOSPITALS	86	125	19	52
RAJ	MID AND SOUTH ESSEX	175	220	47	89
RD8	MILTON KEYNES UNIVERSITY HOSPITAL	14	28	10	15
RP6	MOORFIELDS EYE HOSPITAL	0	0	0	0
RM1	NORFOLK & NORWICH UNIVERSITY HOSPITALS	83	96	26	48
RVJ	NORTH BRISTOL	100	77	15	35
RNN	NORTH CUMBRIA INTEGRATED CARE	53	91	15	23
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL	24	43	23	29
RVW	NORTH TEES & HARTLEPOOL	54	73	12	21
RGN	NORTH WEST ANGLIA	114	74	16	36
RNS	NORTHAMPTON GENERAL HOSPITAL	51	59	10	22

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
RBZ	NORTHERN DEVON HEALTHCARE	10	54	3	11
RJL	NORTHERN LINCOLNSHIRE & GOOLE	21	65	7	25
RTF	NORTHUMBRIA HEALTHCARE	52	133	12	46
RX1	NOTTINGHAM UNIVERSITY HOSPITALS	105	272	65	136
RTH	OXFORD UNIVERSITY HOSPITALS	104	161	57	91
RHU	PORTSMOUTH HOSPITALS UNIVERSITY	84	144	29	51
RPC	QUEEN VICTORIA HOSPITAL	8	0	0	0
RHW	ROYAL BERKSHIRE	58	112	19	34
REF	ROYAL CORNWALL HOSPITALS	67	65	9	19
RH8	ROYAL DEVON & EXETER	55	118	15	35
RAL	ROYAL FREE LONDON	86	128	47	63
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL	3	4	2	3
RGM	ROYAL PAPWORTH HOSPITAL	12	16	6	16
RA2	ROYAL SURREY COUNTY HOSPITAL	23	73	10	26
RD1	ROYAL UNITED HOSPITALS BATH	42	76	17	26
RM3	SALFORD ROYAL	105	123	19	73
RNZ	SALISBURY	23	35	12	14
RXK	SANDWELL & WEST BIRMINGHAM HOSPITALS	41	51	9	19
RCU	SHEFFIELD CHILDREN'S	7	10	1	7
RHQ	SHEFFIELD TEACHING HOSPITALS	149	222	33	94
RK5	SHERWOOD FOREST HOSPITALS	92	95	10	23
RXW	SHREWSBURY & TELFORD HOSPITAL	33	96	19	23
RH5	SOMERSET	41	73	12	23
RTR	SOUTH TEES HOSPITALS	111	139	16	52
R0B	SOUTH TYNESIDE & SUNDERLAND	62	124	25	47
RJC	SOUTH WARWICKSHIRE	29	30	5	10
RVY	SOUTHPORT & ORMSKIRK HOSPITAL	49	51	7	17
RJ7	ST. GEORGE'S UNIVERSITY HOSPITALS	43	93	29	76
RBN	ST. HELENS AND KNOWSLEY HOSPITALS	56	85	14	20
RWJ	STOCKPORT	41	49	3	23
RTP	SURREY & SUSSEX HEALTHCARE	88	99	15	43
RMP	TAMESIDE HOSPITAL	39	46	8	16
RBV	THE CHRISTIE HOSPITAL	37	31	15	19
REN	THE CLATTERBRIDGE CANCER CENTRE	17	11	1	8

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
RNA	THE DUDLEY GROUP	48	89	17	32
RAS	THE HILLINGDON HOSPITALS	31	29	8	11
RTD	THE NEWCASTLE UPON TYNE HOSPITALS	166	200	40	159
RQW	THE PRINCESS ALEXANDRA HOSPITAL	56	35	9	18
RCX	THE QUEEN ELIZABETH HOSPITAL KING'S LYNN	60	59	10	24
RL1	THE ROBERT JONES & AGNES HUNT ORTHOPAEDIC HOSPITAL	2	1	1	2
RFR	THE ROTHERHAM	19	57	5	12
RPY	THE ROYAL MARSDEN	53	47	15	20
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL	5	0	0	1
RL4	THE ROYAL WOLVERHAMPTON	58	103	18	35
RET	THE WALTON CENTRE	8	10	2	4
RKE	THE WHITTINGTON HEALTH	14	35	7	14
RA9	TORBAY AND SOUTH DEVON	46	62	3	19
RWD	UNITED LINCOLNSHIRE HOSPITALS	56	107	13	37
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS	94	116	49	67
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON	61	127	36	73
RRK	UNIVERSITY HOSPITALS BIRMINGHAM	253	354	63	157
RA7	UNIVERSITY HOSPITALS BRISTOL AND WESTON	89	119	26	62
RKB	UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE	65	137	40	63
R0D	UNIVERSITY HOSPITALS DORSET	63	118	21	39
RK9	UNIVERSITY HOSPITALS PLYMOUTH	86	133	10	49
RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON	98	167	24	57
RWE	UNIVERSITY HOSPITALS OF LEICESTER	93	136	38	90
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY	84	102	10	21
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS	102	196	46	58
RBK	WALSALL HEALTHCARE	27	50	10	27
RWW	WARRINGTON & HALTON HOSPITALS	37	57	6	19
RWG	WEST HERTFORDSHIRE HOSPITALS	58	64	12	34
RGR	WEST SUFFOLK	55	36	3	10
RYR	WESTERN SUSSEX HOSPITALS	142	158	38	54
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL	72	56	9	19
RWP	WORCESTERSHIRE ACUTE HOSPITALS	79	81	23	35
RRF	WRIGHTINGTON, WIGAN & LEIGH	53	51	8	17

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
RLQ	WYE VALLEY	44	39	1	8
RA4	YEOVIL DISTRICT HOSPITAL	15	38	5	14
RCB	YORK AND SCARBOROUGH TEACHING HOSPITAL	117	158	25	57

CCG threshold

A focus across ICSs on reducing infection levels is important as actions to reduce the risk of infections and to support early diagnosis and appropriate treatment will have beneficial effects for both patient outcomes and service demand. To support this, thresholds are provided below for the CCG geographies in place as of Q4 2021/22 and, subject to legislation being passed by parliament, these will be revised to reflect ICS geographies.

