

Gloucestershire Primary Care & Direct Commissioning Committee Part 1, Thursday 1st June 2023

01/06/2023 02:00 PM - 03:40 PM

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NHS Gloucestershire Primary Care & Direct Commissioning Committee

Part 1

To be held between 14.00 – 15.30 on Thursday 01 June 2023

Virtual & Sanger House, 5220 Valiant Court, Gloucester Business Park,
Brockworth, Gloucester GL3 4FE

Chair: Colin Greaves

No.	Time	Item	Action	Presenter
1		Introduction & Welcome	Note	Chair
2.		Apologies for Absence; <i>Ellen Rule,</i>	Note	Chair
3.		Declarations of Interest	Note	Chair
4.	14.00 – 14.05pm	Minutes of the Last Meeting held 17 th April 2023	Approval	Chair
5.		Matters Arising & Action Log	Discussion & Update	Chair
6.		Questions from the Public	Discussion	Chair
Items for Decision				
7.	14.05 – 14.15pm	Hucclecote Surgery: Business Case for the development of a New Surgery	Decision	Andrew Hughes
Items for Information				
8.	14.15 – 14.35pm	Primary Care Workforce Update (Presentation)	Discussion	Kate Usher Laura Halden Sarah Rogers
9.	14.35 – 14.45pm	Highlight Report: <ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry & Dentistry 	Information	Jeanette Giles Declan McLaughlin
10.	14.45 – 14.55pm	Performance Report: <ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry & Dentistry 	Information	Jeanette Giles Declan McLaughlin
11.	14.55 – 15.05pm	Primary Care Quality Report	Information	Marion Andrews-Evans
12.	15.05 – 15.15pm	Financial Report	Information	Cath Leech
13.	15.15 – 15.25pm	ICS Transformation Programme & ILPs Highlight Report	Information	Helen Edwards
14.	15.25 – 15.30pm	Any Other Business (AOB)	Information	Chair

Time and date of the next meeting: Thursday 03rd August 2023, 14.00 – 15.30, Sanger House.



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NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Declarations of Interest Register

Member Name	Date Raised	Declaration	Type	Agenda Item
Helen Goodey	04/08/2022	HG declared an interest as Board member and Joint Director of Locality Development & Primary Care with Gloucestershire Health and Care NHS Foundation Trust.		N/A
Olesya Atkinson	06/10/2022	OA declared that she was the Chair of the Gloucestershire Primary Care Network (PCN) Clinical Directors' Group and Joint Clinical Director of the Central Cheltenham PCN. The Committee members considered the declaration and concluded that her participation was not prejudicial to proceedings.		N/A
N/A	01/12/2022	No declarations declared	N/A	N/A
N/A	02/02/2023	No declarations declared	N/A	N/A
N/A	17/04/2023	No declarations declared	N/A	N/A
	01/06/2023			

People Committee – DOI Log

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Monday 17th April 2023, 09.00-11.00am

Board Room & Virtually at Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

Members Present:		
Colin Greaves	CG	Chair & Non-Executive Director
Dr Andy Seymour	AS	Chief Medical Officer
Ellen Rule (part-meeting)	ER	Deputy Chief Executive Officer
Prof Jane Cummings	JC	Non-Executive Director
Dr Marion Andrews-Evans	MAE	Chief Nursing Officer
Mary Hutton (part-meeting)	MH	Chief Executive Officer
Shofiqur Rahman (deputising for Cath Leech)	SR	Deputy Chief Finance Officer
Participants Present:		
Becky Parish	BP	Associate Director of Engagement and Experience
Helen Edwards	HE	Deputy Director of Primary Care and Place
Helen Goodey	HG	Director of Primary Care & Place
Jo White	JW	Deputy Director of Primary Care and Place
Nigel Burton	NB	Healthwatch Representative
Ryan Brunson	RB	Board Secretary
In attendance:		
Ayesha Janjua	AJ	Associate Non-Executive Director
Cherri Webb	CW	Primary Care Development and Engagement Manager
Declan McLaughlin	DM	Senior Primary Care Project Manager
Andrew Hughes (Agenda Items 6 & 7)	AH	Associate Director, Commissioning
Dr Peter Hill (Agenda Item 7)	PH	GP Partner
Tim Scruton (Agenda Item 7)	TS	Practice Professional Advisor Lead

1 Introduction & Welcome

- 1.1 CG welcomed AJ to the meeting who was due to join the Integrated Care Board (ICB) as an associate non-executive director with a responsibility for Primary Care & Direct Commissioning (PC&DC).

2 Apologies for Absence

- 2.2 Apologies were noted from Dr Olesya Atkinson and Cath Leech.
- 2.3 It was confirmed that the meeting was quorate.

3 Declarations of Interest

3.1 No declarations of interest were received during the meeting.

4 Minutes of the Previous Meeting

4.1 The minutes of the previous meeting held on Thursday 2nd February 2023 were approved as an accurate record of the meeting.

5 Action Log & Matters Arising

5.1 There were no open actions or matters arising.

6 Questions from the Public

6.1 The following question was received on the 11th of April 2023 from a member of the public, and read out by AH;

“In light of the above, does the GICB Board acknowledge that this narrative, established by trusted and powerful medical staff within the Phoenix Group (a GICB Member Practice), has exerted a significant undue influence or coercion infecting the Planning Process, leading many residents (26% of Support Comments) and politicians (for a whole Town Council) to support Planning Approval, formally submitting written comments to CDC, citing the fear of service relocation as one of their significant reasons?”

6.2 The response to the Public Question was sent to the member of the public via email. A copy has been posted on the ICB website <https://www.nhsglos.nhs.uk>.

7 Business Case for New Surgery in Tetbury (Phoenix Group)

7.1 CG welcomed AH, PH and TS to the meeting who presented the business case which set out the case for change and preferred option for the development of Primary Care (PC) services in Tetbury. The business case had been sent to voting members in advance of the meeting.

7.2 AH reiterated that the development in Tetbury had been a priority for over seven years. He acknowledged that the Practice had progressed the business case through a challenging financial and commercial context. In order to make it affordable, the Practice had had to move from a GP led-scheme to a third party led-scheme.

7.3 AH highlighted the key drives for the development of the surgery, which were found within section 3.4 of the report. Key drivers included;

- Suitable facilities for current number and future expected number of patients
- Facilities can respond to PC service strategies
- Facilities available for developing training services
- Taking into account any operational issues

7.4 AH identified that there had been an extensive options appraisal, with the preferred option being identified 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. The planning application was to be considered by the Cotswold District Council on 26th April 2023.

7.5 The net recurrent investment would be £242,920 after deducting existing rent and rates reimbursement, which would be sourced from the delegated primary care budget premises

reserve. In addition, it was proposed that: the ICB would provide £84,200 fee support to cover appropriate legal costs, monitoring surveyor fees and Stamp Duty Land Tax (SDLT).

- 7.6 AH confirmed that the revenue consequences within the business case were included within the financial framework developed in partnership with the ICB Finance Team. Non-recurrent fees would be funded from the slippage found within the financial framework.
- 7.7 Subject to approval, planning approval and successful tender, the plan was for construction to commence in September 2024 with the facility expected to be available in Spring 2025.
- 7.8 PH reported to the Committee that the landlords of the current building had requested the building back and they would be helpful in supporting the practice move into a new premise. Secondly, the current estate was presenting issues to the practice. PH noted that twelve different sites had been previously explored.
- 7.9 CG advised that the District Valuer (DV) had forwarded the interim report to the Committee but it had not been included in the papers due to commercial sensitivity. It was noted that the DV's assessment was the scheme presented good value for money. CG confirmed that he had seen the details on the nineteen sites for considered and the rationale for the preferred option.
- 7.10 JC commented on the design and wondered how this had been future-proofed in terms of what a PC setting might provide in the future. An example given was room for additional therapy or community midwives. TS confirmed that the design incorporated different room sizes, which could be modified and had been modelled on similar newbuilds. PH commented that the Practice needed to take Tetbury Hospital into consideration with future developments. AH added that development included expansion space which had not been fitted out. Recommended space size had been adhered to as suggested by NHS England (NHSE).
- 7.11 It was noted that work with Primary Care Networks (PCNs), which looked at additional roles within PC and the impact these would have, would be shared with PCN Leaders. An early quantification of additional roles could influence the space and room size required in premises development.
- 7.12 CG highlighted that section 6.2.2 reported building costs of £230 per square metre, but the majority of new builds cost more than this figure. AH clarified that the DV has discussed this with the practice team and himself and agreed a supplementary payment. This was expected to be a small payment between 5-10%. This payment would support paying any additional increases, and confirmed that when the practice opened they would receive £230 plus an additional £17. After a three year period, the supplementary payment would dissolve. CG acknowledged that additional fees are sometimes covered, and these had been included within the case.
- 7.13 SR queried if the finance team had been included in discussions with the premises reserve, and in particular the £242k. AH confirmed he had and that the net amount was included within the financial framework. One-off fees were to be paid from the budget. CG explained that money is set aside each year for PC development.

Meeting Outcome: The Committee

- **Agreed to the 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 would be a net annual investment of £242,920;**

- **Agreed to make available one-off financial support amounting to £84,200 towards fees and SDLT;**
- **Supported the allocation of £198,585 excluding VAT from the GPIT capital budget to fund GPIT and HSCN requirements.**

8 Practice Merger Application – Acorn Surgery/Walnut Surgery

- 8.1 JW introduced this item of a practice merger application and explained that the ICB had received the application of a merger to take place from 1st October 2023 made up from Acorn Medical Practice and Walnut Tree Surgery. It was explained that there was already a relationship between the practices.
- 8.2 JW informed the Committee that Acorn had two partners, one of which was retiring in July 2023 and the Practice felt in terms of future resilience, a merger was appropriate. It was noted that Care Quality Commission (CQC) ratings for these practices were good and outstanding respectively.
- 8.3 JW described that there was little financial impact with a merger and suggested that there would be a potential 0.1% per annum. It was added there may be an increase in Quality Outcome Frameworks (QOF) income if best practice was shared..
- 8.4 CG questioned if there was any potential for staff redundancy post-merger. JW confirmed that the practices had already been working together with practice management and nursing already shared. She did not think there would be any redundancies.
- 8.5 HG commended the PC team with regards to the completion of due diligence. It was recognised that support for the merger needed to be continued and that resilience and sustainability was demonstrated should a merger be agreed. Robust follow-ups for all mergers would be routinely conducted.
- 8.6 MAE expressed the importance of merged practices have outlined the set of policies, procedures and practices clearly along with who was responsible for running the new merged practice. Practices who had merged in the past had sometimes failed CQC inspections for not having this outlined. MAE highlighted the importance of keeping CQC advised throughout the entire procedure.
- 8.7 It was confirmed that a supportive site visit would be conducted.
- 8.8 HG confirmed that this was solely a General Medical Service (GMS) contract merger.

Meeting Outcome: The Committee approved this request to merge contracts from Acorn Practice and Walnut Tree Practice.

9 Primary Care Risk Report

- 9.1 RB provided a verbal update on the risk report provided for this meeting in the absence of Christina Gradowski. The Committee were advised that the 4RISK system had the ability to assign risk to specific Executive Committees. It was noted that significant developmental issues within the system had been experienced and this remained a work in progress.
- 9.2 CG commented that a risk found within the confidential risk register in reaction to sustainability for general practice and contended that this risk should appear within the public risk register. It was requested that HG reviewed this risk for the public session of PC&DC. **HG**

- 9.3 AH suggested that sense checking NHSE board papers may provide a comparable view of how this risk could be presented.

Meeting Outcome: The committee noted the content of the risk register.

10 Primary Care & PCN Highlight Report

- 10.1 JW provided an update on the Primary Care & PCN highlight report. JW reported to the Committee that: the Learning Disability (LD) annual health check had improved to 86.5% against a target of 75%; and the Severe Mental Illness (SMI) health checks was 61.37%. Last year's achievement was 51%.
- 10.2 HG commended and thanked MAE's team with assisting with these checks. It was added that teams had been working in a more integrated way with Gloucestershire Health & Care NHS Foundation Trust (GHC).
- 10.3 HG noted the big team effort for this performance, and further acknowledged JW for the work on reporting performance and being able to directly target GP practices.
- 10.4 MAE advised that Making Every Contact Count was key and fundamental to the success of this. An example provided was through vaccination clinics and offering blood pressure checks, which had identified people who needed to see a GP. AS congratulated practices for the hard work and described the issues over the winter to suspend QOF and felt that this achievement further demonstrated the approach and resilience due to the support of the Integrated Care System (ICS).
- 10.5 Further work developing the healthy wellbeing hubs continued with the vaccination service been in the position to invest within these services. These hubs will continue to support PCN population wellbeing. JC thanked all teams involved for their participation in this work.
- 10.6 AS acknowledged that for many practices QOF had been set-up for these checks to be completed in Quarter Four (Q4), which led to an uneven distribution.
- 10.7 CG questioned when the Primary Care Strategy was last updated. HG confirmed that this was due for an update. It was proposed that a PC strategy development group was set up. Work of the transforming neighbourhood group would also be integrated into this strategy. Discussions with the dental strategy group were also being undertaken. HG proposed that it would take approximately six months to complete and noted that a bottom-up approach was needed.
- 10.8 AJ requested further understanding as to how patient and public engagement would be conducted, and more particularly, how hard to reach patients and health inequalities would be addressed. BP advised that the recruitment for a new Peoples Panel was ongoing, and this looked to recruit people representing demographics within the County across the Core 20 + 5 areas. It was suggested that BP and AJ discussed this offline.
- 10.9 HG expected that the core 20 + 5 areas would have an increased focus within the strategy being developed. It would be embedded as a key theme throughout the strategy.
- 10.10 CG recognised that the Committee did not have data available as noted within the PCN dashboard. The highlight report described a point in time.
- 10.11 CG commented that the quote around the delegation agreement for MH for Pharmacy, General Ophthalmic, and Dental (POD) was to be amended to say signed via digital route on 24th March not the 29th of March. It was acknowledged that the work on POD within the

report was a work in progress. HG commended the PC team on the turnaround of work for POD.

