NHS Gloucestershire Primary Care & Direct Commissioning Committee Part 1

To be held between 14.00 – 15.50 on Thursday 5th October 2023

ICB Board Room, Floor 5, Shire Hall, Gloucester, GL1 2TG & MS Teams

Chair: Colin Greaves

No.	Time	Item	Action	Presenter
1	14.00 – 14.05pm	**Introduction & Welcome**	Note	**Chair**
2.		**Apologies for Absence;** *Jeanette Giles, Ellen Rule*	Note	**Chair**
3.		**Declarations of Interest**	Note	**Chair**
4.		**Minutes of the Last Meeting held 3 August 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	**Berkeley Place/Prestbury Park Merger**	Decision	**Jo White**
		Items for Information		
8.	14:15- 14:25pm	**PCIP 2023/2024 delivery**	Information	**Andrew Hughes**
9.	14:25- 14:45pm	**Community Pharmacy presentation**	Information	**Adele Jones**
10.	14.45 – 15.00pm	**Delivery plan for Recovering Access to Primary Care**	Information	**Jo White**
11.	15:00 – 15:05pm	**Primary Care Risk Report**	Information	**Jo White**
12.	15.05 – 15.10pm	**Highlight Report:** • **PCN** • **General Practice** • **Pharmacy, Optometry & Dentistry**	Information	**Jo White**
13.	15.10– 15.20pm	**Performance Report:** • **PCN** • **General Practice** • **Pharmacy, Optometry & Dentistry**	Information	**Jo White**
14.	15.20 – 15.30pm	**Primary Care Quality Report**	Information	**Marion Andrews-Evans**
15.	15.30 – 15.40pm	**Financial Report**	Information	**Cath Leech**

16.	15.40 – 15.45pm	**ICS Transformation Programme & ILPs Highlight Report**	Information	**Helen Edwards**
17.	15.45 – 15.50pm	**Any Other Business (AOB)**	Information	**Chair**

Time and date of the next meeting: Thursday 7th December 2023, 14.00-16.00pm.

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
Dr 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
Colin Greaves	01/06/2023	CG declared an Interest in Item 7 on the agenda as his daughter was a patient at Hucclecote Surgery. He said he would stay and lead the conversation, but would be abstaining on voting to ensure that there was no perception of a Conflict of Interest. This was duly recorded for this meeting as requested.		Item 7
Dr Laura Halden	01/06/2023	LH declared an Interest as being a GP at Gloucester Health Access Centre and for the Inner City PCN; and also temporary clinical lead for Blakeney, Forest of Dean PCN. LH also stated that she sits on the LMC and was previously a partner at Hucclecote Surgery, albeit not involved in any decision pertaining to their premises today.		
N/A	03/08/2023	No declarations declared	N/A	N/A

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 3rd August 2023, 14.00-15.30pm
Board Room & Virtually at Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

Members Present:		
Colin Greaves (Chair)	CG	Non-Executive Director, NHS Gloucestershire
Ayesha Janjua	AJ	Associate Non-Executive Director, NHS Gloucestershire
Dr Andy Seymour	AS	Chief Medical Officer, NHS Gloucestershire
Cath Leech	CL	Chief Finance Office, NHS Gloucestershire
Prof Jane Cummings	JC	Non-Executive Director, NHS Gloucestershire
Marion Andrews-Evans	MAE	Chief Nursing Officer, NHS Gloucestershire
Mary Hutton	MH	Chief Executive, NHS Gloucestershire
Participants Present:		
Becky Parish *(part-meeting)*	BP	Associate Director of Patient Engagement, NHS Gloucestershire
Carole Alloway-Martin	CAM	Councillor, Gloucestershire County Council
Christina Gradowski	CGi	Associate Director of Corporate Governance, NHS Gloucestershire
Dr Olesya Atkinson	OA	GP and Clinical Director of Cheltenham PCN
Declan McLaughlin	DM	Head of Primary Care Contracting, NHS Gloucestershire
Helen Edwards	HE	Associate Director of Primary Care & Place, NHS Gloucestershire
Jeanette Giles	JG	Head of Primary Care Contracting, NHS Gloucestershire
Julie Symonds	JS	Deputy Chief Nursing Officer, NHS Gloucestershire
Jo White	JW	Associate Director of Primary Care & Place, NHS Gloucestershire
Nigel Burton	NB	Healthwatch Representative, Healthwatch Gloucestershire
Ryan Brunsdon	RB	Board Secretary, NHS Gloucestershire
In attendance:		
Dawn Collinson	DC	Governance Support Officer
Andrew Hughes	AH	Associate Director, NHS Gloucestershire