The following table therefore sets out the threshold levels for *C. difficile* and for Gram-negative bloodstream infections at CCG level. In contrast to the thresholds for trusts, which include healthcare-associated cases only, the CCG thresholds include total cases (ie all categories listed in Tables 1 and 2). These are calculated on the basis outlined below.

C. difficile

- If a CCG had fewer than or equal to 10 cases during the 12 months ending November 2021, the threshold will be equal to that count.
- If a CCG had more than 10 cases the threshold will be one less than the count.
- All thresholds were rounded down to the nearest whole number and pertain to total cases.

Gram-negative bloodstream infections (*E. coli, Klebsiella spp, P. aeruginosa*)

- For each of the three Gram-negative bloodstream infection types specified, if a CCG had fewer than or equal to 10 cases during the 12 months ending November 2021, the threshold will be equal to that count.
- If an CCG had more than 10 cases the threshold will be 5% less than the count.
- All thresholds were rounded down to the nearest whole number and pertain to total cases.

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
02P	NHS BARNSLEY CCG	56	185	15	44
99E	NHS BASILDON AND BRENTWOOD CCG	62	191	26	53
02Q	NHS BASSETLAW CCG	19	84	7	15
92G	NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE CCG	217	516	84	137
M1J4Y	NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES CCG	149	401	57	115
15A	NHS BERKSHIRE WEST CCG	118	342	40	95
15E	NHS BIRMINGHAM AND SOLIHULL CCG	286	779	69	255
D2P2L	NHS BLACK COUNTRY AND WEST BIRMINGHAM CCG	271	780	101	239
00Q	NHS BLACKBURN WITH DARWEN CCG	35	109	3	37
00R	NHS BLACKPOOL CCG	85	106	6	35
00T	NHS BOLTON CCG	125	171	7	38
36J	NHS BRADFORD DISTRICT AND CRAVEN CCG	129	376	26	90
09D	NHS BRIGHTON AND HOVE CCG	78	100	18	26
15C	NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	308	534	63	160
14Y	NHS BUCKINGHAMSHIRE CCG	109	341	38	93
00V	NHS BURY CCG	53	98	4	30
02T	NHS CALDERDALE CCG	32	137	18	36
06H	NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG	232	545	56	204
04Y	NHS CANNOCK CHASE CCG	40	75	4	26
99F	NHS CASTLE POINT AND ROCHFORD CCG	69	115	20	44
27D	NHS CHESHIRE CCG	157	526	45	148
00X	NHS CHORLEY AND SOUTH RIBBLE CCG	67	120	14	26
84H	NHS COUNTY DURHAM CCG	120	376	32	109
B2M3M	NHS COVENTRY AND WARWICKSHIRE CCG	251	565	89	151
15M	NHS DERBY AND DERBYSHIRE CCG	252	817	77	198
15N	NHS DEVON CCG	348	927	66	243
02X	NHS DONCASTER CCG	78	191	23	71
11J	NHS DORSET CCG	204	592	63	166
06K	NHS EAST AND NORTH HERTFORDSHIRE CCG	136	341	47	83
01A	NHS EAST LANCASHIRE CCG	70	274	14	57
03W	NHS EAST LEICESTERSHIRE AND RUTLAND CCG	71	156	24	54
02Y	NHS EAST RIDING OF YORKSHIRE CCG	103	261	34	73

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
05D	NHS EAST STAFFORDSHIRE CCG	38	83	16	24
97R	NHS EAST SUSSEX CCG	139	366	50	128
D4U1Y	NHS FRIMLEY CCG	100	559	61	151
02M	NHS FYLDE AND WYRE CCG	87	129	14	40
11M	NHS GLOUCESTERSHIRE CCG	189	239	27	63
01E	NHS GREATER PRESTON CCG	87	128	9	38
01F	NHS HALTON CCG	34	95	5	25
D9Y0V	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CCG	386	1012	131	260
18C	NHS HEREFORDSHIRE AND WORCESTERSHIRE CCG	248	459	72	121
06N	NHS HERTS VALLEYS CCG	144	299	47	105
01D	NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	50	116	12	50
03F	NHS HULL CCG	35	192	19	56
06L	NHS IPSWICH AND EAST SUFFOLK CCG	117	252	26	73
91Q	NHS KENT AND MEDWAY CCG	405	1275	181	367
11N	NHS KERNOW CCG	191	430	27	105
X2C4Y	NHS KIRKLEES CCG	100	275	19	84
01J	NHS KNOWSLEY CCG	49	116	14	33
15F	NHS LEEDS CCG	202	614	51	155
04C	NHS LEICESTER CITY CCG	54	138	20	60
71E	NHS LINCOLNSHIRE CCG	148	518	65	154
99A	NHS LIVERPOOL CCG	173	365	33	102
14L	NHS MANCHESTER CCG	153	309	19	123
06Q	NHS MID ESSEX CCG	91	223	16	54
01K	NHS MORECAMBE BAY CCG	146	247	24	52
13T	NHS NEWCASTLE GATESHEAD CCG	176	390	44	157
26A	NHS NORFOLK AND WAVENEY CCG	359	745	89	247
93C	NHS NORTH CENTRAL LONDON CCG	298	751	138	304
01H	NHS NORTH CUMBRIA CCG	100	299	28	76
06T	NHS NORTH EAST ESSEX CCG	89	262	28	72
03H	NHS NORTH EAST LINCOLNSHIRE CCG	15	107	11	35
A3A8R	NHS NORTH EAST LONDON CCG	248	967	167	460
03K	NHS NORTH LINCOLNSHIRE CCG	22	115	13	31
05G	NHS NORTH STAFFORDSHIRE CCG	51	198	24	37
99C	NHS NORTH TYNESIDE CCG	48	173	12	55