- 10.12 CG noted that access to embedded documents during the signing off delegation were not accessible. Moving forward, more information on the risks and mitigations was requested for the next PC&DC Committee. **HG &JW**

Meeting Outcome: The committee noted the Primary Care & PCN Highlight Report.

MH joined the meeting at this point and ER left the meeting.

11 Primary Care & PCN Performance Report

- 11.1 JW presented the PC & PCN performance report. JW drew attention to appointment data. It was acknowledged that Gloucestershire was 23% above the baseline, and this was the highest across the Southwest. The baseline was set at pre-Covid rates.
- 11.2 CG recognised that the data was open to interpretation, however, he was impressed by the trend of the data. HG acknowledged that there was variation across practices and that variation can sometimes be explained. Data was also correlated across patient satisfaction surveys. It was known that practices had struggled with recruitment, vacancies, and coding.
- 11.3 MH noted that level of delivery was unsustainable, and capacity did not match demand. There was a need to understand why Gloucestershire was seeing an increase. HG recognised that practices within Gloucestershire, dealt with patients who were expected clinical intervention on that day. New access requests needed to be considered so this did not disrupt the commitment within Gloucestershire. It was felt that there was a need for demand management across practices, especially within the Core 20+5 areas.
- 11.4 AS reported that the national PC recovery plan was still awaited and he was hopeful that this would enable the good work being undertaken within practices to continue.
- 11.5 JW confirmed that work continued with the Additional Role Reimbursement scheme (ARRs) and the new contract had resulted in new roles were being made available in PC. HG added that the workforce team had been working with individual practices and noted challenges in urban areas with recruitment and nervousness around the status of the PCN contract.
- 11.6 HE added that individual conversations with PCNs and practices were focused on additional support to maximise recruitment potential. Conversations with other organisations remained ongoing around supporting the placement of recruits.
- 11.7 CG felt that funding was disconnected to the recruitment cycle and suggested that the ICB should be driven by need rather than funding.
- 11.8 CG expressed concern around issues with recruitment Mental Health (MHe) practitioners. It was understood that there had been issues around the Agenda for Change (AFC) banding for these members of staff. HE confirmed that Gloucestershire was ahead of other organisations within the Southwest in terms of recruiting MHe practitioners and conversations with GHC colleagues were ongoing
- 11.9 JC felt that banding should be primarily based on the role being undertaken and whether any national guidance provided influenced this. MAE agreed with this comment and wanted the Committee to be aware that MHe practitioners often worked in isolation. It was also felt that more peer-support would be needed for these roles.

- 11.10 MAE acknowledged that career progression also needed to be considered and suggested that this would be reviewed within an upcoming progress report.

Meeting Outcome: The committee noted the Primary Care & PCN Performance Report

12 Primary Care Quality Report

- 12.1 MAE introduced the Primary Care Quality Report which had been circulated and read prior to the meeting.
- 12.2 MAE reported that a designated Doctor for safeguarding had started within the ICB. Named GP sessions had been increased for safeguarding due to demand from PC.
- 12.3 MAE highlighted the risk that there was no Doctor for Children in Care (CIC) and no Doctor for child death reviews, as the recruitment for these posts had been unsuccessful.
- 12.4 BP confirmed to the Committee that as part of the Research Hub which looked at qualitative data on patient experience for services within the County, the ICB would be facilitating a session for Research for Gloucestershire, due to be held 2nd May 2023. BP agreed to advise the Committee on the detail. **BP**
- 12.5 MAE noted that the Community Pharmacy Consultation Service was now able to prescribe treatment for Urinary tract Infection (UTI) which should result in patients not requiring a GP intervention.
- 12.6 MAE advised that there had been an increase in norovirus. There had also been an increase in C-Difficile (C-Dif) and work with patient management in primary care is due to be undertaken. It was added that that ICB had employed an Infection Prevention and Control (IPC) Nurse for Primary Care, and visits amongst PCNs were ongoing to review IPC arrangements. It was noted that a project on the use of Personal Protective Equipment (PPE) within Primary Care had started which looked to decrease the amount of PPE used, specifically, gloves. CG commented on additional data on C-Dif would be helpful and would provide context.
- 12.7 MAE confirmed that vaccinations and spring boosters remained ongoing. The hard work delivered by PCNs was acknowledged with vaccination work being frontloaded.
- 12.8 MAE reported that site assurance visits had been completed across all vaccination sites which reviewed Standard Operating Procedures (SOPs). It was highlighted that these were welcomed, and actions had been identified.
- 12.9 MAE reported that Julie Zatman-Symonds (JZS) had been working with the PPG, who had been providing the Out of Hours (OOH) service and had supported them in implementing their action plan. They were also due a repeat visit from CQC.
- 12.10 MAE confirmed that members of her team had been working with region on POD ensuring an appropriate assurance process was in place. This was noted to be a work in process.
- 12.11 MAE concluded that the Migrant Health Team remained busy, with an additional two hotels due t to be opened imminently.
- 12.12 JC confirmed that the Quality Paper was presented at the System Quality Committee in April, and there were discussion around how ICB quality and PC quality is reflected and ensuring the content within the report was directly linked to PC. A workshop for Quality

Committee was to be arranged to look at the content and level of granularity. MAE advised that she was working on the Terms of Reference (TOR) for both committees.

Meeting Outcome: The committee noted the Primary Care Quality Report

13 Financial Report

- 13.1 SR provided a verbal update regarding the financial position. SR gave an update as at month eleven (M11) position and confirmed that month twelve (M12) had also been finalised. It was confirmed that as of M11, the financial underspend was £319k with a forecast out-turn of £24k overspend.
- 13.2 SR reported that there was a £644k underspend on PCNs which related to ARR recruitment, which had been offset by underspends on the global sum of £393k.
- 13.3 Sustainability Transformation Fund (STF) was reported to be fully spent.
- 13.4 SR updated the Committee that the M12 position finished with a yearend position of £147k overspend for the year. Maternity underspend as highlighted within the paper did not equate to £200k as stated. There was also a premises underspend.
- 13.5 HG reemphasised that PC budgets were complex and complicated and that there had been many changes made recently within the finance team and noted that it took time to understand the PC budget. HG commended her team on the work supporting the finance team to help better understanding.
- 13.6 MH queried what the entire overspend was for the ICB. SR reported that the ICB had a surplus position of £22k for end of year.
- 13.7 HG assured the committee that PC had supported the organisation and system covering a number of projects and suggested that this support could have influenced the financial position.

Meeting Outcome: The committee noted the verbal financial update.

14 Tewksbury Newent & Staunton (TWNS) Primary Care Network (PCN) Evaluation of Health & Wellbeing Quality Improvement (QI) Project

- 14.1 CG explained to the Committee that this item had been pulled from the agenda to support the PCN and would be presented at a future meeting.

15 ICS Transformation Programme & ILP Highlight Report

- 15.1 CG welcomed HE who provided an update on the ICS Transformation Programme and ILP Highlight Report. HE highlighted that £150k non-recurrent strengthening local communities grant had been made available for the ICB for use in 2023/24. This was the third time the budget would have been made available and would align with ILP strategic priorities.
- 15.2 HE confirmed that the grant would support increasing voluntary and community capacity locally and provide funding to smaller organisations. A report covering funding for all ILPs would be written and shared with the committee.
- 15.3 HE advised that the ICB hosted an event for NHS Confederation virtually. Work from West Cheltenham was showcased during this event. The ICB was also expected to host a visit from NHSE Southwest Region, however this had been cancelled.



- 15.4 HE reported that there was a focus on evaluation and measurement within work being undertaken. The PC team were expected to participate in a future ICB Board Development session along with Business Intelligence (BI) colleagues to demonstrate how data had influenced priorities and projects.
- 15.5. HE drew attention to the new Transforming Neighbourhood group as previous mentioned in the meeting. A third meeting was booked for end of April. The group had looked at Community and Wellbeing Hubs, vaccinations, workforce models and building in Clinical Assessment Hub at Rosebank surgery.
- 15.6 HE highlighted work that was ongoing within Localities. Exercises classes had started within Stroud and Berkeley Vale in Scarlett House care home for six weeks and work was ongoing with Care Grow Live who provide drug and alcohol services, and a recovery member of staff was being recruited to support priorities within Forest of Dean (FOD).
- 15.7 CG requested that a routine report from the Transforming Neighbourhood group be presented to the PC&DC committee.

Meeting Outcome: The committee noted the ICS Transformation Programme and ILP Highlight Report

16 Any Other Business

- 16.1 AJ thanked the Committee for being so welcoming and reflected that the meeting was well chaired and structured. It was felt to be positive, however noted the challenges around succession planning and resilience.
- 16.2 NB commented on how well Gloucestershire had been progressing within Primary Care.

The meeting closed at 10:34am.

Date and Time of next meeting: Thursday 1st June 2023, 14.00-16.00 to be held Virtually and at Sanger House.

Minutes Approved by: Signed (Chair): _____ Date: _____



Agenda Item 5

NHS Gloucestershire Primary Care and Direct Commissioning Committee, Part 1

Matters Arising June 2023

Meeting Date	Reference	Action	Action owner	Update	Due	Status
17/04/2023	Min 9.2 - Risk Report	CG commented that a risk found within the confidential risk register in reaction to sustainability for general practice and contended that this risk should appear within the public risk register. It was requested that HG reviewed this risk for the public session of PC&DC.	Helen Goodey		Jun-23	
17/04/2023	Min 10.12 - Delegation Documents	CG noted that access to embedded documents during the signing off delegation were not accessible. Moving forward, more information on risk management and mitigations was requested for the next PC&DC Committee	Helen Goodey & Jo White		Jun-23	
17/04/2023	Min 12.4 - Research for Gloucestershire	BP confirmed to the Committee that as part of the Research Hub which looked at qualitative data on patient experience for services within the County, the ICB would be facilitating a session for Research for Gloucestershire, due to be held 2nd May 2023. BP agreed to advise the committee on the detail.	Becky Parish	Email had been sent from BP to the committee on 27 th April with the details.	Jun-23	Propose action closure
17/04/2023	Min 14.1 - TWNS PCN Evaluation	CG explained to the Committee that this item had been pulled from the agenda to support the PCN and would be presented at a future meeting. HG agreed to arrange this for the committee	Helen Goodey		TBC	



Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 1st June 2023

Report Title	Report of the Business Case for a new Hucclecote surgery			
Purpose	For Information		For Discussion	For Decision
				X
Route to this meeting				
	ICB Internal	Date	System Partner	Date
	PCOG	9 th May 23	N/A	N/A
Purpose	This is a report of a Business Case for a new Hucclecote 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.			

<p>Summary</p>	<p>It is proposed to relocate the practice into a purpose built facility for around 10,000 patients on a County Council owned site at North Upton Lane, in Hucclecote and 0.4 miles from the existing surgery. It will be part of a mixed development funded by the County Council and planned to be opened in August 2025. The key objectives are as follows: -</p> <ul style="list-style-type: none"> • Provide sufficient capacity for the long-term delivery of primary care in Hucclecote. • A massive improvement in the patient experience with modern, well designed accessible, user-friendly facilities for all ages, abilities and needs. • 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 address the inadequacy of the current building condition. • Is deliverable in terms of being acceptable to patients, wider stakeholders and represents Value for Money. <p>The practice, their professional advisors and Developer submitted an electronic version of the Business Case on the 28th April 2023. This paper provides a summary of key content plus additional content where the author has deemed inclusion to be relevant.</p> <p>The report of the Business Case has been considered by PCOG and is recommended for approval.</p>			
<p>Key Risks:</p>	<p>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 Hucclecote will continue to worsen, leading to loss of reputation and impact on the successful implementation of service delivery and commissioning strategies.</p> <p>Secondly, further cost rises to the scheme, in an increasingly challenging financial context would mean increases in revenue requirements above those set out in the Business might not be affordable and mean the scheme could not continue.</p>			
<p>Management of Conflicts of Interest</p>	<p>No conflicts of interest</p>			
<p>Resource Impact</p>	<p>Financial</p>	<p>X</p>	<p>Information Management & Technology</p>	<p>X</p>
	<p>Human Resource</p>		<p>Buildings</p>	<p>X</p>

<p>Financial Impact</p>	<p>The total capital costs of the new surgery are £4.93m. This will be funded by the County Council who will receive rental from the Practice, who will sign a 30 year lease. The lease costs will be reimbursed by the ICB along with rates.</p> <p>The ICB currently reimburses Hucclecote Surgery £77,129 per annum for rent and rates to provide GMS services from its existing building.</p> <p>Total rent for 822m2 net internal area (inclusive of a supplementary payment, car parking and VAT) and rates for new the Surgery will be £308,314.</p> <p>GPIT and HSCN capital costs to be paid by the NHS are £75,151 including VAT.</p> <p>The ICB will provide £398,331 fee support to cover appropriate legal costs, monitoring surveyor fees and SDLT due after completion and capped financial assistance with exit costs associated with the existing surgery.</p> <p>The District Valuation Service has confirmed the scheme represents Value for Money and the Interim report has been received by the ICB</p>
<p>Regulatory and Legal Issues (including NHS Constitution)</p>	<p>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.</p>
<p>Impact on Health Inequalities</p>	<p>No health inequalities assessment has been completed for this report.</p>
<p>Impact on Equality and Diversity</p>	<p>An Equality Impact Assessment (EIA) has not been completed for this report.</p>
<p>Impact on Sustainable Development</p>	<p>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.</p>
<p>Patient and Public Involvement</p>	<p>Patient engagement and the findings are included in this report</p>

Recommendation	<p>Members of PCDC are asked to consider the contents of this report and support the following PCOG recommendations: -</p> <ul style="list-style-type: none"> • To agree to recurrent annual investment of £308,314 to fund the delivery of a Gloucestershire County Council capital funded new Hucclecote 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 recurrent increase of £231,185; • To provide one off financial fee support amounting to a maximum of £394,961 available from 2024/ 2025; • To support the allocation of £75,151 including 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		



Agenda Item 07

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 1st June 2023

Report of a Business Case for a new Hucclecote Surgery

1. Purpose

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

2. Background

The Practice initially worked closely with Brockworth Surgery to try and find a suitable site for a joint development. A site was eventually identified at the end of 2019, being a parcel of land adjacent to Tesco's known as Whittle Square. However, the Whittle Square proposal collapsed in December 2020.