1. Introduction & Welcome

1.1 CG welcomed members and attendees to the meeting and noted that this would be the last meeting conducted from Sanger House.

1.2 There was one member of the public in attendance.

2. Apologies for Absence

2.2 Apologies were received from Helen Goodey (HG).

2.3 The meeting was confirmed to be quorate.

3. Declarations of Interest

3.1 The Register of ICB Board members is publicly available on the ICB website: Register of

interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)
There were no interests declared at this meeting.

4. Minutes of the Previous Meeting

4.1 The minutes of the previous meeting held on 1st June 2023 were approved by the Committee as an accurate record of the meeting. The Chair noted that he would like these turned around in a more timely fashion.

5. Matters Arising and Action Log

5.1 **17/04/23, Item 9.2 - Risk Report.**
The Chair was content that this had been actioned. **Item Closed.**

17/04/23, Item 14.1 – TWNS PCN Evaluation.
To be brought back to the October 2023 meeting. **Item to remain Open.**

01/06/23, Item 8.12 – Differences in Local & National Reporting.
Work ongoing on data inconsistencies. Possibly revisit in the October 2023 meeting. HG had written to the ICB Board in relation to data discrepancies where NHSE use national definitions in relation to GP numbers which had given a different perspective at a meeting where members of the Primary Care team had presented. This paper was in draft and awaiting final sign off. **Item to remain Open.**

01/06/23, Item 11.7 – Patient Survey Results.
To be discussed at today's meeting. **Item Closed.**

01/06/23, Item 11.8 – Data for Pharmacy, Optometry & Dentistry.
To be discussed at today's meeting. **Item Closed.**

6. Questions from the Public

6.1 There were no questions from members of the public.

7. Application from Yorkley and Bream Surgery to change the Practice Area

7.1 CG welcomed JG who gave a verbal overview of the application from Yorkley and Bream Surgery who wished to change their practice area.

7.2 JG informed the Committee that Yorkley and Bream Surgery had a list size of 8,524 and the practice was part of the Forest of Dean PCN. They had two sites, the main one being at Yorkley with a branch surgery in Bream. They had five partners and three salaried GPs and they were a well-established, stable partnership with a reputation for retaining GP trainees. There were 900 patients in the area to be removed and the practice's intention was to retain those patients and not to deregister them in either the short or long term, recognising that continuity of patient care was very important.

7.3 Babies born to those currently residing in the red area of the map would be registered, but students returning from university would not be registered. Patients new to the red area will no longer be able to register at the Practice, but there are five other practices available to register with. No nursing or residential homes would be affected by the proposed change.

7.4 Engagement and consultation had been as per the ICB's Standard Operating Procedure (SOP) and the Practice had worked closely with Becky Parish and her team in the

development of the survey. Responses from 600 people had been received and the Consultation Report was shown in Appendix 2. Additional surveys had been sent to local groups such as Yorkley Community Centre, Bream Rugby Club and others. A Patient Participation Group (PPG) was not in situ at the time of the survey but this was now in the process of being established and as a result, there were around 160 patients expressing an interest in joining. Despite not having a PPG in place, it was felt that the views from a wide range of patients had been captured.

7.5 Proposals were sent out to all neighbouring Practices, Healthwatch, the County Council and other areas. Feedback had been received from Blakeney Surgery, Severnbank Surgery, Healthwatch, the Local Medical Committee (LMC) and Hereford and Worcestershire ICB. The responses had been shared with the Practice and they had returned their comments. After receiving the practice's comments, the Local Medical Committee (LMC) had no concerns regarding the closure of the branch Surgery.