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
W2U3Z	NHS NORTH WEST LONDON CCG	354	1155	204	436
42D	NHS NORTH YORKSHIRE CCG	175	344	35	83
78H	NHS NORTHAMPTONSHIRE CCG	153	407	38	134
00L	NHS NORTHUMBERLAND CCG	109	273	22	83
52R	NHS NOTTINGHAM AND NOTTINGHAMSHIRE CCG	261	841	77	254
00Y	NHS OLDHAM CCG	74	138	14	49
10Q	NHS OXFORDSHIRE CCG	157	407	70	114
10R	NHS PORTSMOUTH CCG	56	139	15	39
03L	NHS ROTHERHAM CCG	45	195	23	57
01G	NHS SALFORD CCG	72	143	11	46
03N	NHS SHEFFIELD CCG	205	475	38	152
M2L0M	NHS SHROPSHIRE, TELFORD AND WREKIN CCG	77	333	39	78
11X	NHS SOMERSET CCG	143	451	41	135
72Q	NHS SOUTH EAST LONDON CCG	276	904	185	400
05Q	NHS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG	63	150	19	46
01T	NHS SOUTH SEFTON CCG	59	117	5	42
00N	NHS SOUTH TYNESIDE CCG	37	125	16	46
36L	NHS SOUTH WEST LONDON CCG	247	690	110	273
99G	NHS SOUTHEND CCG	56	126	19	42
01V	NHS SOUTHPORT AND FORMBY CCG	48	107	10	30
01X	NHS ST HELENS CCG	70	145	11	30
05V	NHS STAFFORD AND SURROUNDS CCG	37	122	24	29
01W	NHS STOCKPORT CCG	101	197	11	61
05W	NHS STOKE ON TRENT CCG	72	223	27	69
00P	NHS SUNDERLAND CCG	64	229	22	74
92A	NHS SURREY HEARTLANDS CCG	210	697	76	206
01Y	NHS TAMESIDE AND GLOSSOP CCG	75	161	19	48
16C	NHS TEES VALLEY CCG	234	586	43	181
07G	NHS THURROCK CCG	41	88	11	42
02A	NHS TRAFFORD CCG	56	148	11	49
03Q	NHS VALE OF YORK CCG	96	270	30	78
03R	NHS WAKEFIELD CCG	111	260	43	78
02E	NHS WARRINGTON CCG	46	137	11	39

Org code	Name	Case thresholds for 2022/23			
		C. difficile	*E. coli*	*P. aeruginosa*	*Klebsiella spp*
07H	NHS WEST ESSEX CCG	96	188	27	55
02G	NHS WEST LANCASHIRE CCG	29	87	8	20
04V	NHS WEST LEICESTERSHIRE CCG	83	222	23	79
07K	NHS WEST SUFFOLK CCG	89	113	7	25
70F	NHS WEST SUSSEX CCG	221	578	73	172
02H	NHS WIGAN BOROUGH CCG	129	154	19	45
12F	NHS WIRRAL CCG	132	188	15	60

Agenda Item 12

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Report Title	**Quality 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**			
	PCOG		ICB	March 2023			
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

Gloucestershire Integrated Care Board
Quality Report
March 2023

1.0 Introduction

1.1 This report provides assurance to the Primary Care & 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
- Serious Incidents & Provider highlights
- Urgent and Emergency Care
- Primary Care education and workforce updates
- POD delegation
- Migrant Health update

2.0 System Effectiveness Group

2.1 The System Effectiveness Group met on the 9th of January 2023. The draft minutes are included for information and will be signed off and the next meeting on 13th March 2023. There are some real opportunities and an enthusiasm by the Group to look at effectiveness across pathways. Please see attachment 12A.

3.0 Safeguarding

3.1 Key Achievements/ Celebrations

3.1.1 New Designated Dr Safeguarding Children post started 3 sessions per week (1.5 days) – currently in induction period. New Band 4 safeguarding and Children in Care admin post agreed (22 hrs) funded from reprioritising existing budget expenditure.

3.1.2 Safeguarding work plan developed and agreed for 22/23 with an increased focus on safeguarding assurance e.g., ensuring safeguarding is explicit in contracts and commissioning across the ICB. Annual Safeguarding Adult Board audit undertaken and will be peer reviewed with partners.

3.1.3 Safeguarding supervision programme commissioned and undertaken by 15 safeguarding professionals across the ICS. Funded by NHSE Safeguarding CPD allocation and well received with positive feedback.

3.2 Key Risks/Areas of Concern

3.2.1 Retirement of Designated Doctor Children in Care and Child Death Designated functions (February 23 - same post holder for both). No function currently in place as of March 2023. Recruitment

underway for CiC post but difficult to recruit post. Discussions re Child Death medical function underway with Executive Chief Nurse and GHFT.

3.2.2 Ongoing capacity of safeguarding team in relation to intercollegiate requirements (including admin support) – complexity of workload in small team in comparison to geographically similar teams in region. Capacity concerns on ICB risk register and business case in development.