Without any large development sites available for a joint premises solution with Brockworth Surgery, both practices and the ICB (previously the CCG) reluctantly agreed that in order to try and deliver new surgery requirements, both practices would have to take forward separate proposals.

The Practice were proceeding as a GP led development and a nearby County Council site was identified and submitted a Business Case to the CCG in March 2022. However, prior to consideration by the previous Primary Care Commissioning Committee, the Practice needed to withdraw the scheme as the proposal was no longer commercially viable through that delivery route due to changes in the financial environment.

Over the last number of months, the ICB has worked closely with the Practice, their advisors and interested parties to identify a deliverable solution and this Business Case is the culmination of that partnership working.

3. Current situation

3.1 Premises overview

Hucclecote Surgery is located at 5a Brookfield Road, Gloucester, GL3 3BH. The building dates from the 1960's and is constructed around a mansard structure, with first floor accommodation within a roof structure. The layout of the existing building is dis-jointed responding to the small/cramped site and building adaptations that have been implemented over the years. Clinical rooms are smaller than recommended sizes, with ancillary rooms being used for clinical work due to the accommodation pressures



3.2 Practice profile

Item	Value
Baseline List size in January 2019	8,968
Assumed list size in March 2031	9,880
GPs - actual number and WTE	7 (4.4 WTE)
Nurses and Nurse Practitioners – actual number and WTE	3 nurses (2.39WTE) 3 HCA's
Administrative staff - actual and WTE	14 (9.23 WTE)
Number of F2/ GP trainees etc at any one time	3
Visiting staff/ services: Midwife, MH nurse, Phlebotomist, Diabetic eye screening, AAA screening	
CQC rating	Good
Current building size GIA m2	409
Number of consultation and examination rooms	11
Number of treatment rooms	1
Number of minor surgery rooms	0
Minor surgery sessions	2 per month
Rent reimbursement	£66,345
Rates reimbursement	£10,784

4. Strategic Case

4.1 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.

4.2 Local policy

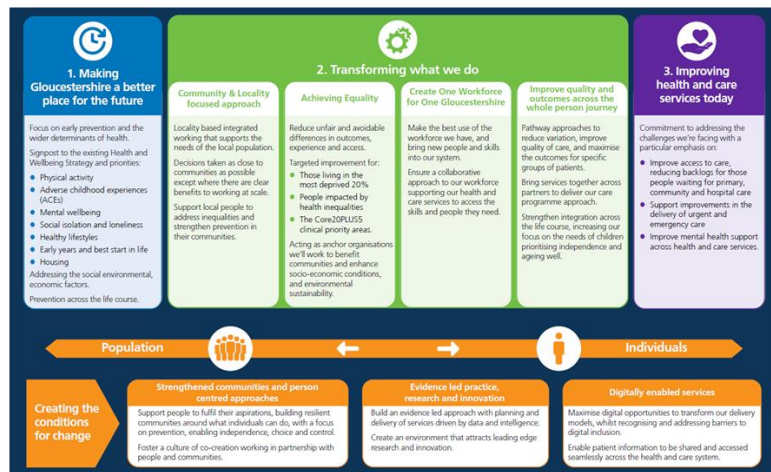
4.2.1 Gloucestershire Integrated Care System Vision

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.



4.2.2 Integrated Care Strategy

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



4.2.3 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.

4.2.4 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. Considering the current condition of the building, planned housing developments, the developing service model, Hucclecote Surgery was identified as a priority for infrastructure development.

In respect of national and local strategies, the practice can only provide a limited response. The lack of physical capacity is severely impacting the ability to develop the workforce or services offered. There is increasing demand for service delivery closer to the patient's home and there are increasing number of health and care professionals happy to run services at the Practice building, but these cannot be offered appropriate facilities

The Practice has simply run out of space at our current site. It is old and unfit for purpose. There is no room for new staff and no meeting or training rooms as these have been turned into a working office. The Practice is unable to increase staff numbers as they have nowhere to sit them. The Practice is constantly maintaining the current site which is proving costly. It is also unable to share space to facilitate service integration as it has no space to offer.

4.3 Practice specific issues

4.3.1 Population growth and capacity

The refreshed PCIP covering 2021/2026 used January 2019 as the baseline list size. At that time, the list size was 8,968 patients and the building was already significantly undersized. It estimated that housing growth will result in additional list size growth between 500 to 1,000 patients by 2031. Based on that total, the current surgery would be around half the size it should be.

4.3.2 Training status

Hucclecote surgery is a training practice. The practice is currently struggling to accommodate all GP Trainees in appropriate clinical rooms. It has also had to turn down medical students as it physically does not have anywhere to put them. The Practice would like to also take nurses and allied health professionals (paramedics / PA's) but again whilst they have the skills to train them, the Practice does not have the space to do it in.

The practice has a long history and experience in training and has always valued this element of provision to patients and to the NHS in general. With dedicated facilities it will be able to increase the number of students and trainees, providing them with an enhanced learning environment and promoting a career in general practice. As previously mentioned, the practice already accommodates GP Registrars as well as medical students (monthly placements) per year. The Practice would like to increase provision to include one additional GP Registrar. The practice would also like to assist Doctors from the Bristol Training Scheme and would like to further develop this.

4.3.3 North & South Gloucester PCN Development

There are five Practices in the Network including The Alney Practice, Brockworth Surgery, Churchdown Surgery, Hucclecote Surgery, and Longlevens Surgery. The registered population in January 2019 was 53,492. The focus on the PCN is as follows: -

- To meet the targets as set out in the PCN DES and to achieve Impact & Investment Fund to improve prevention and tackle health inequalities.
- To support better patient outcomes in the community through proactive primary care, improved access to primary care services, better outcomes for patients on medication.
- Introduction of more allied healthcare professionals using the Additional Roles Reimbursement scheme.
- To help and grow a more sustainable NHS.

It should also be noted that in respect of additional roles, (mainly pharmacy care coordinators and social prescribing) the PCN network as a whole is planning to have in post 35.15 WTE by March 2024- an average of 7 WTE staff per network member.

The surgery is heavily engaged with the PCN but lacking the space to be able to house additional roles. Their teams are being disadvantaged as new staff are travelling and working to other sites; which in turn means patients are being disadvantaged as they too need to travel further afield for new services. We would like to be able to offer space at the new surgery for a PCN hub to enable the PCN to develop a more joined up, collaborative and smarter ways of working.

4.3.4 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 Hucclecote, the surgery building 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
Hucclecote	C	C	C	C	D

4.4 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 respond to the CCG's Primary Care infrastructure plan, where Hucclecote has been identified as a strategic priority;
- To respond to the challenges of the current building condition;
- To ensure there are suitable facilities for existing staff and an expected increase in staff numbers over the next 10 years;
- To ensure facilities;
- To consider how the practices can facilitate the expansion at foundation and GP Register levels where there is a lack of facilities;
- To facilitate the delivery of more resilient and sustainable primary care and support the development of primary care network models of care,
- To ensure that the practice's longer term business plan can be delivered.

5. Economic case

5.1 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 Hucclecote;
- Facilitates the transformation of service provision and meet the needs of national and local strategies, particularly an expansion in the range of services.
- Supports workforce and training challenges.
- Is deliverable in terms of being acceptable to patients, wider stakeholders and represents Value for Money.

5.2 Options & option appraisal

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

Option Number	Option name	Description
1	Do nothing/ do minimum	The practice remains in their existing building and no significant changes made to the building.
2	Extend existing site	The practice extends their building to create sufficient capacity
3	Smaller, new second site	Additional premises are found in the Hucclecote area to enable expansion of either administrative or clinical staff/ services
4	A new single site	A completely new site is found to relocate all existing services and provide the necessary capacity for new services

A strategic options appraisal identified the new single site option as the preferred way forward and a single suitable site option is available.

5.3 Preferred option

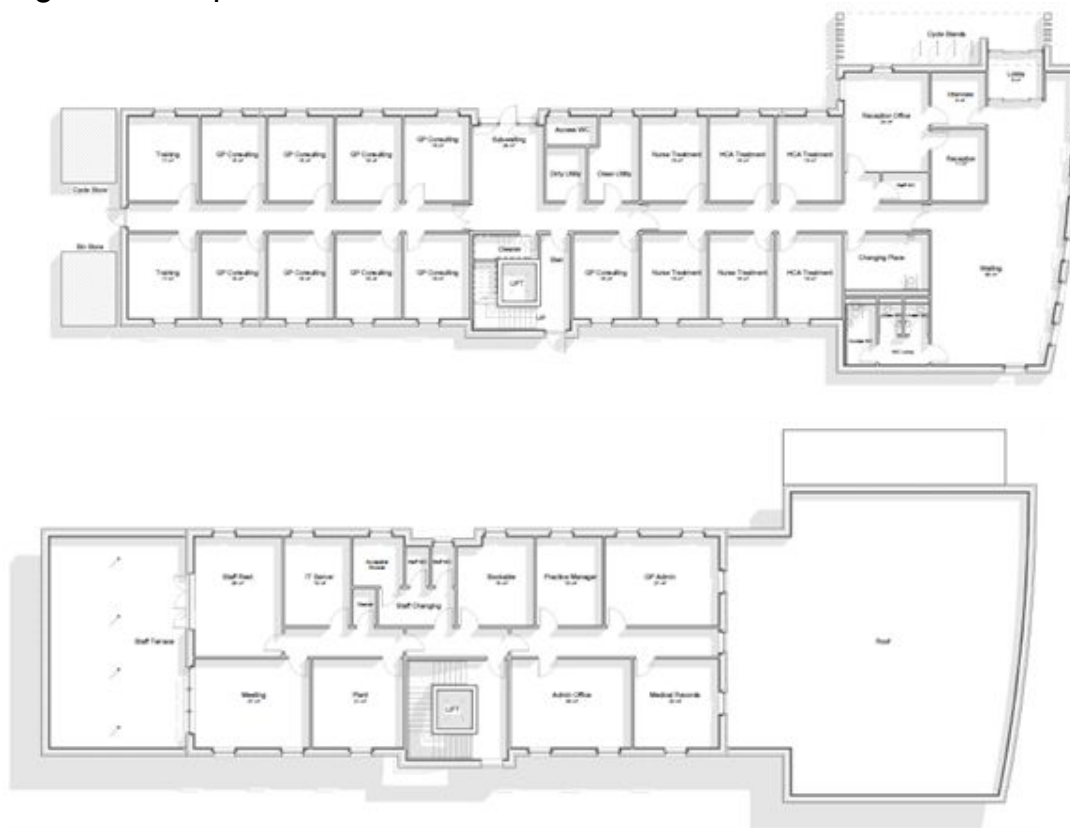
The preferred option is to develop a new Hucclecote Surgery building on a mixed use Gloucestershire County Council development site, where 0.7 acre is set aside for the surgery, together with access, patient drop-off area and a dedicated surgery car park at North Upton Lane, Hucclecote 0.4 miles from the existing surgery building. An artist's impression is provided below along with the location compared to the existing site



The master-plan site is illustrated below with the surgery site being within the red line in the lower half of the image.



Indicative floor plans for both floors 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 913m² (core GMS, GP training, dispensary and a ‘changing places’ facility). Reimbursement is based on net internal (NIA) and capped at 90% of GIA – 822m. Due to site constraints 28 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. It should also be noted that it could be the case that because of potential ICB policy changes relating to PCN level services, it could be the case that an estimate additional allowance of up to 65m²G GIA might become available to further benefit this scheme.

6.0 Commercial case

6.1 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 Gloucestershire County Council in collaboration with the Practice, and supported by specialist healthcare consultants, Osmond Tricks.

Gloucestershire County Council will provide the finance to fund the project and the GP Partners will in turn sign an Agreement for Lease and a thirty year Tenant Internal Repairing (TIR) Lease on completion. Revenue reimbursement (current market rent) will pass to the GPs, who in turn will pay a lease rent to Gloucestershire County Council on agreed terms.

6.2 Planning approval

The site (including the area for the health centre and adjacent residential) is proposed for allocation through the Gloucester City Plan under Policy SA18: Jordan's Brook House. The allocation is for approximately 20 residential dwellings. Specific requirements and opportunities are listed within the policy wording. The site on North Upton Lane is been promoted by Gloucestershire County Council for development including residential development.

On the basis that the Business Case is approved, a formal 'pre-application' submission will be made to the local planning authority. Feedback to date following on from the informal response from the Council's engagement with their own officer, has been positive.