7.6 The Practice had stated that they had no intention to promote the boundary change actively or aggressively; it was difficult to quantify the number of patients who might register but future planning was being made for this around the use of space and staffing. The partners were keen to future-proof the Practice by bringing in additional staff, having recognised the potential demand for services in the proposed increased Practice area, and also being mindful of the numerous new building projects in the surrounding area.

7.7 A Quality Impact Assessment had been conducted by the ICB Quality Team who noted that:

- There were no patients in nursing and residential homes falling outside the proposed amended Practice area.
- It was unlikely that a change would have a negative impact on patient safety, safeguarding or infection, and no issues had been raised regarding access to medicines or pharmacy provision.
- There was a negligible risk that additional patients registering with the Practice would increase clinical and workforce pressures, but the potential requirement for additional staff would be planned in.
- The proposal was unlikely to have a negative impact on compliance with NHS Constitution partnerships.

7.8 This Practice proposal was first discussed at the Primary Care Operational Group (PCOG) on 9th May 2023 but there had been reservations regarding a potential deregistering of children at three years of age, the size of premises and the impact on the smaller Practices in the area. Clarification had been sought from the Practice and brought back to PCOG on 11th July 2023. Responses received had been discussed and the following had been noted:

- Babies born to patients currently residing in the area would be registered with the Practice who could not foresee a situation where a three-year old patient would be asked to register elsewhere.
- The Practice had confirmed that they expected any additional patients could be accommodated with enough existing clinical capacity in the main and branch Surgery premises which would accommodate any increase in local population size.
- The Practice again reiterated that they had no intention to aggressively advertise the changing boundary and saw themselves very much as part of a collaborative, forward-thinking member of the Forest of Dean PCN. Neither did they have any intention to destabilise the local Practices by changing the boundary, with nothing to be gained from doing this.

7.9 Summary:

- The proposed change in the Practice area will place both the Yorkley and Bream sites more centrally within the revised boundary;
- Patients new to the area will have a choice of other Practices and by increasing the Practice area, more choice could be offered to those patients around registration;
- It is anticipated that by increasing the Practice area, this will offer more security to the existing workforce and help attract staff for future succession planning.
- Should the proposal be approved, the Practice had confirmed they had no intention to remove patients in the short or long term and were committed to providing continuity of care for their patients.

7.10 CG asked AS, as Chair of the Primary Care Operational Group (PCOG), whether he had any concerns. AS said there had been some points of clarification following first scrutiny of the proposal, which had since been satisfied. On second examination, the PCOG had been happy to sign off the proposal.

7.11 AJ referred to inconsistencies such as the Practice having said the change would give more security to current staff and would enable them to attract future new staff whilst also stating they had no intention to destabilise neighbouring smaller Practices. AJ wondered how this inconsistency was being approached. JG said this was not something that the Practice would envisage happening very quickly; rather it would happen over a period of time. There would be no aggressive promotion of the change to the boundary and any new patients coming into the area could examine NHS Choices to see which Practices covered their particular address.

7.12 JW said when a Practice was keen to extend and grow, particularly in the current climate, then as long as the criteria was being met by that Practice, then the ICB should support these practices to move forward. This particular Practice was both well run and well organised and they continued to consider their patients, hence the support for the proposal put forward.

7.13 CG said that the strategic intent of the Practice was not clear, with expansion being fine long term, but in the short term their patient list size may be penalised. It was noted the Practice would have to apply for new dispensing rights for any areas within the revised boundary, in line with pharmaceutical regulations. CG said this could result in Blakeney becoming destabilised due to Yorkley and Bream Practice having pharmaceutical rights on that boundary change for some considerable time. CG stated that he felt uncomfortable with this Committee supporting that particular aspect.

7.14 AJ supported the Practice expansion but still did not understand the case for change. Some patients would need to travel further and one patient said that it had not been made clear as to why the change was being proposed. The proposal would need to ensure that smaller practices did not lose their viability, and the dispensing rights control was a way of ensuring this. It was considered also that the Practice might be trying to become a “super-practice” to ensure their own future-proofing.