3.2.3 ICB increasing responsibilities for Serious Violence Duty/Domestic Abuse Act etc/ current planning for potential JTAI inspection (significant workload attached) in addition to current safeguarding workload.

4.0 Patient Experience and Engagement

4.1 We are currently recruiting a group of 1000 local residents to join a People's Panel. The Panel will be broadly representative of the Gloucestershire population and include people who experience greater health inequalities compared to others in the county or elsewhere in England. Members must be over the age of eighteen and either live, or access healthcare, in Gloucestershire. Demographic information including age, gender and ethnicity will be collected and used to ensure the Panel reflects the demographic profile of Gloucestershire.

4.2 There are some very active people who are prepared, willing and able to take up the many opportunities available already to have their say. However, we think 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. The Panel is an additional way for people to share their views.

4.3 Members will be asked to provide anonymous feedback which will be used to shape health and care services and support, at both a county and more local level. The types of subjects the Panel might be invited to comment on will range from experience of GP surgeries, healthy lifestyles support and activities in your community to specialist hospital services.

4.4 The Panel has initially been part funded by NHS England and will operate for two years. Support with establishing the Panel has been provided by NHSE and Picker. We have appointed Phoenix MRC Limited, an independent market research and insight agency, to recruit members to our People's Panel. The agency is locally based, ISO accredited and a Market Research Society (MRS) Company Partner.

5.0 Developing an Insight Hub for Gloucestershire

5.1 The NHS, statutory partners and VCS organisations gather a huge amount of insight and experience data, often referred to as qualitative data, which can be used to better understand our local communities and help us ensure we provide services which best meet their needs. Once this data is gathered and analysed, our challenge is to make it accessible to others working across our Integrated Care System.

5.2 Learning from systems elsewhere in England, we are working with local partners to develop a central repository for collating and storing patient and public insight that has been gathered locally. It will hold (non-sensitive) data as themes or topics, and include such items as research papers, Output of Engagement and Consultation Reports, reports from Healthwatch Gloucestershire and other Voluntary and Community Sector organisations, records of patient stories

and summaries of survey responses. It will also include some national survey data that is relevant for Gloucestershire. Insight will be added to the 'library' on a regular basis.

5.3 Hosted via the Future.NHS platform, the online Gloucestershire insight hub will be easily accessible to health, care, statutory and voluntary organisations to increase understanding and reduce system-wide duplication. It will enable us to check what we have heard from our local communities before we go out to talk to them again. We will also be able see how the data gathered has been used and ensure we feedback to local communities about any action that has been taken.

5.4 To kickstart the development of the 'Hub' the PPE team are hosting a workshop as part of the Research4Gloucestershire Festival of Health and Social Care Research. During the workshop there will be a presentation about the model developed in Derbyshire, followed by a Panel discussion and Q&A to explore issues we need to consider in creating a local insight hub. Further details about the workshop are available on the Eventbrite Website (www.eventbrite.co.uk).

6.0 Prescribing and Medicines Optimisation

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

- **Medicines savings**: drafting the savings plan for the 2023/24 Primary Care savings projects

- **Community Pharmacy Consultation Service (CPCS)**: Work continues on this project. The team are currently pooling the resources from various areas to produce a "How to" guide and associated resources to support both GP practices and Community Pharmacies to deliver the CPCS service. The Urinary Tract Infection (UTI) Patient Group Direction (PDG) has been finalised. This will enable community pharmacists to supply a prescription only medicines under a PGD for patients with specific signs of a UTI. It is anticipated that this will increase the numbers of patients being referred via CPCS in Gloucestershire.

- **Discharge Medication Service:** This project has been temporarily stalled because the Pharmoutcomes software has not been integrated into GHFT EPMA system. This issue has been escalated to ICS executives via highlight reporting.

- **GHFT Electronic prescribing and discharge information**: Feedback suggests that discharge information to primary care about medicines from GHFT has improved. We will continue to monitor.

- **Community Pharmacy Teach and Treat Pilot initiated**: This pilot is to increase the number of community pharmacists in Gloucestershire who have successfully been trained as Independent Prescribers. Experienced Pharmacy Independent prescribers are supporting their education by acting as their Designated Pharmacy Practitioner (DPP). This is a fantastic example of pharmacist working in one sector supporting those in another for the benefit of patients.

7.0 Infection Control update.

7.1 Gloucestershire Healthcare settings bacterial infection prevalence

7.1.1 The aim of the following part in this report is to monitor infection prevalence across different healthcare settings, to inform understanding about the origin and spread of these infections.

7.1.2 The data source for this report is Public Health England's Data Capture System (PHE DCS) which provides mandatory surveillance of infection rates of Staphylococcus aureus (MRSA and MSSA), Escherichia coli, (E. Coli) Klebsiella, Pseudomonas aeruginosa bacteraemia and Clostridium difficile.

7.1.3 The data in this report is correct at the time of publishing but is subject to change as data is updated up to two months after initial availability from the PHE DSC and will be updated in this report accordingly.

7.1.4 The previous two months figures therefore are not validated so may be subject to change (on this report they are Dec and Jan 23)

7.2 Data explanatory notes:

7.2.1 There are two tables which report slightly different infection rates:

- **GICB (previously GCCG):** The GICB table reports all incidences of infection for all patients residing in a post code within the Gloucestershire ICB area, regardless of the care site that the infection was reported. (e.g., Gloucestershire resident treated in Bristol, Swindon or Wales)

- **GHNHSFT:** The GHNHSFT table reports all incidences of infection for all patients admitted to GHNHSFT sites, regardless of their usual place of residence. (i.e. patient treated in Gloucestershire may not have a 'GL' postcode.)