The formal pre-application will enable the key planning issues to be identified at an early stage so they can be addressed in the formal planning application. It is anticipated that, subject to final agreement of parking strategy, materials, green infrastructure and biodiversity strategy, a planning application would be supported.

6.3 Procurement and construction

The contract for the construction will be via the Council's framework construction partner with expertise in the primary care sector and will be a fixed priced tender. The professional team will prepare a robust tender/contract package.

This package will be prepared on a 'full specification and drawing basis' including:

- Architect's plans, details and specifications
- Schedules – window, door, finishes, sanitary, ironmongery
- Engineer's plans, details and specification
- Mechanical services drawings and specification
- Electrical services drawings and specification
- CDM Pre-tender H&S Plan and Ancillary Documentation

6.4 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.

6.5 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 Hucclecote;
- Responds historical and future population growth and provides sufficient capacity to meet the needs of patients;

- Allows Hucclecote Surgery to widen its practice boundary and give patients greater choice;
- 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;
- 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.

7.0 Financial Case

7.1 Capital costs

Total capital costs are £4.93m. As the Developer has elected to recover VAT on the scheme, the lease will be subject to VAT.

7.2 Revenue costs

7.2.1 Existing reimbursement

The ICB currently reimburses Hucclecote Surgery, £66,345 per annum for current market rent to provide GMS services from its existing building. The ICB also reimburses annual business rates amounting to £10,784.

7.2.2 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 four triennial reviews.

Item	Annual total amount
Rent reimbursement for general medical services (822m2 net internal area @ £230 per m2 current market rent)	£189,060
Supplementary payment for 822m2 @£17m2	£13,974
Car parking -29 spaces @ £400	£11,600
VAT total	£42,927
Total annual rental requirements	£257,561

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.

7.2.3 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 £50,753 per annum. Reimbursement will be on actual rates charges

7.2.4 Revenue summary

Item	Annual amount £
New building- CMR for 822 m2 NIA @ £230m2, £17 top up per m2 20 car parking spaces @ £400 and VAT	£257,561
Estimated business rates	£ 50,753
Total revenue requirements	£308,314
Funded by	
Minus existing current market rent	-£66,345
Minus existing rates reimbursement	-£10,784
Net total recurrent investment from premises reserve	£231,185

7.3 District Valuation – Value for Money assessment

The District Valuation Service has confirmed the scheme represents Value for Money and the Interim report has been received by the ICB.

7.4 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 various sources of money.

- GPIT Capital – This covers all 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, £75,151 including VAT will be required for GPIT capital and HSCN requirements. It is assumed for the financial year 2025/ 2026 dependent on progression of the project. This will be a prior commitment on IM&T capital allocations received.

7.5 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, reasonable legal/ commercial fees associated with lease arrangements and justifiable exit costs from existing buildings when entering into new lease arrangements).

The Business Case includes an application for support towards one off fees and financial support totalling £398,331 including VAT where applicable. These are:

- Monitoring surveyor -£25,750;
- Contribution towards legal and commercial fees capped at £33,600;
- SDLT – estimated to be around £38,981;
- Exit costs associated with exit from the existing surgery building. Capped at £300k. This will be taken forward through a specific process over the next months and a final confirmed figure will be paid after the sale of the existing building.

It should be noted this project cannot proceed without this discretionary financial support. Budget is sourced from slippage within the premises reserve and available from the financial year 2024/ 2025.

8.0 Management case

8.1 Project delivery

Gloucestershire County Council have an experienced professional team and construction partner well placed to deliver this project under established professional services and construction framework arrangements.

The team previously completed the ‘Gloucester Hub’ – known as Quayside House, opened in the Summer of 2021 and accommodating Gloucester Health Access Centre and Severnside Medical Practice. The Team is currently developing the Quayside House Community Diagnostic Centre and due for completion at the end of this year.

Osmond Tricks will be supporting the GPs and their specialist Primary Healthcare Team, (having completed more than 40 health centres, surgeries and primary care centres) have experience in all aspects of primary care development and are ideally placed to assist the GPs and ICB with the new facility in Hucclecote.

Various appointments will be made by the Council covering the following: -

- Project management of the design and technical team necessary to deliver the project;
- Architectural services and lead consultant covering design;
- Principle Designer services covering CDM and health and safety;

- A 'Technical Pack' will be developed in due course in line with the District Value Engineering Specification, setting out the design and including detailed drawings and specification and approved planning drawings, room data sheets, completed DV Specification.

8.2 Patient engagement

The Practice has an extremely active Patient Participation Group (PPG) and they have been involved from the start, from when it was originally a joint project with Brockworth Surgery. The Business Case provides evidence of events from 2018 onwards. With the change in location and move to a single practice development further engagement was carried out in October 2021. Given COVID rules around group gatherings at that time there was a campaign on the surgery Facebook page and feedback to date has been encouraging. The Business Case also provides a summary of findings from the patient surveys and letters of support are provided.

There will need to be a series of public consultation events during the planning process building on the momentum gained from the previous events. There will need to be continued consultation with the ICB, Council, the PPG and wider patient group as the development progresses. BREEAM also requires engagement and consultation in order to obtain accreditation.

8.3 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 successful framework contractor in place, construction is expected to start by the Spring of 2025 with the building open 12 months later in the Spring 2026.

Item	Date
Business submitted to ICB	Completed
PCDC consideration and formal support for Business Case.	June 2023
GCC approval to proceed	End of June 2023
Pre app submitted to Gloucester City Council	September 2023
Feedback from Pre app, final detailed design work completed,	November 2023

Planning application submitted	November 2024
Planning approval, including contingency	March 2024
Tender issued	March 2024
Tender completed, financial and contractual completion	July 2024
Construction commences	July 2024
Construction completed and new building open	August 2025

8.4 Key risks

The Business case provides a risk assessment. Following mitigation, The main risks to relate to the impact of any delays in delivery, which could 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. There are also some risks about enabling site works, which could delay commencement construction.

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 Hucclecote will continue to worsen, leading to loss of reputation and impact on the successful implementation of service delivery and commissioning strategies.

Secondly, further cost rises to the scheme, in an increasingly challenging financial context would means increases in revenue requirements above those set out in the Business might not be affordable and mean the scheme could not continue.

9. Recommendations

Members of PCOG are asked to consider the contents of this report and on the basis that the DV formally confirms Value for Money, recommend the following to PCDC: -

- To agree to recurrent annual investment of £308,314 to fund the delivery of a Gloucestershire County Council capital funded new Hucclecote 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 recurrent increase of £231,185;
- To provide one off financial fee support amounting to a maximum of £398,331 available from 2024/ 2025;
- To support the allocation of £75,151 including VAT from the GPIT capital budget to fund GPIT and HSCN requirements.

**Andrew Hughes, Associate Director,
15th May 2023**



Primary Care and Direct Commissioning Committee (PCDC)

Laura Halden and Kate Usher

1st June 2023



@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

General Update

- Sustained pressures- patient demand, managing Long-term conditions backlog, complaints, negative media portrayal, contract imposition.
- Recruitment and retention challenges – GP numbers down
- Appointment levels remained consistently higher than pre-pandemic levels.
- New roles within Primary Care (with further additions to Additional Role Reimbursement Scheme i.e. ARRS).
- Placement expansion to support future workforce.
- New to Primary Care induction program up and running bimonthly.
- Training hub now moving into year 2 of our current 3 year contract.
- Data gathering- workforce surveys, Primary Care Network (PCN) workforce conversations, training feedback.

GPs

Challenges

- Overall GP numbers down -2% since March 2019 baseline.
- GP partner numbers decreased by 19.6% since baseline, whilst salaried GPs have increased by 37.7% (SW has the 2nd highest WTE* of GPs per 10k patients) – Partner numbers reflective of national trends.
- Increase in Salaried GP roles not mitigating reduction in GP Partners
- NHSE New to partnership scheme ended.
- Training (capacity of educators, some trainees with limited NHS experience).
- Inaccuracies in reporting of GP sessional numbers.

Work to address challenges

- Local partnership scheme for GPs, working with our Local Medical Committee (LMC)
- Survey with LMC to understand actual hours worked vs sessions for partners.
- Spark GP (net importer of GPs).
- Close liaison with Health Education England and Vocational Training Scheme (VTS) to understand trainee challenges, including work to expand number of training practices.
- Skilled Worker visa (formerly known as Tier-2 visa) support.
- Workforce survey to identify vacancies, leavers and retirements.
- GP Continued Professional Development (CPD)/mini fellowship funding- over 60 GPs applied.
- GP support lead and GP retainer peer support group established.
- Dedicated GP career/support resources created.
- Fellowship opportunities- Health Education England (HEE), Integrated Care System (ICS)/Training Hub e.g., Health inequalities and specialism fellowships.
- Annual locum event and GP flexible pool.

Nursing

Challenges

- Aging nursing workforce and retirements (9 out of 15 Primary Care Networks reporting planned leavers/retirements in next 2 years).
- Myth that student nurses cannot enter Primary Care upon qualifying as a nurse.
- 3.6% increase in nursing workforce in Gloucestershire since 2019, regional increase 9.7%.

Work to address challenges

- Integrated Care System (ICS) General Practice Nurse (GPN) lead and nursing strategy development (including survey of nurses).
- Nurse on tour program and wider expansion of student nurse placements.
- Planned careers fair and mock interviews.
- Spark nurse and preceptorship nurse scheme.
- Nurses added to Additional Roles Reimbursement Scheme (ARRS) as Advanced Practitioners (APs)- Advanced Practice lead starting soon and planned Advanced Practice engagement event.
- Exploring joint General Practice Nursing (GPN)/community nursing roles (planned Rosebank pilot for catheter clinics).
- Healthcare Assistant (HCA) study day.
- Trainee Nursing Associate (TNA) role increasing (TNA Practice Education Facilitators in post).

Reception/Admin/Practice Managers

Challenges

- 'Front door' issues and at times abuse of staff, leading to recruitment and retention issues.
- Pay for reception/admin staff (on a backdrop of increasing staff wage costs for practice without associated uplifts).
- 7 out of 15 Primary Care Networks (PCNs) report planned Practice Manager retirements.
- Poor visibility of career pathways and opportunities.

Work to address challenges:

- Training sessions for admin/reception staff, including health and wellbeing.
- Promotion of apprenticeship options (and other roles such as GP assistants).
- Development of flexible pool to support admin/reception staff recruitment and retention.
- Development of communities of practice.
- Collaboration with Local Medical Committee to support Practice Manager training, with a recognition more needs to be done.
- Recruitment open days.
- Employment and Skills Hub collaboration

Additional roles reimbursement scheme (ARRs)

Current Position:

- 279.3 Whole Time Equivalent (WTE) Additional roles (i.e., ARRS) currently in post across a range of disciplines – accelerated recruitment planned during 23/24
- All Primary Care Networks have increased the number of Additional roles (i.e., ARRS) in post

Challenges

- Availability of some roles (e.g., First contact practitioner- FCP).
- Risk of destabilising other parts of the system.
- Supervision and training requirements.
- Embedding of roles.
- Confirmation of ongoing funding provision

Work to address challenges

- Additional Roles Reimbursement Scheme (ARRS) variance analysis.
- System/regional collaboration on roles.
- Lead/ambassador roles.
- Primary Care Supervision Fellows.
- Roadmap supervisors' community of practice.
- Additional Roles Reimbursement Scheme (ARRS) repository and recruitment resources.
- Personalised care training offer.
- New to Primary Care Induction program.
- Annual Primary Care Network (PCN) workforce conversations and ad hoc advice and support for PCNs and practices (including Protected Learning Time i.e. PLT event attendance).



Agenda Item 9

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 1st June 2023

Report Title	Highlight Report			
	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry and Dental 			
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	This highlight report covers GP Practice, PCN DES Programme Plan and POD, which sets out implementation and delivery plans and will monitor progress highlighting any key risks and issues.			
Key Issues to note	None			
Key Risks:				
Management of Conflicts of Interest	Any conflicts of interest are noted and managed as they arise.			
Resource Impact (X)	Financial	Information Management & Technology	Buildings	
	Human Resource			
Financial Impact	None – for information only.			
Regulatory and Legal Issues (including NHS Constitution)	N/A			
Author	Becky Smith	Role Title	Project Manager, PCN Development Team	
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
PC	Primary Care
PCN	Primary Care Network
POD	Pharmacy, Optometry and Dentistry



Primary Care Strategy and PCN DES Programme Plan Highlight Report

1st June 2023



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Part of the One Gloucestershire Integrated Care System (ICS)

Primary Care Strategy and PCN DES Programme Plan 1 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	12 th May 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
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. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan)	PCN
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PCN DES Service Specifications

- All 7 of the PCN DES service specification requirements remain the same for 2023/24.
- 4 out of 15 PCNs have submitted the Participation and Notification form to update the ICB of any changes within the PCN. Main areas were Clinical Director change, bank account change and a practice changing to another PCN.
- To date we have received 52 returns (out of 69) PCN DES Network Contract Variation practice sign ups.

PCN Quality Improvement Funding

- All PCNs have completed a review workbook to outline the current status of PCNs QI projects 2021/22 and 2022/23.
- Funding has been secured to allocate £1.41 per weighted patient (1st January 2022) to fund QI projects for 2023/24, this can be used for new bids or progressing an existing project.
- PCNs have been asked to submit their proposals for use of the 2023/24 QI funding by **7th July 2023**.

ARRS Claim Process

- NHSE/I have announced that the PCN Payments Pilot has been shelved, with no further work to be completed.