7.15 JW said that work was ongoing in the Forest of Dean around resilience and stability for Practices, as the future landscape was uncertain and said it was unlikely that some of the smaller Practices in the area would be destabilised as a result of this boundary change. The Practice were probably trying to embed any changes in order to better suit the new landscape more favourably.

7.16 MH said she did not see how bringing in dispensing rights would help to safeguard the

smaller practices. CG explained that one of the negatives for attracting people to go from the new area that was being expanded and joining Yorkley, would mean that the patient would not get dispensing from Yorkley Practice. This was a deterrent in the short term. CG said the economic landscape in the Forest of Dean was fragile enough without seeing further destabilisation. DM said he had looked into this and the advice he had received from NHSE given current guidelines, was that it would be unlikely that the Yorkley Practice would have new dispensing rights approved in the expanded practice area.

7.17 JC noted the following key issues:

1. Context and reason for the proposal changes had not been made clear with some patients having strong feelings about this change.
2. There needed to be assurance that any potential increase in new patients could be managed without detriment to the existing patient list.

7.18 AS posed the question as to whether there was a good reason why this request should not be approved. CG stated he would prefer to see the Forest of Dean develop slowly; however, AH said that significant changes had already been taking place in the area.

RESOLUTION: The Committee

- ***Noted the recommendation from the Primary Care Operations Group (PCOG);***
- ***Approved the recommendation for Yorkley and Bream Surgery's request to change their Practice boundary and requested that comments from this Committee meeting be fed back to Yorkley and Bream Practice.***

8. Application to close White House Practice Branch Surgery at Blockley

8.1 JG introduced a verbal update regarding this item. JG informed the Committee that White House Surgery have a relatively small list size of just over 5000 and currently have two sites. Running these two sites is challenging for a small practice, both financially and resourcing personnel. The location of the premises and the patient spread is shown on the map in the paper. Patients have the option to register with alternative Practices in the area.

8.2 Appropriate patient engagement was conducted and the ICB also contacted neighbouring Practices and all other relevant organisations as part of the Standard Operating Procedure (SOP). Chipping Campden and Stow Practices support the proposal for closure. Healthwatch and the Local Medical Committee (LMC) were also asked for responses and these are included in the paper.

8.4 In terms of the responses, the main concern was dispensing and the Practice said they will provide a service to those unable to collect prescriptions from Moreton-in-Marsh. As another alternative, patients can also choose to have their prescriptions delivered from another NHS prescription delivery provider.

8.5 The White House Surgery informed patients at the time that the closure was a consequence of infection control restrictions due to the Covid pandemic but Blockley branch has since remained closed for three years and did not reopen after the pandemic.

8.6 The main reason for asking for the closure is that the building, after being inspected by the Infection Control Officer was deemed to be too small for adequate infection control measures and nothing would make it compliant. This is a converted building and there was a risk of it being closed again should there be another similar pandemic event. An alternative site had not been identified and DM said further spending involving

improvement grants, would not be appropriate in terms of high costs involved in making this building compliant.

8.7 The building was a converted house situated on a very steep bank and driveway, and the entrance doors are exceptionally narrow, making it unsuitable for both wheelchair user access and those living with disabilities to gain access. There is also very limited parking, offering just 2-3 spaces before vehicles have to then use roadside parking on a small lane.

8.8 White House Surgery said during and since Covid, working practices had changed and there are now many more telephone consultations which had reduced the need for physical patient space across the Practice as a whole.

8.9 A Quality and Sustainability Impact Assessment had been undertaken and as the branch closed when Covid commenced, no impact on patient safety was identified in the supporting information. The proposal should not impact negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards.

8.10 The closure of the branch surgery will contribute to a reduction of access and patient choice to residents of Blockley. However, patients were able to access services via the main surgery following the Covid pandemic. There will be no effect on the provision of safeguarding to both adults and children and the Practice and various patient engagement surveys obtained patient responses regarding the closure of the Blockley Branch.