7.2.2 **C difficile Targets**

7.2.2.1 The current GICB target for total C. diff cases per year is 189. Please see attachment 12B for further information. The target for 2021/22 was 192 The 2019/20 target had been 194 cases, and the same target had been used for 2020/21.

7.2.2.2 The C. difficile case threshold for 2022/23 for Gloucestershire Hospitals NHSFT is 102. The analysis below compares the infection rates for year to date with the previous year's data and theoretical extrapolation.

7.2.2.3 This summary compares year end 2021/2022 and year to date for 2022/2023

7.3 GICB

7.3.1 There has been a small decrease in the number of C diff cases reported for the GICB as of end of Jan 2023 which is down by 2% on last year. Current predictions estimate 188 infections by year end if current trend continues which will be only just under the target threshold for Gloucestershire of 189. However, this prediction should only be referred to as a rough indicator.

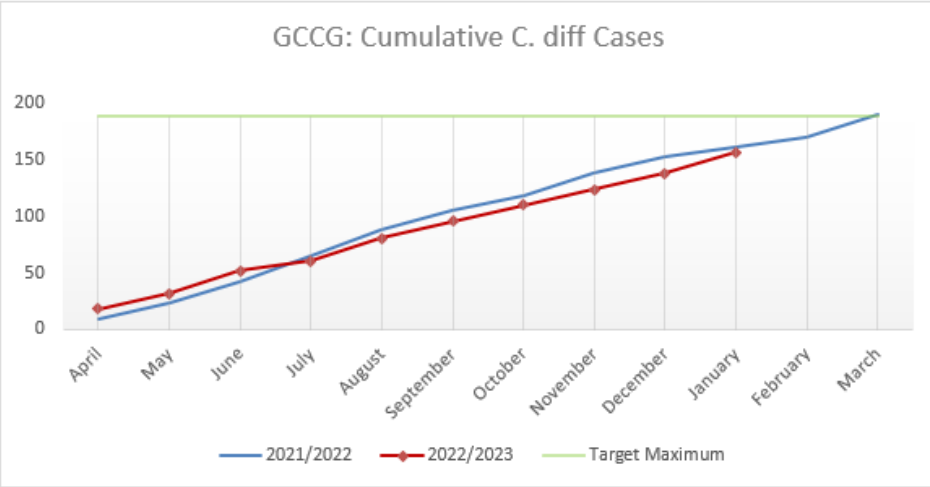
2021/2022 Total C. diff cases	2021/2022 % of Target	YTD 2022/2023 C. diff cases	2021/2022 C. diff cases at same point
191	99%	157	161

2022/2023 Percentage of target maximum cases (189) so far:

83%

Percentage difference 2022/2023 compared to 2021/2022:

-2%



7.4 IPC Surveillance:

7.4.1 Throughout the month of February, there have been five community onsets, community acquired C. *difficile* infections and four in January. Following the post infection reviews it has been recognised that the primary care antibiotic guidance requires updating, to match that of NICE. Current discussions are underway within the ICS AMS group to have this updated imminently and a meeting to discuss this has been scheduled for March.

7.5 IPC Visits:

7.5.1 Following the IPC visits carried out to date by the ICB IPC Nurses, it has been noted that the cleanliness in some of the surgeries requires improvement. In some practices colleagues are not up to date with current guidance. The IPC nurses have been working closely with some nurse Leads to inform them of the latest guidance and this information has then been disseminated to all nursing teams. There have been a number of new requests across a variety of Surgeries for support with IPC assessment and audits. The ICB IPC Nurse has a timetable for visiting these practices and supporting with their assessments, offering advice and feedback. The plan is for all practices to receive a visit this year, so far two PCNS have been covered.

7.6 The sustainability & PPE project:

7.6.1 Across the ICS, it has been recognised that glove usage is excessive, as opposed to colleagues using gloves when appropriate/necessary. Therefore, work is currently underway on a campaign with the hope to raise awareness and reduce unnecessary glove usage. The aim being to mitigate cross contamination risks, clinical waste and lower cost. This work fits in well with the ICB's plan for a Greener NHS for 2023/2024.

8.0 Care Home Infection Prevention (CHIP) Team Update

8.1 In January the team gained a further registered Nurse and are now fully recruited. The team consists of 2 registered nurses (ICN), 1 Infection Prevention Practitioner and 2 Infection Prevention Associates.

8.2 Point of care testing for Influenza peaked in December 2022 with 19 visits undertaken. The service will be provided until the end of March 2023 the requests have declined significantly since February.

8.3 The team continues to offer IPC support and training to care homes but now that outbreaks have declined, they are offering project work linked to reducing communicable infections and infections resulting in hospital admissions.

8.4 In January and February, the clinical project work focused on a Catheter Passport Survey and Training Package. This work fits under the Countywide UTI Reduction Meeting. Whilst surveying the homes to obtain data on catheter passport usage they have also been providing training to highlight the value of the catheter passport in improving catheter care overall. A report on the survey has been completed and is due to be presented at the Countywide UTI reduction Meeting in March

8.5 Going forward the Team will continue to work on reducing UTI's and expanding the project work to include implementing cleaning standards audits for care home, mouth care in dementia units and reducing the incidence of Clostridioides Difficile.

9.0 Vaccination Update

9.1 February 12th marked the end of the Autumn Campaign for 2022/23 and although we continue to offer vaccination to those at risk, there is now the opportunity to regroup ahead of the next campaign in Spring. The South West achieved an overall uptake for the Autumn boosters of 73%, significantly higher than the England average. Across all groups the South West was the top performing region, of which Gloucestershire was highest at 73.8% overall, with three of our PCN's achieving over 80% and a further three PCN's at 79%. This is remarkable achievement, down to the hard work and commitment of our teams in ensuring people in Gloucestershire continue to be protected against serious illness from Covid.