Investment and Impact Fund (IIF)

- The IIF for 2023/24 has been redesigned to focus on a small number of key national clinical priorities.
- The remaining IIF-committed funding for 2023/24 has been put into the Capacity and Access Support Payment and the Capacity and Access Improvement Payment
- The IIF tab of the PCN Dashboard is being refreshed and updated with the 5 indicators.

PCN Capacity and Access Payments (CAP)

- The CAP consists of two parts:
 - National Capacity and Access Support Payment** – 70% of funding (£1.8m for Gloucestershire) will be paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the 2023/24 financial year.
 - Local Capacity and Access Improvement Payment** – part or all 30% of the funding (£0.7m for Gloucestershire) will be paid to PCNs based on commissioner assessment of a PCN's improvement in three areas over the course of 2023/24. The maximum a PCN could earn is £1.185 multiplied by the PCN's Adjusted Population as of 1st January 2023.
- NHSE/I have advised an extension to the Capacity and Access Improvement Plan deadline to **30th June** to allow PCNs to incorporate information received in the Delivery Plan for recovering access to primary care that NHSE published on 9th May.
- The PCN team have offered the PCNs an opportunity to submit a draft plan by 31st **May** for initial review and receive feedback ahead of the June deadline.

PCN Transformation Funding

- Gloucestershire ICB have agreed to uplift the PCN Transformation funding for 2022/23 and 2023/24 by 2.9%.

Primary Care Strategy and PCN DES Programme Plan 2 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	12 th May 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
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. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan) GP Practices

Digital

- The Primary Care and Digital Team are working together on the Better Digital Telephony & Simper Online Access elements of the Delivery plan for recovering access to primary care.
- At the end of April 2023 there will be 65 practices on SystmOne, leaving 4 practices in the county on EMIS.

Learning Disability (LD) Annual Health Checks (AHC)

- The national aim for 2023/24 is 80% for Learning Disability Annual Health Checks and Health Action Plans. The recording of ethnicity has been added to this indicator.

GP CPCS (Community Pharmacist Consultation Service)

- NHSE/I have set out in the Delivery Plan that they will be launching Pharmacy First before the end of 2023.

Contingency Hotels

Ramada	65 people occupying 47 rooms	Royal Well and St Georges (Equal split)
Orchard	86 people occupying 60 rooms	Rosebank
Ibis	172 people occupying 127 rooms	Aspen (2/3 patients) and GHAC (1/3 patients)
Prince of Wales (Berkeley)	26 people occupying 90 beds	Acorn, Walnut, Cam & Uley, Culverhay and Chipping Surgery (Equal split)

- Due to the increase in the number of hotels the project team have moved fortnightly meetings.

Programme Area/ Workstream (as per delivery plan) COVID-19 Vaccination Programme

Spring Booster Programme

- April saw the launch of Phase 6 of the Covid-19 Mass Vaccination programme – the **Spring 2023 Booster** Phase.
- As of 10th May 2023 – **42,432 vaccinations have been given (47.8%) and an amazing 76% of our Care Home Residents** have already been vaccinated.
- Phase 6 is on track to deliver uptake rates of >80% by end of June
- Assurance visits to many PCN Local Vaccination service sites and their Pop-Up satellites have flagged a small number of areas for focussed improvement in our delivery model
- Care Home visits are being closely monitored to ensure we maximise coverage of the most vulnerable cohort by end of May
- Spring Booster phase formally continues to end of June although we aim to substantially complete our programme by end of w/c 5th June.
- A new programme phase – the vaccination of Children aged 6 months to 4 years is expected to launch at the end of May and detailed planning around the delivery network in Gloucestershire for this small but important cohort is under way.

Primary Care Strategy and PCN DES Programme Plan 3 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	12 th May 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
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. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan)	Pharmacy, Optometry and Dental Services (POD)
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Dental Services

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangement for delegation.
- The POD Project Team convened again in April and will continue to meet throughout 2023/24.
- The South West Primary Care Operational Group has been set up as the mechanism to engage, collaborate and co-ordinate South West primary care operational plans. This will include review of recommendations received from Pharmacy, Optometry and Dental Hub operational groups for onward ICB decision and drive the joint transition plan delegation.
- The POD Project Team convened again in April and will continue to meet throughout 2023/24.
- BDO produced have requested an update on the actions identified in their Internal Audit Report on the readiness and risks associated with POD Delegation.
- 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.
- The Transition Plan – NHSE have issued a draft Transition Plan that ICB colleagues will agree and work through so that successful and safe transfer of Delegated Authority for POD Services is achieved.
- The ICB's Dental Strategy group continues to address some of the most pressing issues around dental, access, health inequalities, workforce and oral hygiene.

On 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.

Pharmacy Services

- The ICB is setting up a Pharmacy Strategy group to address some of the most pressing issues around pharmacy and further updates will be provided as this group is set up and develops.

Primary Care Strategy and PCN DES Programme Plan 4 of 4

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	12 th May 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
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. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan)	Workforce and ARRS
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PCN Placement Expansion

- HEE funding has been offered to PCNs to support expansion in learner placements.
- So far 12 PCN discussions have taken place with the planned expansion in placement already exceeding the original targets.

GP Recruitment and Retention Funding

- Primary Care workforce team were successful in their bid to NHSE&I for 2023/24 GP recruitment and retention funding which has enabled us to support over 60 mid-late career GPs within Gloucestershire with sponsorship for a 'mini-fellowship'.
- GP partner recruitment and retention is a key focus for the training hub and ICB.

Skilled Worker (formerly Tier-2 Visa) support

- Gloucestershire has seen an increase in the number of Skilled Worker sponsorship licence request.
- Our collaborative approach supported practices in recruiting two GPs into county to date with further practices now interested in securing a Skilled worker sponsorship licence.
- Recent updates have also been made in the 'Delivery plan for recovering access to primary care', stating GP trainees will be given a 4-month visa extension on qualifying.

GP Retainer Scheme

- 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.

Primary Care Nursing Workforce Development

- Following the successful launch of a project called 'Nurse on Tour' which aims to encourage Nursing students to experience Primary Care, Gloucestershire's Strategic GPN Lead (ICB) continues to introduce Nursing students to Primary care as a first-destination career choice.
- With 6 tours completed, 6 further tours are planned in addition to expanding the opportunity to enable Students to have the experience.
- Gloucestershire PCNs have a growing numbers of trainee nursing associates, who once qualified as nursing associates can further develop into GPNs.

Supporting Non-Clinical Workforce

- The Primary Care training hub/workforce team continue to actively support and develop new programmes to aid recruitment, retention and development of our colleagues working within Gloucestershire's GP practices.
- 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.

Primary Care Flexible Staffing Pool

- NHS Gloucestershire's Primary Care Staffing pool continues to go from strength to strength, providing a valuable resource for Practices requiring flexible GP cover and Locum GPs wanting to work flexibly in general practice.



Agenda Item 10

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1

Thursday 1st June 2023

Report Title	Performance Report			
	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry and Dental 			
Purpose (X)	For Information		For Discussion	For Decision
	x			
Route to this meeting				
	ICB Internal	Date	System Partner	Date
	PCDC			
Executive Summary	The report aims to give an overview of the performance within Primary Care & PCNs including <ul style="list-style-type: none"> • 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 months 1 and 2 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: <ul style="list-style-type: none"> 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

Primary Care Operational Group

Primary Care & PCN Performance Report

1st June 2023

1. Introduction

- 1.1. Primary Care performance is being monitored and reviewed through many channels including the PCN Network Contract DES/IIF Dashboard, ARR uptake, GP Appointment Data and QOF. This report collates some of the performance data that is currently available and shared in Primary Care for review by PCDC. This report sets out changes and updates outlining some of the data that will be presented for 2023/24.

2. Purpose and Executive Summary

- 2.1. The report aims to give an overview of the performance within Primary Care & PCNs including:
- Primary Care Networks
 - Investment and Impact Fund
 - Capacity and Access Improvement Plans
 - PCN DES Specifications
 - PCN Additional Roles Reimbursement (ARR) Scheme
 - GP Practices
 - Severe Mental Illness Physical Health Checks
 - Learning Disability Annual Health Checks
 - Local Enhanced Service Achievement
 - General Practice Appointment Data
 - Podiatry, Optometry and Dentistry
 - Data sets to be confirmed

3. Primary Care Networks

3.1. Investment & Impact Funding 2023/24

- 3.1.1 Nationally IIF has been updated for 2023/24 and has been reduced to 5 indicators, which are outlined in the table below. An updated PCN Dashboard is in development and will be shared with PCNs monthly to help them monitor their progress against each of the indicators. This will be reported on in this report. Maximum points available is achieved when the PCN reaches the upper threshold for each indicator. Individual PCN progress against the 22/23 IIF Indicators will be included in this report when data becomes available (Appendix 1)

Indicators	Maximum Points available	Lower Threshold	Upper Threshold
VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	113	72%	90%
VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	20	64%	82%
HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	36	60%	80%
CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	22	65%	80%
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	71	85%	90%

3.2. PCN Capacity and Access Improvement Plans

3.2.1. The remaining IIF-committed funding for 2023/24 has been moved in into a Capacity and Access Support Payment and the Capacity and Access Improvement Payment. This is split into 2 parts, 70% is a monthly support payment and the remaining 30% is based on PCNs Capacity and

Access Improvement Plans, which are due for submission by 30th June. Plans are required to focus improvement around three main areas;

- patient experience of contact;
- ease of access and demand management; and
- accuracy of recording in appointment books.

PCNs are required to document a starting position using data under these three areas. Following receipt of PCNs plans with finalised starting positions we propose to report on these. The table below shows the proposed sources of evidence for each area.

Key Area	Sources for establishing starting position
1. Patient experience of contact	<ul style="list-style-type: none"> • Trend over last five years (including latest year of 2022), with score for each practice in the PCN, the PCN, ICB and national score: <ul style="list-style-type: none"> ○ Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone? ○ Q4. How easy is it to use your GP practice’s website to look for information or access services? ○ Q16. Were you satisfied with the appointment (or appointments) you were offered? ○ Q21. Overall, how would you describe your experience of making an appointment? ○ Q32. Overall, how would you describe your experience of your GP practice? <p>Friends and Family Test scores</p>
2. Ease of access and demand management	<ul style="list-style-type: none"> • Is cloud-based telephony currently in place with call-back and call queuing functionality? • Is online consultation, messaging and appt booking functionality in place? <p>Online consultation usage per 1,000 registered patients</p>
3. Accuracy of recording in appointment books	Current GP appointment data (see below)

3.3. PCN Specifications

3.3.1. The Network Contract DES specifications and their requirements implemented in previous years are still in place for 2023/24. To support monitoring of these specifications, we plan to report on numerous indicators relating to each of the specifications. The Specifications are:

- Medication Review and Medicines Optimisation
- CVD Prevention and Diagnosis
- Personalised Care
- Tackling Neighbourhood Health Inequalities
- Early Cancer Diagnosis
- Enhanced Health in Care Homes (EHCH)
- Anticipatory Care

3.4. PCN Additional Roles Reimbursement (ARR) Scheme

3.4.1. A summary table for the number of and type of ARR staff across the 15 PCNs based on April 2023 claims is attached as Appendix 2.

4. Severe Mental Illness Physical Health Checks

The national aim for SMI physical health checks for 2023/24 remains at 60%, and the local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly. At the date of writing we are unable to provide a performance update as the 2023/24 clinical system searches to capture the required data have not yet been released.

5. Learning Disability Annual Health Checks

The national aim for LD AHC for 2023/24 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);
- 100% of people on the GP LD Register to have a recording of ethnicity on their medical record.

At the date of this report we are unable to provide a performance update as the 2023/24 clinical system searches to capture the required data have not yet been released.

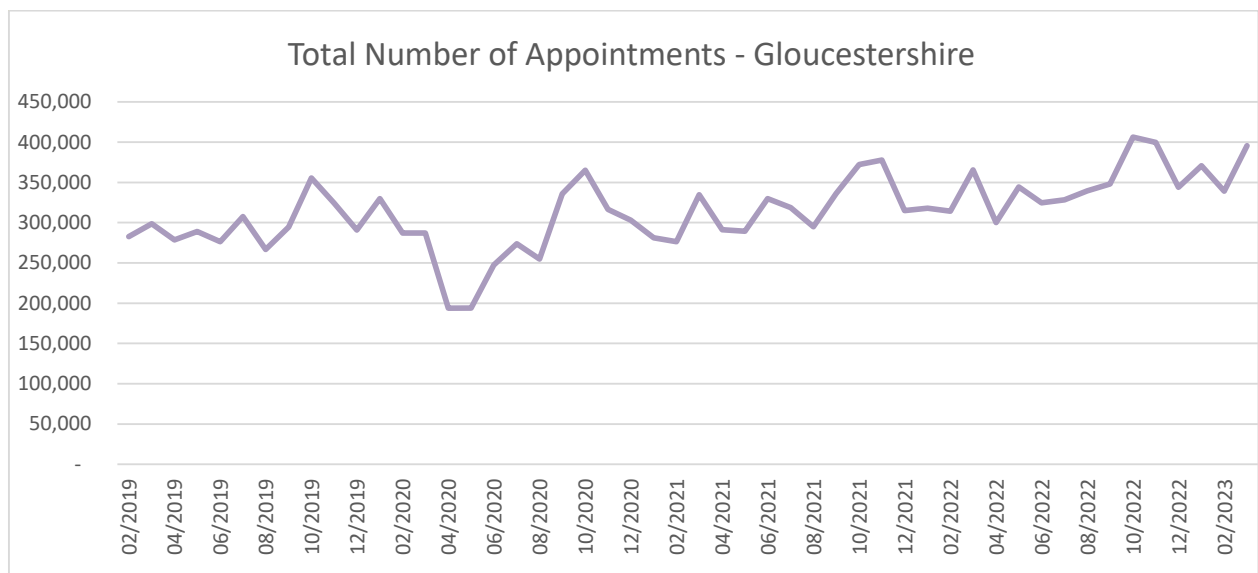
6. General Practice Appointment Data

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 March 2023, data from NHS Digital shows the number of appointments in Gloucestershire increased to 395,686.