8.11 The closure of Blockley was discussed in the Primary Care Operational Group (PCOG) meeting on 11th July 2023 and the points made in Items 8.6 and 8.7 were noted. PCOG's decision was to recommend the closure of the branch surgery at Blockley. JG summarised the reasoning for closure as above and said the permanent closure would increase White House Practice's resilience and sustainability. The Practice has addressed the main concerns of dispensing of medication for patients.

8.12 With the exception of this application, there are no list closures, mergers or other branch surgery applications in this area of Gloucestershire. For those patients wishing to access GP surgeries at an alternative practice, options are available. AS had nothing to add from a Primary Care Operational Group viewpoint.

8.13 CAM asked whether the White House Surgery had enough capacity to deal with the closure of the branch surgery. JG said that as far as she was aware there was nothing on the horizon around new buildings that would increase the population in that area.

8.14 JC said that for all the reasons stated, and if the prescribing was not an issue, then there would be no reason as to why the Committee would not support this closure.

8.15 CG queried the postal prescribing service and whether it worked satisfactorily. JG assured CG that if good procedures were in place, this worked very efficiently.
Action: AS to organise a site visit by a team member to White House Practice. **AS**

RESOLUTION*: The Committee reviewed the application and supporting information and unanimously approved the closure of the Branch Surgery at Blockley.*

9. <u>PCN Quality Improvement - Proposals and Process</u>

9.1 CG introduced JW who gave a verbal overview of Primary Care Network (PCN) quality improvement proposals and processes, which were supported through local funding,

informing the Committee that there has been a slight change in focus around the refunding of the PCN Quality Improvement initiatives this year to ensure that the initiatives will better meet the ICS objectives as well as patient need in each PCN, identified through a Population Health Management approach. The paper was to: agree the process, make the Committee aware of where things stood in that process, and the criteria being used this year.

9.2 The report provided details of the PCN Quality Improvement (QI) Projects approval process and outlines key emerging themes from PCNs proposals that have been submitted to date. The report will ensure appropriate governance for effective use of Quality Improvement funding and to make a difference to PCNs patient populations.

9.3 The Business Intelligence team have delivered training to the Quality Improvement Project Managers on outcomes and measures to ensure that data sources are identified to enable them to evaluate their projects and to link in with the Integrated Locality Partnerships (ILPs). Proposals will go to the Operational Executive team to ensure that they meet other ICB projects, initiatives and direction of travel. Many of the projects are supported by the Virtual Whiteboard project which is of great benefit around frailty. Updates to the Committee will be shared against delivery and expected outcomes and evaluations as the projects progress.

9.4 AJ asked for assurance that PCN staff had the capacity to be able to do this work. AJ also asked how the PCNs would be encouraged to align to the ILPs so that there would not be overlaps in the work. JW said it would be important to complement and build on work but to avoid duplication. Coding and reporting will be examined as the projects proceed. PCNs will be expected to share progress on their projects at ILP meetings.

9.5 JW said GPs have been presented with an opportunity to do something differently and there was great enthusiasm around this, which was reflected in the recent PCN away day. OA said that the majority of the frustration in Primary Care related to national contract issues and the Quality Improvement projects were a breath of fresh air bringing excitement and positivity to the PCNs. Eight PCNs have shared proposals which have a frailty theme but it was important for the other PCNs to deliver frailty-related proactive care because this links with the Urgent and Emergency Care programme on frailty.

9.6 HE said that more alignment was coming through with the ILPs, particularly around the prevention agenda. The wider partners already have a range of programmes, schemes and services in place. The difference is that PCNs are able to use their registered list, using the Population Health Management approach to identify those patients that would benefit and then work with the wider partners to connect those patients more effectively than had been done previously.

9.7 MH informed the Committee that Primary Care demand is up by 18% and the contract value this year is lower than inflation, which is not good and cannot continue. The ICP Strategy clearly sets out that localities are one of the areas for transformation. The Frailty Prevention workstream should sit firmly in localities which is where the registered patient list sits. The position on frailty should be overarching and resources should be matched to the need. There is now a model for this with frailty being the first, followed by other programmes.

9.8 CG expressed disappointment in not having been invited to the PCN away day as he felt this was a missed opportunity to have been able to speak to PCN Directors and others. OA apologised for this oversight and noted that CG's successor as Chair of the Primary Care and Direct Commissioning Committee, would be invited to any future events.