9.2 There is a Regional workshop planned for March to start to think about implementing the national immunisation strategy and embedding covid vaccination into our seasonal vaccination programme.

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10.0 UEC

10.1 Gloucestershire Urgent and Emergency Care and System flow transformation.

10.1.1 Work continues to systematically redesign the way care is delivered in the One Gloucestershire system by all partners working together to reorganise and integrate systems to deliver the right care, in the right place, at the right time. Using population health data to support the whole population of Gloucestershire to have the best possible physical and mental health outcomes. The transformation programme is owned and led by Gloucestershire with support from Newton to provide capacity, experience and expertise.

10.1.2 Some positive progress is being made and a structured transformation programme is now being drawn up to deliver sustainable change. The potential of system working has been recognised and demonstrated through the results of the recent 100-day challenge, Winter Plan and the Sloman Improvement Plan. However, significant challenges remain across the UEC system and the need to create capacity and expertise to deliver and work though the significant challenges continues. Current delivery workstreams include Prevention, Community Urgent Response & Front Door, Hospital Flow, Intermediate Care and Decision, making use of Community Care Packages and Workforce and Organisational Development, with each workstream having a clear target, outcomes and benefits

11.0 PPG update

11.1 The ICB are proactively taking a number of steps to address the recommendations in the CQC report. A detailed action plan has been developed and implemented and we are closely monitoring delivery and reviewing progress against the recommendations. Alongside this, regular assurance meetings are taking place between the ICB Quality team and PPG and last week there was also a meeting with the Out of Hours Patient Participation Group to gather further information and insight from patients' perspectives. The ICB team are looking into complaints and taking steps to address these and are working with the GP Lead to give assurance on clinical breach reviews.

11.2 Work is also underway with the provider to strengthen leadership capacity in key areas of service such as Clinical Audit and Quality Improvement Projects. PPG have also successfully recruited a number of new members of staff which will help to ensure that going forward, rotas can be fully covered with a focus on additional support at peak times, they have also introduced a zero tolerance on non-compliance with mandatory training for all staff. All medication concerns raised in the CQC have been thoroughly reviewed and the ICB Quality Team have gained assurance around governance a process and will continue to work with the PPG clinical team to offer further support as needed.

12.0 Maternity

12.1 The Divisional leadership and speciality team at GHT have continued oversight and review of the improvement plans, following the Section 29A letter. CQC have advised that they are now happy with the progress against the action plan and have stood down their regular meetings with the Trust.

13.0 Serious Incidents and Significant Events in Primary Care
Learn From Patient Safety Events (LFPSE)

13.1 LFPSE is the new national tool for all of the healthcare community for recording:
- Incidents
- Outcomes
- Risks
- Good Care

13.2 In Secondary Care, the new national system will harvest data from local systems and must be implemented by September. In Primary care (who do not use systems such as Datix) users will be able to input directly to the system online. Although use will not be mandated in primary care, some practices have started to report.

13.3 NHSE have yet to share the reporting side of the tool and so we have been unable share a key 'why' primary care should report, when they don't contractually have to.

13.4 We are hoping the reporting side will be ready by the autumn and have been developing a roll out plan coinciding with this, which includes support to practices. We also hope to move Quality Alert to the same platform during this process.

14.0 Primary Care Education and Workforce

14.1 Legacy mentors: The Band 7, 0.8 WTE for Primary Care has now been approved with the post being advertised in March. Legacy Mentors will need to be currently employed in primary care (mid-late career nurses) and this will offer them a supplementary role.

14.2 Preceptorship Lead Nurse: A new staff member will be joining the team in March the new post holder brings a wealth of knowledge and will support those nurses who have just started their careers in Primary Care

14.3 Nursing survey strategy: A Primary Care Nursing Strategy survey has been distributed across all the primary care nurse leads in Gloucestershire and also in the What's new' bulletin. This will enable and support the work around to the new strategy for primary care nurses, 5-year plan.

14.4 Lunch and Learn: Diabetes and learning Disability lunch and learn sessions have now been set up. Other requests from the Nurses attending for future sessions include updates on HRT/contraception and CVD, which are now being scoped for later in the year.

14.5 HCA Study Days: The first study for HCA's has been arranged for April and will take place in Churchdown, with plans for a further day in June if successful with a plan for a rolling programme for HCA's going forward.

14.6 Nurse on Tour: This is continuing well, with another 5 visits currently planned. The university of Gloucestershire are also keen to expand this model to work with the ICB on LD reviews so work is currently underway and talks in place with the LD team to see how this can be supported.

15.0 POD Delegation

15.1 The ICB Quality Directorate have supported preparations for POD delegation for the past 7 months. This has included completion of the Quality and Transformation domain of the Safe Delegation Checklist (SDC) which was submitted to NHSE colleagues in February, together with an accompanying letter from the ICB AO. Concerns remain regarding the unanswered queries that have been submitted to NHSE and the lack of information regarding quality, safety and safeguarding amongst the POD providers in county provided in the monthly quality reports that have so far been received from NHSE. In order to move amber RAG ratings to green for some of the actions contained within the SDC, further information and clarity is required. The Quality Directorate has been invited to attend a meeting with NHSE POD Delegation Quality Colleagues to discuss a recently circulated draft Quality Framework and the Directorate will continue to work with NHSE to develop the framework as we move towards full delegation status.