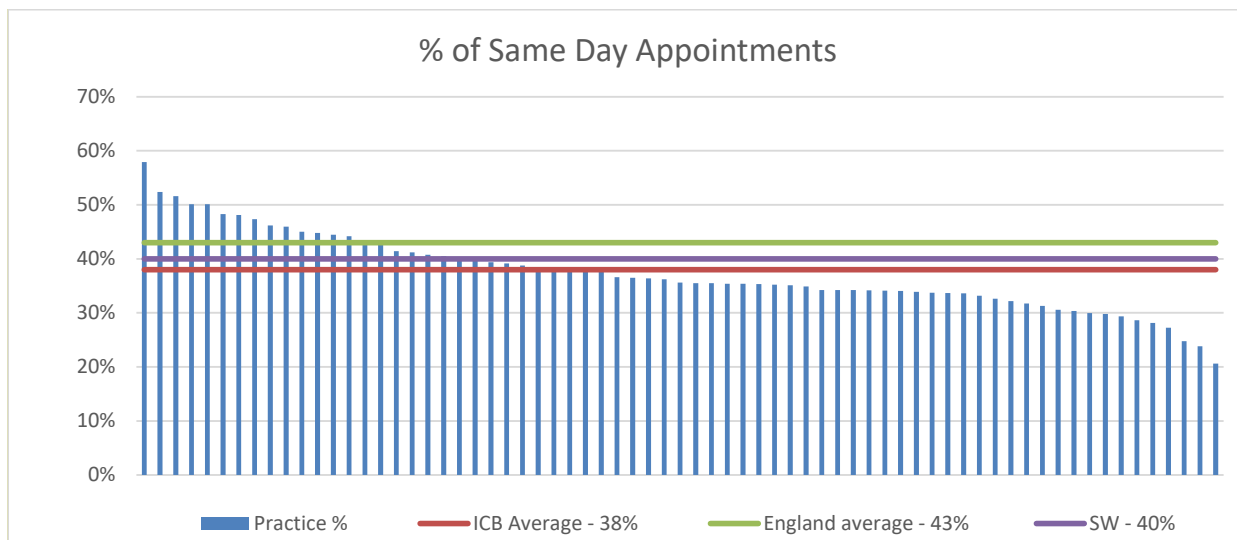


Within Gloucestershire:

- 69 practices delivered 395,686 appointments in March 2023.
- 45.5% of all appointments were with a GP.
- 38.6% 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 March 2023.

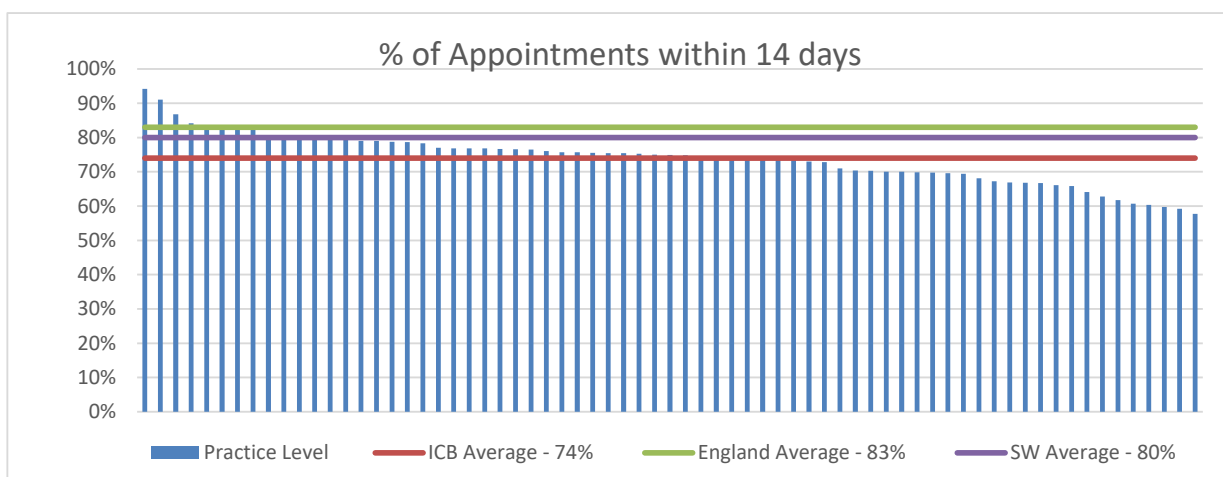


The table below shows the percentage of practices providing same day appointments compared with the South West and England averages.

% of Same Day Appointments	Number of Practices on/above	Number of Practices below
ICB Average – 38%	30	39
England Average – 43%	16	53
SW Average – 40%	22	47

Appointments offered by practices within 14 days

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

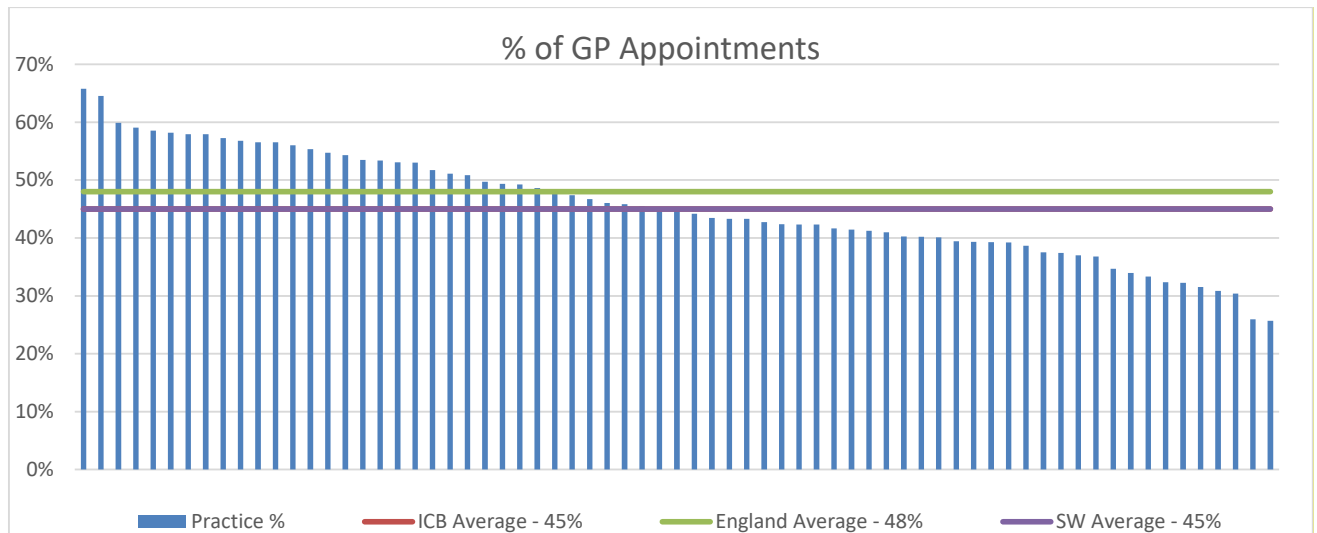


The table below shows the percentage of practices providing appointments within 14 days compared with the South West and England averages.

% of Appointments available within 14 days	Number of Practices on/above	Number of Practices below
ICB Average – 74%	41	28
England Average – 83%	8	61
SW Average – 80%	12	57

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.

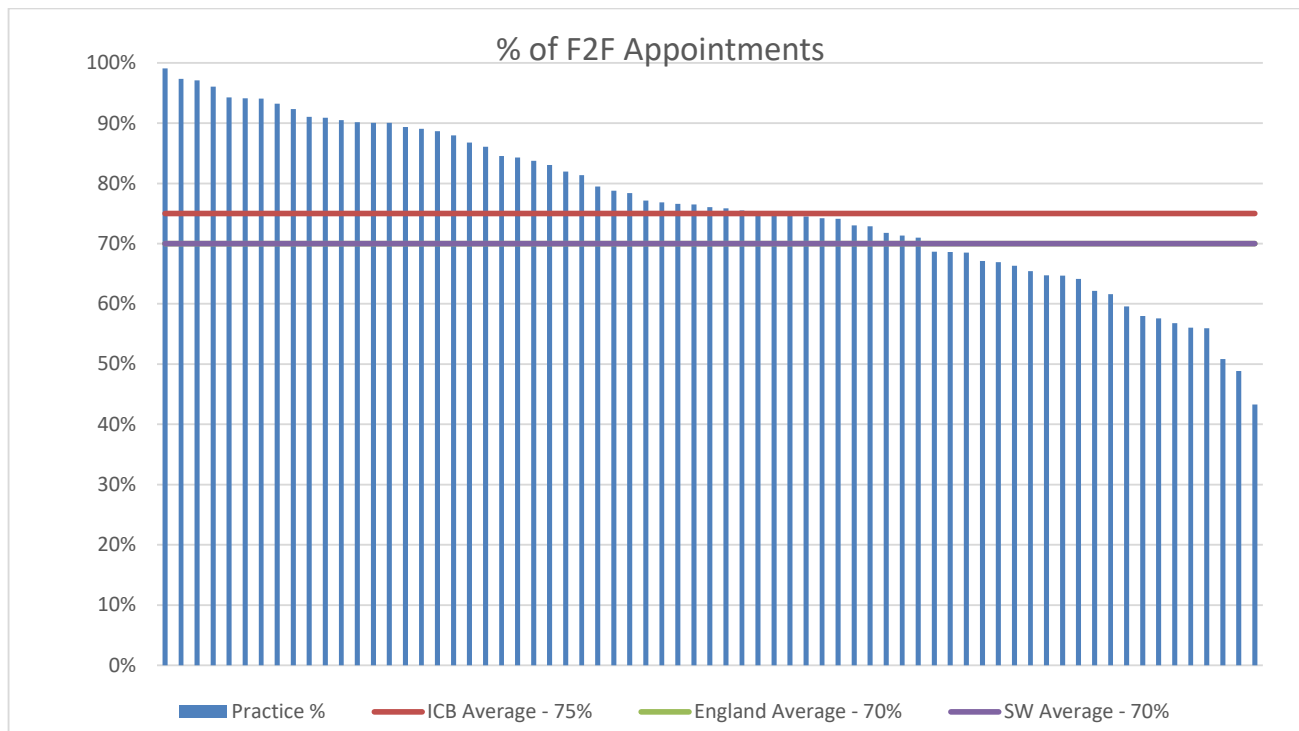


149,178 (44%) of total appointments were GP appointments. The table below shows the percentage of appointments within Gloucestershire with a GP compared with the South West and England averages.

% of Appointments with a GP	Number of Practices on/above	Number of Practices below
ICB Average – 45%	35	34
England Average – 48%	28	41
SW Average – 45%	35	34

Face to Face Appointments

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

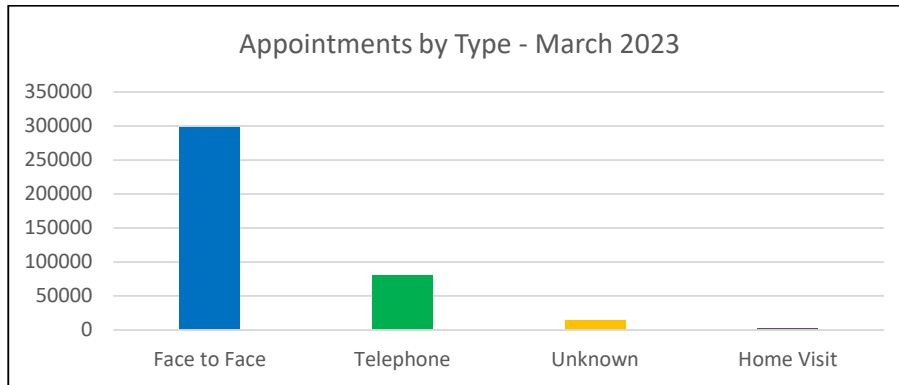


This data shows that 41 of the 69 of practices are delivering face to face GP appointments above the average for the South West and England.

% of Face to Face GP Appointments	Number of Practices on/above	Number of Practices below
ICB Average – 75%	41	28
England Average – 70%	48	21
SW Average – 70%	48	21

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.



Types of Appointment








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

National Appointment Category	No of Appts	% of Total Appts
General Consultation - Routine	123,384	31.18%
General Consultation - Acute	76,025	19.21%
Planned Clinical Procedure	48,590	12.28%
Planned Clinics	42,225	10.67%
Clinical Triage	41,686	10.54%
Inconsistent Mapping*	27,641	6.99%
Unmapped**	16,396	4.14%
Unplanned Clinical Activity	6,721	1.70%
Patient Contact during Care Home Round	4,414	1.12%
Home Visit	1,959	0.50%
Structured Medication Review	1,812	0.46%
Care Related Encounter	1,374	0.35%
Social Prescribing	1,225	0.31%
Care Home Visit	897	0.23%
External Service	897	0.23%
Care Home Needs Assessment/Care Planning	190	0.05%
Non-Contractual Chargeable	133	0.03%
Group Consultation & Group Education	87	0.02%
Walk In	30	0.01%

* Appointment types that have been mapped, but not to a Care Related Encounter are classed as Inconsistent Mapping. Appointments under this context type conflict the description of an appointment and further work is required to understand the nature of the appointment.