RESOLUTION*: The Committee approved the governance process for PCN Quality Improvement Bids.*

10. Delivery Plan for Recovering Access to Primary Care

10.1 JW introduced the Delivery Plan for recovering access to Primary Care. The recovery programme will require intensive resources in practices, PCNs and the ICB to be successful. It is dependent on practices engaging with the support available which mainly focusses around digital tools and telephony and moving towards a modern general practice model. It does not properly address the significant issues facing Primary Care in terms of staffing, demand and financial issues.

10.2 The ICB will receive £1.85 million in 23/24, which is less than last year, for system development but there is massive commitment against this, involving transformation, workforce programmes, GP IT, estates, training hubs, and GP local retention.

10.3 An update will be taken to the ICB Board in October/November 2023 and then another update for April/May 2024 to reassure NHSE how the ICB are performing against the plan.

10.4 There are risks around sufficient funding not being available to support the extensive plan; practices may not be stable enough to engage and patient expectations around access are likely to increase through this national commitment. The ICB has also recognised it is challenging for PCNs to support the access work to achieve the Investment and Impact Fund (IIF) since this is mainly individual Practices core business and the funds available should be passed directly to support Practices..

10.5 CG found the report slightly confusing as was unsure as to whether it was for practices, PCNs or both. OA agreed and said it felt as though definitions of practices and PCNs are being used interchangeably but most of the work was practice based. There was an opportunity to look at taking advantage of shared learning. Practices will wish to retain their autonomy but reporting will be at a PCN level.

10.6 CG stated that there were direct instructions coming from NHSE about how PCNs should operate and how the processes should be conducted which was something that needs be corrected with the regional team. PCNs report to the PC&DC Committee which is delegated from the ICB. There is a lack of understanding around Governance operation. OA agreed that things were bypassing the ICB and coming straight from region to the PCNs instead of going through the correct channels.

10.7 MH requested that this be documented and said she would take this back to region as according to the Hewitt Report the ICB are supposed to slim down the amount of contact in order to simplify the way people work and using numerous sources was not meeting this criteria. Things that are documented can be changed. **Action: JW to bring an update on recovering access to Primary Care to the next PCDC meeting prior to being presented to the ICB Board.** **JW**

10.8 CG referenced Patient Participation Groups as part of this work and BP said that a survey of Practice Managers had taken place earlier in the year and work is ongoing with 15 Practices to help the reinvigoration of their Patient Participation Groups (PPGs). All Practices are recording that they have some kind of PPG in their E-Declaration and the ICB are actively supporting them. BP said she had just returned from a PPG in the Forest of Dean where there had been 88 Expressions of Interest in joining a Forest of Dean practice PPG and 35 people had turned up spontaneously today, for an open meeting which was very encouraging and unexpected. Some Practices are still somewhat reluctant to engage in PPGs but will continue to be supported by the ICB.

Action: BP to bring back a report on Patient Participation Groups to a future Committee meeting. **BP**

RESOLUTION: ***The Committee noted the Delivery Plan for Recovering Access to Primary Care.***

11. Primary Care Risk Report

11.1 JG said there was currently one risk on the corporate risk register relating to provision of Primary Medical Services for Practices that are facing resilience challenges. This was mostly due to partnership changes or impending partnership changes, but there was growing concern around general workforce resilience and retention. The GP Locum shift fill is becoming more difficult and expensive. There were also financial challenges being faced by practices.

11.2 In terms of controls, there is ongoing support for all practices. The Gloucestershire workforce status is reviewed on a monthly basis with updates to the Primary Care Operational Group (PCOG) and to this Committee. Extraordinary meetings are held as required, and monthly reviews of practices are conducted where there are resilience concerns.

11.3 Colleagues are working very hard with PCNs in terms of their Additional Roles Reimbursement Scheme (ARRS) planning to make sure this is optimised. There is continued focus on supporting existing programmes and developments of new programmes and initiatives to support both the retention of existing roles and recruitment to new roles in Primary Care. The BI team are working on a dashboard with a focus on workforce numbers. This risk continues to be reviewed on a monthly basis and updated. CG said this seems to be trending in a worse direction and needs to be kept under review.