15.2 The second Gloucestershire Dental Strategy Meeting was held in February, with a member of the quality directorate in attendance. The Quality Team will continue to support the work of this group and are excited to be part of the strategic planning to improve access, workforce, and oral health for the residents of Gloucestershire.

16.0 Migrant Health

16.1 Current numbers of asylum seekers across the 4 hotels is 383 people. The Prince of Wales has been cleared from diphtheria following 2 distinct negative diphtheria swabs. Four rooms have been treated for bed bugs. follow up checks completed by the hotel and the hotel is now reopened for new arrivals.

16.2 There has been increasing unrest in the Prince of Wales Hotel, with one resident on hunger strike. This male is protesting about the length of wait for the Home Office and the situation of the hotel. The issue has been escalated to Clearsprings safeguarding and the Home Office through the County Council Chair of the TCG forum. Urgent and Emergency care at the Acute Trust were made aware in case of an emergency admission as were the Crisis Team and Safeguarding.

16.3 Latent TB testing continues for all eligible residents, this new demand on capacity is impacting on GHT's Acute Trusts TB team, with 6 positive results coming from the 22 residents tested so far.

16.4 Mental Health referrals continue to be made as the average length of stay in the hotels continue to rise. The average length of stay in the 3 established hotels range from 289 days to 316 days, and this is having an inevitable impact on psychological wellbeing of the people there. There are a range of mitigations in place, with the welfare group working hard to provide activities and respite for the residents.

16.5 Data gathering with regard to the efficacy of the migrant health service is ongoing, with planned discussions regionally to take place about benchmarking data such as ED attendances, SWAST call outs and missed Primary Care appointments.

16.6 On the 2nd March the ICB received notification of the intention for 2 more hotels to be opened in Gloucestershire imminently. The Head of Policy and South-West Strategic Migration Partnership advised that they are currently supporting a record number of asylum seekers due to the unprecedented number of individuals crossing the Channel in small boats and claiming asylum. The asylum system is under incredible pressure and that has forced the Home Office to consider

alternative accommodation options to ensure that they meet the statutory obligations. Further updates will be provided to committee on this recent news and impact this will have for the Gloucestershire Migrant Health Team as more information is received.

The Committee is asked to note this report.

Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

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**			
	Chief Financial Officer	11/4/2023					
Executive Summary	At the end of February 2023, the ICB's delegated primary care co-commissioning budgets are reporting a YTD £319k underspend primarily attributed to ARRS funding. The forecast overspend is £24k						
Key Issues to note	The year-to-date position is £319k underspent however the forecast position is expected to be close to break-even at year-end.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Risk of overspend against the delegated budget: Original Risk: 3 x 3 = 9 Residual Risk: 3 x 2 = 6						
Management of Conflicts of Interest	None						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	The current year to date position has been included within the ICB's overall financial position.						
Regulatory and Legal Issues (including NHS Constitution)	None						
Impact on Health Inequalities	None						
Impact on Equality and Diversity	None						
Impact on Sustainable Development	None						
Patient and Public Involvement	None						

Recommendation	The PCOG is asked to • note the content of this report.		
Author	**Matthew Lowe**	**Role Title**	**Head of Management Accounts**
Sponsoring Director (if not author)	**Cath Leech** **Chief Finance Officer**		

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

Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

Position as at 28th February 2023

1. Introduction

1.1. This paper outlines the financial position on delegated primary care co-commissioning budgets as at the end of February 2023. The position represents eight months of activity for the new ICB entity.

2. Purpose and Executive Summary

2.1. At the end of February 2023, the ICB's delegated primary care co-commissioning budgets are reporting a YTD £319k underspend primarily attributed to ARRS funding. The forecast overspend is £24k

3. Financial Position

3.1. The YTD financial position as at 28th February 2023 on delegated primary care budgets is YTD underspend of £319k. There are two main items that make this up:

- £644k underspend in PCNs on ARRS due to lower recruitment than planned. It is worth noting that previous reports have shown overspends on ARRS due to the spend and budgets being out of sync due to the nature of the way funding is received. This month we have budget and spend to M11. The budget has been drawn down in its entirety for the ICB, and the recruitment plans of the PCN's are behind schedule. This has a potential issue if the NHSE wish to recoup this funding, but it is unclear if this will happen.
- £393k overspend on the global sum. This expenditure is driven by changes in population which then increase contractual payments as contracts are based on a weighted capitation formular. Work is ongoing to refreshing 23/24 budgets in line with published guidance on population demographics.
- A financial review after M11 closed identified expenditure for Enhanced Services and support payments that do not belong on Delegated, these will be moved in M12 and will improve the position.

3.2. The forecast at M11 for the full financial year is £24k adverse. The forecast variances show the removal of an accrual in year of £200k for maternity and sickness relating to prior periods, the increased expenditure on List sizes £94k, and an increase in expenditure in participation payments £130k.

4. SDF

The table below shows the non-recurring SDF funding for July to March 2023 plus the current forecast expenditure.

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	659	659
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
Weight Management Service Non-SDF (included for planning only)	91	91
Totals	**2,620**	**2,620**

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
ARRs for 2023/24 has a potential risk of £450k due to different list sizes used by NHSE.	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.
Asylum seeker hotels - there is very little warning when these will be opened, and potential costs are difficult to forecast Global Sum and Rent are driving a potential overspend.	Currently mitigated by other underspends within Enhanced Services funding. Global sum is driven by fluctuation within population and list sizes, there is little that can be done to mitigate this. Regular reviews of spend trajectories are undertaken to give early warning to enable a reduction in other discretionary spend if needed.