** Unmapped indicates that there was no record of a category against an appointment. This could be due to an error receiving the data, or an appointment type has not been mapped.

Appointment Trends

Appointments	December	January	February	March	Trend
Total Appts - National	26,740,950	29,442,876	27,257,347	31,418,946	
Total Appts - Glos	344,128	370,840	339,045	395,686	
Glos Data					
% of Same Day Appts	44	40	40	38	
% Appts within 14 Days	79	78	77	74	
% Face to Face Appts	75	76	75	75	
% GP Appts	46	46	44	45	
No of Appts per 1,000 Patients	502	541	494	576	

7. Recommendations

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

Appendix 1 – PCN Performance against 2023/24 IIF Indicators as at (date) - DRAFT

PCN Performance against IIF Indicators																	
IIF Indicators 2023/24		ICB	Central	Peripheral	St Paul's	Stroud Cotswolds	TWNS	HQ	South Cotswolds	Forest of Dean	NSG	Aspen	Berkeley Vale	North Cotswolds	Severn Health	Inner City	RB
VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	No of Eligible Patients																
	No Achieved																
	% Achievement																
VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	No of Eligible Patients																
	No Achieved																
	% Achievement																
HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	No of Patients on LD Reg					Data will be available for Summer 2023											
	No Achieved																
	% Achievement																
CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	Total No of Referrals																
	No Achieved																
	% Achievement																
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	Total No of Appts																
	No Achieved																
	% Achievement																

Appendix 2 – PCN Additional Roles Reimbursement (ARR) Scheme

A summary table for the number and type of ARR staff across the 15 PCNs based on April 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
Advanced Clinical Practitioner Nurse													1			1
Care Coordinator	12	12	2	2	10	11	5	5	2	7	6	5	3	4	1	87
Clinical Pharmacist	3	3	7	4	11	8	2	6	5	4	7	6	12	4	8	90
Dietician					1											1
Digital and Transformation Lead			1		2	1	1	1			1	1		6	1	15
First Contact Physiotherapist			2				1	2		1		3			3	12
General Practice Assistant				3								2				
Health and Wellbeing Coach		6	1												2	9
Mental Health Practitioner Band 7	1		1	1	1	3	1	1					1		1	11
Mental Health Practitioner Band 8A			1				1									2
Nursing associate	1	1								1		1				4
Paramedic		3	4			1		4				5	2		1	20
Pharmacy Technician	1	4	3	2	5	1	1	3	2	1	3	3	2	3	4	38
Physician Associate	1			2						1					1	5
Social Prescribing Link Worker	4	1	6	5	3	3	4	5	2	3	1		3	4	5	49
Trainee nursing associate	1	1	2					1		1		2	2	1	1	12
Total	24	31	30	19	33	28	16	28	11	19	18	28	25	22	28	355

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
Advanced Clinical Practitioner Nurse													0.64			0.64
Care Coordinator	8.627	8.173	2	1.6	8.12	8.254	2.226	3.347	1.8	5.986	4.586	3.921	2.12	2.66	0.64	64.06
Clinical Pharmacist	2.6	2.273	4.94	4	10.107	5.153	1.427	5.54	3.687	2.39	4.8	4.273	9.974	3.573	6.114	70.851
Dietician	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Digital and Transformation Lead	0	0	0.64	0	0.373	0.92	0.287	0.48	0	0	0.676	0.08	0	1	0.64	5.096
First Contact Physiotherapist	0	0	1.3	0	0	0	0.747	2	0	1	0	2.12	0	0	2.48	9.647
General Practice Assistant	0	0	0	2.066	0	0	0	0	0	0	0	1.24	0	0	0	3.306
Health and Wellbeing Coach	0	2.999	1			0	0	0	0	0	0	0	0	0	1.907	5.906
Mental Health Practitioner Band 7	1	0	1	1	1	2.6	0.6	1	0	0	0	0	1	0	1	10.2
Mental Health Practitioner Band 8A	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Nursing associate	0.8	1	0	0	0	0	0	0	0	1	0	0.987	0	0	0	3.787
Paramedic	0	2.4	3.64	0	0	0.76	0	1.5	0	0	0	4.72	2	0	1	16.02
Pharmacy Technician	1	3.453	2.84	2	4.653	1	0.72	3	1.8	1	2.6	2.6	1.933	2.627	2.28	33.506
Physician Associate	1	0	0	2	0	0	0	0	0	1	0	0	0	0	1	5
Social Prescribing Link Worker	3.24	0.987	5.6	5	2.587	3.067	2.86	3.533	1.8	2.28	1	0	1.814	2.76	4.68	41.208
Trainee nursing associate	0.667	1	2	0	0	0	0	0.8	0	0.8	0	1.707	1.027	0.8	1	9.801
Total	18.934	22.285	24.96	17.666	27.84	21.754	9.867	21.2	9.087	15.456	13.662	21.648	19.868	13.42	22.741	280.388

WTE ARR Roles per 1,000 patients																
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
PCN Contractor Weighted Population as at 1 January 2023	30,142	43,919	52,829	53,369	73,727	33,379	22,512	55,019	37,551	34,690	39,010	63,837	45,259	32,040	51,326	
Advanced Clinical Practitioner Nurse													70.72			70.72
Care Coordinator	3.49	5.37	26.41	33.36	9.08	4.04	10.11	16.44	20.86	5.80	8.51	16.28	21.35	12.05	80.20	273.35
Clinical Pharmacist	11.59	19.32	10.69	13.34	7.29	6.48	15.78	9.93	10.18	14.51	8.13	14.94	4.54	8.97	8.39	164.10
Dietician					73.73											73.73
Digital and Transformation Lead			82.55		197.66	36.28		114.62			57.71			32.04	80.20	601.05
First Contact Physiotherapist			40.64				30.14			34.69		30.11			20.70	156.27
General Practice Assistant				25.83												25.83
Health and Wellbeing Coach		14.64	52.83												26.91	94.39
Mental Health Practitioner Band 7	30.14		52.83	53.37	73.73		37.52	55.02					45.26			347.87
Mental Health Practitioner Band 8A							22.51									22.51
Nursing associate	37.68	43.92								34.69		64.68				180.96
Paramedic		18.30	14.51			43.92		36.68				13.52	22.63			149.57
Pharmacy Technician	30.14	12.72	18.60	26.68	15.85	33.38	31.27	18.34	20.86	34.69	15.00	24.55	23.41	12.20	22.51	340.21
Physician Associate	30.14			26.68						34.69					51.33	142.84
Social Prescribing Link Worker	9.30	44.50	9.43	10.67	28.50	10.88	7.87	15.57	20.86	15.21			24.95	11.61	10.97	220.34
Trainee nursing associate	45.19	43.92	26.41					68.77		43.36		37.40	44.07	40.05	51.33	400.50
Total	197.69	202.69	334.92	189.94	405.83	134.98	155.20	335.38	72.77	217.65	89.34	201.49	186.21	116.91	352.53	3,193.51

Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 1st June 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	June 2023
Key Issues to note	ICB Quality updates			
Key Risks:	N/A			
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				
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
POD	Pharmacy, Optometry & Dental
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Quality Report

May 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:

- Safeguarding
- Prescribing and Medicines Optimisation updates
- Vaccination and Immunisations
- Patient Safety update
- Urgent and Emergency Care
- Primary Care education and workforce updates
- Infection Prevention Control
- POD delegation
- Migrant Health update

2.0 Safeguarding

2.1 Key Achievements/ Celebrations

2.1.1 Designated Dr Safeguarding Children in post 3 sessions per week (1.5 days therefore limited capacity). New Band 4 Safeguarding and Children in Care admin post commences May 15th 2023 (22 hrs) funded from reprioritising existing budget expenditure as there is currently no back fill contingency for admin support and no admin function for Children in Care Designated Professionals.

2.1.2 Safeguarding Integration Group and new Strategy progressing well. This strategy seeks to provide clarity and direction to Gloucestershire ICS as it continues to develop integration of core safeguarding functions across the ICS. The strategy aims to set out how we work as a safeguarding system, to ensure that appropriate health-related safeguarding functions in Gloucestershire are integrated, innovative, high quality and responsive. This will provide health professionals with robust and effective systems for health-related safeguarding linked to the needs of our local population. We are working on integrating core safeguarding functions where possible such as training, supervision, communications, policies and procedures and partnership working. An ICS wide Executive level mandatory safeguarding training sessions are planned for May and June to be delivered by our ICB team.

2.1.3 We continue to support safeguarding professionals across the ICS to access continuing professional development on an individual and team basis as appropriate to maintain safeguarding competencies. This is funded by NHSE Safeguarding CPD allocation for 23/24 and has been well received with positive feedback.

2.1.4 The ICB Safeguarding Adult Lead Nurse and Associate Director Safeguarding are now members of the Safer Gloucestershire Partnership Board and Domestic Abuse and Sexual Violence Strategic Groups. This should ensure a cohesive link within the ICB to the work the safeguarding team lead on such as Domestic Homicide Reviews and serious violence and exploitation priorities.

2.2 Key Risks/Areas of Concern

2.2.1 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 has been unsuccessful for the CiC post with no applicants therefore will be a long-term vacancy and risk within the team. Designated Nurse CiC is part time adding to ability to undertake core work. Discussions re separate Child Death Designated Dr medical paediatrician function underway with Executive Chief Nurse and GHFT and recruitment to be undertaken by GHFT as this post is also vacant.

2.2.2 Ongoing capacity concerns on risk register for safeguarding team in relation to Intercollegiate requirements (including admin support and dual roles) – complexity and increase of workload in small team in comparison to geographically similar teams in region. This has been mapped and evidenced. Capacity concerns on ICB risk register (long term) and business case for an 8b Designated Nurse WTE post to be taken to Operational Executive Group during May.

2.2.3 ICB increasing responsibilities to lead for health regarding the new Serious Violence Duty and Domestic Abuse Act as Safeguarding Team are now the ICB lead for these workstreams. Currently planning for an imminent JTAI inspection (significant workload attached plus fortnightly multiagency planning meetings) in addition to significant safeguarding workload such as high number of statutory safeguarding reviews the team lead the health response.

2.2.4 Further work to be undertaken to understand how safeguarding standards and assurance Processes are incorporated into the wider commissioning process as part of the existing NHS standard contract Safeguarding Schedules.

3.0 Patient Experience & Engagement

3.1 Patient Experience

3.1.1 The PALS and Complaints Team are collaborating with colleagues across the South West and the Regional Office of NHS England in preparation for the delegation of complaints handling for general medical services (GP) and community pharmacy, optometry, and dentistry (POD) from 1 July 2023. The model for handling complaints relating to these services is to be confirmed; with the distribution of activities between the Commissioning Hub and ICB staff still to be agreed. It is likely that additional administrative capacity within the ICB PALS and Complaints Team will be required to support the Executive sign off all GP and POD complaints, something previously undertaken by NHS England Regional Office.

3.2 Patient Engagement

3.2.1 One Gloucestershire People's Panel

Recruitment for Panel Members has taken longer than the independent recruiters had anticipated. The ICB Engagement Team are working with Phoenix MRC to increase publicity of the opportunity

to get involved. The target membership is 1000, we currently have approximately 500 individuals signed up. We have set ourselves a target to be able to send an NHS 75th Birthday message to 1000 Panel Members during the first week in July 2023.

3.2.2 *Get Involved* in Gloucestershire: Working with people and communities

ICBs are required to produce an Annual Report and Accounts. An element of this report is a section on 'Working with people and communities. This year, as well as preparing an annual summary of activities for the corporate report, the ICB Engagement Team are creating a dynamic 'Working with people and communities' space on the *Get Involved* in Gloucestershire online participation platform <https://getinvolved.glos.nhs.uk/>.

3.2.3 This is our public place for recording in more detail the work we have been involved with. It will be updated regularly throughout the year with case studies and output of engagement reports. It will include an introductory space setting out our governance arrangements and then information will be broken down into four components based on the areas of focus in our Working with people and communities Strategy: Involving you, Tackling inequality, Local partners and Sharing information.

4.0 Prescribing and Medicines Optimisation

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

4.2 **Medicines savings:** We have been able to confirm with finance that prescribing savings targets for 22/23 have been achieved. Savings last year relied heavily on switches to Edoxaban from other DOAC medicines and there was a great deal of activity last year across all practices to ensure that these switches occurred. The IIF target for these switches has subsequently been removed in 2023/24. Plans for 23/24 are still being developed with a focus on more efficient prescribing and looking at variance in prescribing across practices.

4.3 **Community Pharmacy Consultation Service (CPCS):** Work continues on this project. The team have pooled 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 and Community Pharmacies are beginning to use this (since April).

4.4 **Discharge Medication Service:** Work continues on ensuring Pharm outcomes is embedded into GHFT EPMA system so referrals to Community Pharmacies can be made on discharge.

4.5 **NHSE Pathfinder Bid:** Gloucestershire ICS has submitted a bid to NHSE to support a project where Community Pharmacists can use their Independent Prescribing qualifications to prescribe for CVD in a community pharmacy. This pathfinder bid will test how the IT and commissioning of this service can support referrals from Primary Care. The bid supports 3 community pharmacists providing a session a week for approximately 6 months. We await to see if we have been successful. Initial feedback has been very positive.

5.0 Vaccination Update

5.1 The Spring booster campaign is well underway and at the time of writing this update 47,359 boosters have been delivered and 78% of Gloucestershire Care Homes completed.