11.4 OA said there was concern about the level of Additional Roles Reimbursement Scheme (ARRS) funding post March 2024. This is a national issue, which takes a lot more top up to sustain the roles, because most of them will expect salary above what can be claimed. Everyone is working very creatively to use other funding streams. At the moment there is no information from NHSE as what this will look like, so potentially this could be a massive risk. OA said this will go to the Strategic Group to be discussed and can be brought back to the Committee if required. CG said NHSE are committed to the Scheme, although details are not yet know, and said funding will continue.

11.5 AS raised a risk around GP training and noted that whilst it was good news that more people wanted to become GPs, there was no training having been put in place for them which was worrying due to there being a surplus of people wanting to become GPs this year. AS said solutions are being examined. CG thought this was a lower level of risk but nevertheless was still a risk. **Action: GP training to be noted on the Risk Register at the next iteration.** **CGr**

RESOLUTION: ***The Committee noted the content of the Risk Register.***

12. Highlight Reports

12.1 JW informed the Committee members that these reports covered practices, PCNs, POD and ILPs and are sent to the Board for information. JW highlighted that there are patients still arriving at the contingency hotels and there are 60 patients who have recently been registered from the Wilson Centre. More information is awaited on the flu and Covid vaccines for the autumn.

12.2 CG asked whether things had changed regarding the contingency hotels since the report had been written and MAE responded that nothing had changed and there was a summary in the Quality Report about the hotels. This was still a big pressure on all the services which would be picked up in MAE's report.

RESOLUTION*: The Committee noted the content of the highlight reports for PCN, General Practice and Pharmacy, Optometry & Dentistry (POD).*

13. Performance Report

13.1 JW said this report aims to pull together all the targets and performance indicators for primary care and was in development. It is still too early in the year to be able to get any meaningful activity data to inform the report against annual targets but there will be more activity moving towards the autumn.

13.2 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, it is planned to report on numerous indicators relating to each of the specifications listed on Page 5 of the Report.

13.3 The PCN Additional Roles Reimbursement (ARR) Scheme is reported here and the Serious Mental Illness Physical Health Checks and the Learning Disability annual health checks met the targets.

13.4 Regarding GP appointments, JW explained that some deep dives are being undertaken in this area to analyse the data. Overall, Gloucestershire GP practices are 18.1% ahead of 2019 activity which is high in comparison to other areas. Same day and face to face appointments are at good levels compared to other areas but the 14 day and 28 day waiting times were reported as not as good. It is an area being examined locally and regionally across the South West to understand what was driving it and how improvement could be made...

13.5 CG said that the waits were in line with what could be expected and this was reasonable for someone with a minor complaint, feeling that Primary Care should look beyond the numbers. OA felt that this demonstrated a good clinical model, as it wasn't unreasonable to have a two week wait for minor complaints, which would permit prioritising more urgent cases.

13.6 AS agreed and said that it was a very crude measure taken in isolation. Gloucestershire has a low attendance in ED and low daytime 111 usage because these patients were being seen in Primary Care. OA said the Patient Survey also reflected high satisfaction. MH said that more needed to be published about the low attendances in ED and MIU and low use of 111 and Out of Hours. It was very disappointing to see Gloucestershire being publicised as being the worst in the country for the two week wait but came top in the country out of the ICSs on the GP Survey for Patient Satisfaction. It was somewhat disappointing to have those two publications coming out at the same time. It was also discouraging for Practices who are working hard to keep access levels up. MH would prefer to believe the feedback from the patients.

13.7 BP referred to the GP postal survey and said just for the record, our overall experience rating was 9% better than the national average in Gloucestershire and this was really important to note. It was very unfortunate that those two pieces of data came out the same day. There are some lessons there potentially for NHSE and for the people that

published the GP Patient Survey results, which were delayed by a week possibly to do with the 75th birthday of the NHS. Next year steps can be taken to ensure results are not delayed again.