6. Recommendations

6.1 The PCOG 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)

February 2023 Summary of Financial Position

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

Category of Expenditure	July to March 23 Budget £'000	Year to date Budget July to Dec £'000	Year to date Expenditure July to Dec £'000	Year to Date Variance July to Dec £'000	Forecast Outturn £'000	Forecast Outturn Variance £'000
Other GP Services	1,642	1,432	1,611	(179)	0	200
Prescribing and Dispensing	2,179	1,959	2,054	-95	0	
QOF	6,725	5,910	5,777	133	0	
Premises	7,170	6,368	6,764	(396)	0	
General Practice	48,886	43,388	43,804	(416)	0	(94)
PCN	12,328	11,020	10,103	917	0	(130)
Enhanced Services	4,352	3,726	3,371	355	0	
Totals	**83,283**	**73,802**	**73,483**	**319**	**0**	**(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

Agenda Item 15

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Monday 17th April 2023

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	

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

ICS Transformation Programme Highlight Report

March 2023

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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**	17 March 2023
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 further year of non-recurrent Strengthening Local Communities funding has been made available. £150k will be granted to each District Council to support delivery of ILP priorities and support the local voluntary and community sector.
	• Continued delivery of the Community Investment Fund to recognise the impact of cost-of-living on health over the winter including:
	  ○ Healthy Cooking and Eating Courses in the Cotswolds have been very well received with all 96 places booked within 2 days and a waiting list of people hoping to attend.
	  ○ 28 VCSE organisations successfully applied for funding to support people in Gloucester around the cost of living and winter warmth
	• Presentation to NHS Confederation members to showcase Gloucestershire including the work in our neighbourhoods and localities such as the ILP priority to address inequalities in health outcomes in West Cheltenham.
		• Complete delivery of the six Community Investment Fund schemes in each ILP geography by the end of March 2023.
		• Elizabeth O'Mahony, NHS England South West Regional Director will be visiting Gloucestershire in April to see the impact of the Community Investment Fund and how this has supported residents during the challenging winter period.
		• Preparation of a report on the initial impact of the Community Investment Fund and filmed content showcasing some of the schemes.
		• Develop plans for utilising the additional Strengthen Local Communities grant funding in each ILP.
		• Share finalised strategic plan for ILPs with members following feedback from PCDC in December and in line with ICP strategy and link to draft delivery planning and prepare summary slides.
		• Further consideration with Integrated Care Partnership (ICP) members on how ILPs can contribute to the delivery of the unifying themes within the ICP interim strategy namely; employment, smoking and blood pressure.
		• Develop ways to further showcase our work locally and wider. An example of this is an upcoming ICS NED meeting later in March.
			• Continued process to revisit all existing ILP priority projects to ensure evaluation metrics are regularly monitored, impact shared and if appropriate, suitable elements of the project scaled..

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**

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**	17 March 2023
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: o In Stroud and Berkeley Vale the NHS Charities Together funded Harmony Singing and Walking Football sessions have had positive feedback and are well attended. o Cotswold chat as part of the NHS Charities Together programme has engaged 51 young people in 104 individual sessions in the past three months equating to over 156 hours of additional support for young people o Cotswolds ILP has agreed a new priority focussed on children and young people and their wellbeing with a focus on young carer support, and body image. o NHS Charities Together Befriending pilot in Cheltenham has begun accepting befriending referrals. o Cheltenham substance Misuse/Homelessness Health project successfully facilitated AAA screening, covid and flu vaccinations and Hep B screening with clients at CGL and Open Door and now exploring funding a garden area at Open Door to support mental health. o The inaugural meeting of the Tewkesbury ILP Operational Group allows for greater collaboration and shared learning across partner organisations. The group will meet on alternate months to the strategic ILP in a similar model to the Cheltenham ILP. o The Dementia, Frailty and Carers priority group in Stroud and Berkeley Vale is working to increase standardised coding of carers and raise awareness of available support and updating the carers toolkit. o The Stroud and Berkeley Vale CYP priority includes the “what to expect resource pack” drafted via YP with lived experience and the Eating Disorders (ED) service. The pack which includes a typical journey through NHS ED service, is designed to offer reassurance and build trust, share personal stories about recovery and the core content can be county wide. o The initial health coaching cohort defined by the Forest of Dean Pre-Diabetic Project Group are well into the pilot programme with positive feedback received. Whilst the cohort is smaller than anticipated there has been consistency in attendance.	• Neighbourhood and locality specific upcoming milestones include: o A formal review of priorities will take place at the Tewkesbury Strategic ILP session in April with support from the ICB BI team. o Planning is underway for a follow up Forest of Dean Pre-Diabetic cohort with potential for both face-to-face and virtual attendance. A survey will be shared with Forest of Dean registered patients coded as pre-diabetic to understand barriers or reluctance to participate in the National Pre-Diabetes Prevention Programme where this offer has been declined. o Recruitment underway in Cheltenham for a Health and Wellbeing Champion to support the West Cheltenham equality priority and for the Bluebell Worker to provide non-clinical support to CYP on the CAMHS waiting list. o Recruitment to commence for Bluebell Worker after pilot funding confirmed and service model agreed. o West Cheltenham community engagement session in Hester’s Way on 31st March. o Exercise class provision in Care Homes in Stroud and Berkeley Vale funded by NHS Charities Together is due to commence. o Progress on establishing the community garden in Brockworth following the project teams’ success in securing funding from Tewkesbury Borough Council. o Further scoping to develop the newly agreed Cotswolds ILP priority of CYP wellbeing focussed on young carer support and body image. o Finalise the agreement of new priorities in Gloucester then begin to scope the priorities of the Coney Hill Community-based approach, Active Communities, and Health and Wellbeing Hub in the Barton & Tredworth area.	