- 5.2 The ICB are currently undertaking assurance visits to all vaccination sites in Gloucestershire. The purpose being to ensure governance processes are in place and to offer support regarding the vaccine programme.
- 5.3 The ICB are also pleased to report that the Demonstrator programme, Access for All Gloucestershire, is making some very good initial progress. The focus is on improving uptake of pre-school childhood immunisations and the team has been working very hard over the last month engaging with 12 practices and have now screened and telephoned nearly 900 patients to get them booked into vaccination clinics or update records to confirm that vaccinations have been declined, this also included informing the Child Health Information Services (CHIS) to ensure that all records have been updated.

6.0 UEC

- 6.1 Pre-Emptying and Boarding – although handover delays have been reducing over March and April. Recent trend analysis has identified the same themes relating to delays.
- 6.2 A Quality Summit planned for the 28th of April focussed on the Emergency Department congestion and plans to reduce. Alongside the Trusts commitment to stopping the boarding of patients on wards by the end of the summer.
- 6.3 There has been an overall reduction seen in the length of stay for patients at GHT so far this year and work continues with system partners to focus on the 7 KPI's for the key system risk objectives (Sloman Plan).

7.0 PPG Update

- 7.1 The ICB are continuing to work proactively with PPG to support the work around the recommendations in the CQC report. Good progress is being made against the action plan and monitoring meeting to review progress against the recommendations continues. Alongside this PPG have been invited to and are now in attendance at a number of system wide UEC meetings including the UEC CPG.
- 7.2 Work also continues to strengthen leadership capacity in key areas of service such as Clinical Audit and Quality Improvement Projects. PPG have also revisited their recruitment push, successfully recruiting 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 and remote working options are being explored to compliment the support provided.
- 7.3 All medication concerns raised in the CQC have been thoroughly reviewed and the ICB Quality Team and have now been addressed with action completed. Assurance around governance and process and will continue to be monitored including feedback from the CQC follow up visit planned for the end of April.

8.0 Patient Safety - Learn from Patient Safety Events (LFPSE)

- 8.1 LFPSE is the new national tool for all the healthcare community for recording:
- Incidents
 - Outcomes

- Risks
- Good Care

- 8.2 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.
- 8.3 NHSE have yet to share the reporting side of the tool and so ICB Patient Safety Team have been unable share a key 'why' primary care should report, when they don't contractually have to.
- 8.4 The team 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. There are also plans to move Quality Alert to the same platform during this process.

9.0 Primary Care Education and Workforce Updates

- 9.1 Nurse on Tour continues to grow in strength. A further 7 more tours have been booked and there is work in progress to develop a Learning Disability model too.
- 9.2 A successful Learning Disabilities (LD) conference has recently been held for LD Champions with many attending from Primary Care. The conference gave champions from all sectors a opportunity to discuss challenges, initiatives and good practice. It also included experts by experience to provoke discussion around how health care can continue to improve services for the LD community.
- 9.3 A Health Care Assistant study day has also taken place with 40 HCA from Primary care attended. The mixed agenda for the day included both clinical and non-clinical learning. Overall satisfaction was excellent and 90% of those attended have asked for another day and provided information and feedback on what other topics that they would like to learn about.
- 9.4 Legacy mentors – really good collaboration has formed across the ICS with this project. Nurses, midwives, and HCPs all involved. A very successful information afternoon held in April at Sanger House with 15 members of staff across the ICS 'dropping in' to find out more. The Job descriptions for the roles have now been finalised and recruitment process underway.
- 9.5 The Preceptorship Programme continues to flourish in Primary Care. The new programme lead is now in post and has already created new ideas and strategies to encourage Primary Care to take up this offer of support.
- 9.6 The vacant Clinical Learning and Development Matron now been appointed to and will be joining the team in the summer.
- 9.7 A Primary Care Nursing strategy survey has now concluded with some startling results demonstrating the challenges and opportunities to improve retention in our current workforce.

10.0 POD Delegation

- 10.1 Gloucestershire ICB assumed delegation of POD services as of 1st April 2023. Representatives from several ICB directorates (including Quality) attended a primary care delegation event in Taunton on March 29th. All SW ICB's were in attendance and discussions centred around how the ICB's can collectively prepare for delegation, hopes, concerns, opportunities, transition and what is needed to enable working together. Gloucestershire ICB are one of several ICB's that have requested a POD transition plan and process, and work is underway to formulate a draft transition plan. The ICB POD project group recommenced on April 26th 2023 with a focus on transition and operational aspects.

- 10.2 Concerns regarding the timeliness and quality of data from NHSE continue however, quality profiles for each service area have been received which provide some overview and detail regarding background, quality oversight and assurance, inspection visits, and current live quality issues for each service area.
- 10.3 The Quality Directorate continue to support the Gloucestershire Dental Strategy Group and will be attending the newly formed Gloucestershire Community Pharmacy Strategy Group meetings and have a meeting with the Eye Health CPG Lead planned for the 17th May 2023.

11.0 Migrant Health

- 11.1 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 has now reopened for new arrivals.
- 11.2 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.
- 11.3 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.
- 11.4 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.
- 11.5 Data gathering regarding 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.
- 11.6 There has been increased movement throughout the county in existing hotels as weather improves and channel crossings increase. Although the average length of stay in Gloucestershire hotels remains high, with the longest being 378 days in the largest hotel. There are currently a total of 363 residents across the four existing hotels.
- 11.7 On March 2nd 2023 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. A new estate has now been stood up in Cheltenham, in a converted student hall of residence. As yet still no service users have arrived at the residence. Initial capacity is set for 100 bed spaces but planning application has been submitted to increase this capacity to 200. The new residents will be registered across three GP surgeries with a fourth practice to be approached should capacity increase to 200. It is anticipated that the new residents will all be adult single males.

12.0 Infection Prevention Control

- 12.1 Work is underway to update the primary care antibiotic treatment guidance for CDI, countywide. The current guidance on the Gloucestershire Joint Formulary out of date and no longer in line with the NICE/PHE recommendations. The ICS AMS group have met and agreed that this should be updated imminently to ensure that patients are treated with the correct antibiotics. The Medicines Optimisation team are supporting this work which should be completed by the end of May. Primary Care colleagues will be updated and informed of the new information via the weekly primary care bulletin.
- 12.2 The ICB have planned an IPC training event scheduled to take place at the end of June 2023. The event has been tailored for GP Surgery and Care Homes IPC leads.

The Committee is asked to note this report.



Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Part 1
 Thursday 1st June 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:	There is a risk that limited primary care capacity impacts participation in Place/partnership agenda in some geographies.			
Original Risk (CxL)	Original (2x4) 8			
Residual Risk (CxL)	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 its widest sense is always considered.		
Patient and Public Involvement	Engagement with people and communities is a key part of priority projects.		
Recommendation	<p>The Committee is requested to:</p> <ul style="list-style-type: none"> 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

ICS Transformation Programme Highlight Report

May 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	12 May 2023
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

Programme Aim <small>(from delivery plan)</small>	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. The 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 <small>(as per delivery plan)</small>	Key Achievements from last reporting period <small>(from delivery plan)</small>	Key Upcoming Milestones for the next reporting period <small>(from delivery plan)</small>	Key Areas of Variance - that have occurred/ could occur <small>(from delivery plan)</small>
Place Based Model	<ul style="list-style-type: none"> Completed successful delivery of the Community Investment Fund schemes across our six localities with a report on the initial impact prepared for Elizabeth O'Mahony, NHS England South West Regional Director. The structures of our ILPs and strength of partnerships across the county were testament to the agile delivery of the fund. Recent presentations to ICS NED meeting and ICB Board Development session showcasing, alongside partners, the work in localities and neighbourhoods including the use of data to inform priorities and impact. Funding assigned to the delivery of Community Health and Wellbeing hubs in areas of the greatest deprivation in Gloucestershire. Sites planned in two areas of Gloucester City, West Cheltenham and Cinderford in the Forest of Dean/ and are aligned to their respective ILPs. Each hub will be set up for future covid vaccination requirements and be adaptable to meet the local needs and requirements of a health and wellbeing asset for communities. Members of Gloucester, Cheltenham and Forest of Dean ILPs and the Gloucestershire Neighbourhood Transformation Group have been supportive of this opportunity for wider health and wellbeing support and are engaged with developments. 	<ul style="list-style-type: none"> Further develop plans for utilising the additional non recurrent Strengthening Local Communities grant funding in each ILP for 2023/24 in line with local priorities, building on current schemes and considering alternatives to meet local need. Share finalised strategic plan for ILPs with members including summary slides. Further consideration with Integrated Care Partnership (ICP) members and sub group on how ILPs can contribute to the delivery of the exemplar themes of employment, smoking and blood pressure. A stocktake of work already underway related in a direct or indirect way to these themes across our neighbourhoods and localities is being prepared to support the wider ICP development. Develop ways to further showcase our work locally and wider. An example of this is an upcoming visit by Matt Neilgan, Director of System Transformation at NHSE. Presentations showcasing ILPs and ILP priorities are also planned for the Countywide Patient Participation Group, South West Region Place Leads, and Active Gloucestershire in the coming weeks. Further scoping of Community Health and Wellbeing hubs and agreement of delivery milestones in Gloucester (x2), Cheltenham and the Forest of Dean with project groups established in each area to progress alongside local partners and communities. 	<ul style="list-style-type: none"> 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.. Concerted effort to raise the profile of developments in Localities and Neighbourhoods over the next three months

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	12 May 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	<ul style="list-style-type: none"> Neighbourhood and locality specific achievements: <ul style="list-style-type: none"> In Stroud and Berkeley Vale the NHS Charities Together funded Otaego Instructor has completed their training and is now supporting the delivery of Better Balance Classes., Walking Football sessions continue to attract 15-20 participants per week, and Care Home Exercise Classes have just started at Scarlett House in Stroud. Cotswold ILP has agreed to fund Cotswold chat for a further year from the 23/24 Strengthening local communities grant. Cotswolds ILP members are looking at how Healthy Cooking and Eating Courses funded by the Community Investment Fund could be continued in conjunction with Cirencester college. Successful recruitment of Bluebell Worker for the pilot in Cheltenham to support Children and Young People to 'wait well' during CAMHS referral. Engagement continues as part of the West Cheltenham Health Equities priority with community engagement in Hester's Way and a productive project workshop held. Further engagement of local partners including VCSE with presentation to Cheltenham Know Your Patch network. In Stroud and Berkeley Vale the Dementia, Frailty and Carers priority working group is expanding from its focus on carers to include frailty interventions and support. 28 VCSE organisations successfully delivered Cost of Living and Winter Warmth support for vulnerable members of the Gloucester community as part of the Community Investment Fund. Venture Hub are currently undertaking more detailed analysis of the impact of this funding. In Tewkesbury a project group has been established to collectively look at issues relating to children and young peoples mental health and wellbeing as a priority of the ILP. This additionally supplements the existing youth forum establishment work underway through NHS Charities Together funding. In the Forest of Dean the substance misuse project has linked with the Community Mental Health Transformation programme to access the newly established Locality Community Partnership (MDT) meetings. This alignment of the two areas of work will be complementary to both groups of service users recognising the cross over with other community partners involved. The initial health coaching cohort of pre-diabetic individuals as part of this priority in the Forest of Dean has now completed. Initial findings were very positive however it was noted that fewer attendees consistently attended than had been hoped. 	<ul style="list-style-type: none"> Neighbourhood and locality specific upcoming milestones include: <ul style="list-style-type: none"> In Stroud and Berkeley Vale the Children and young people working group is hosting a networking event in July for VCSE organisations, commissioners and education representatives. The purpose is to map what is currently on offer, access to service/support offers and to identify any gaps. As part of the Dementia, Frailty and Carers priority in Stroud and Berkeley Vale, the text messages that will go out to patients to identify carers, encouraging unregistered carers to register via the carers hub and educating registered and unregistered carers regarding what support there is on offer for carers will be sent out across the 3 PCNs in the third week in May to align with Carer's week which commences 5th June. Virtual frailty ward - an MDT in Berkeley Vale PCN is being convened to review people who are medically fit for discharge.. Once individual patient reviews have taken place the themes and trends that have emerged will be discussed and next steps agreed including links with volunteer programmes in the county. In the Cotswolds the Children and young peoples wellbeing group will scope what support there is for young people in the Cotswolds in relation to young carer support, body image and other wellbeing aspects for this age group. Local insights and data from local organisations will be reviewed alongside health data. Intervention design and delivery will follow. The Cotswolds Deprived Wards priority is focussing on the Beeches area of Cirencester reviewing ways to build community capacity and engagement. Further development of Gloucester ILP plans for new priorities; Coney Hill Place Approach, Active Communities (city wide), and Community Health and Wellbeing Hubs in the Stroud Road and Inner City areas. NHS Charities Together funded Community Engagement programme run by Altogether Better begins in June with 14 staff from across Gloucester PCNs registered. Working with Forest of Dean District Council to consider a hybrid offer to a further cohort of pre-diabetes patients to increase take up. Interview scheduled for Health and Wellbeing Champion Lead in West Cheltenham following recruitment morning to promote the opportunity. Planning for Community Family fun day in West Cheltenham in August to include health and wellbeing messaging and promoting services supported by recent Strengthening Local Communities funded Health and Wellbeing Grant round. 	<ul style="list-style-type: none"> It was necessary to reschedule the priority setting meeting of Tewkesbury ILP which has caused a slight delay to this process, however work has been progressing behind the scenes to prepare the necessary data, insights and engagement to complete this during May and June. The current phase of the social isolation and loneliness priority in the Cotswolds has been stalled due to accessing patient lists. With this anticipated imminently the working group will be able to plan to rollout of this cohort of deconditioned patients registered with practices in the South Cotswolds.