13.8 CG noted that in 2.1 of the Report, the word Podiatry was being quoted instead of Pharmacy, which will need to be changed.

13.9 CG asked whether Practices who were consistently low performers could be followed up and assistance provided to bring them to the required standard. JW said that data was now being presented for review at a Practice level to look at the indicators and some practices have been encouraged to take up the national General Practice Improvement programme offer. Some Practices had mixed indicators with some being higher than others in the same Practice and again, data is being analysed to better understand this. The new Practice General Practice model had been implemented early in some practices but was found to be hard to sustain given demand, workforce and financial pressures and some Practices had moved away from it, which could have had some effect.

13.10 AS pointed out that areas of deprivation had 14% more patients with more complex needs, compared to the more affluent areas and so naturally they would struggle to meet levels of expectation.

Resolution: The Committee noted the content of the Performance Report.

14. Primary Care Quality Report

14.1 MAE updated the Committee members on the Primary Care Quality Report. There was some pleasing news to share, in that the joint Targeted Area Inspection letter was published today. This inspection was carried out collaboratively between Ofsted, CQC and the Police Inspectorate and it was really pleasing to see that this letter gives considerable reassurance around the safeguarding of children in the county. MAE stated that, as chair of the Partnership Executive, she was pleased with this and also to see that governance arrangements were also in order. CG said he had read this letter earlier in the day was pleased with the outcome.

14.2 MAE informed the Committee that she had interviewed, and successfully appointed to the Designated Doctor for Children in Care role. There was , however, no Designated Doctor for Child Death in post; AS is involved at looking into options around this vacancy.

14.3 The Spring Covid booster campaign was pleasing with a 78% uptake across the over 75's and those who are immune-compromised. This was significantly above the national average and Gloucestershire is one of the top-performers in the uptake rate which was down to the commitment of the PCNs and the vaccination team from GHC. Currently the six month to four year-olds with complex medical conditions are being vaccinated and again, figures are far higher than national expectations with 92 appointments having already been booked.

14.4 Guidance has been received on influenza vaccination for the autumn which is for the over 65's, those with chronic conditions and school-age children. Covid guidance is not yet out which is inconvenient around planning for the winter. Vaccinations will start later in the autumn and there is not yet a GP contract for the vaccination service which is still being help up by the Department of Health which is concerning and GPs want to know the detail of this before they give final commitment around undertaking that service. Anyone proceeding to administer vaccines prior to the contract letter being finalised will not be paid for this service, with appointments unlikely to be available before October.

14.5 A workshop would be conducted around the new Patient Safety Incident Response Framework (PSIRF) which will ensure a common approach countywide. There was no requirement for Primary Care to participate in this new arrangement, but they would be encouraged to do so in order to benefit from the valuable learning opportunities this Framework would offer.

14.6 JS informed members that the Warning Notice issued to PPG reference the OOH service has now been lifted and close working continues with the team to ensure the outstanding actions against the Action Plan are completed. JS is meeting with the CQC team next week to discuss a review and a repeat visit to ensure that some of the more important points are now finalised. A full and thorough repeat inspection will take place in early spring of 2024.

14.7 The number of migrants in country now stands at 437. The migrant health nursing team and GP Practices are heavily engaged. Some 25% of the migrants would require some support from mental health and therapy services as many are psychologically traumatised by what they have been through. There is a risk of communicable diseases due to exposure of infection and being in close proximity for a period of time in the hotels, leading to continuous monitoring taking place, as well as looking after the new babies and their mothers.

14.8 BP informed the Committee members that the Patient Advice and Liaison Service (PALS) were fully recruited to the People's Panel for Gloucestershire with over 1000 people, wth a good demographic spread. The PALS Team had made contact with them and they would be approached in the autumn with the first series of questions to ask what was important to them about health and care in Gloucestershire.

14.9 Regarding the handover of Pharmacy, Optometry and Dentistry to the ICB, activity has increased and BP said this would be monitored against the capacity of the Team to ensure that any necessary adjustments are made.

14.10 Gloucestershire ICB were the first to complete the new process for complaints handling around Pharmacy, Optometry and Dentistry (POD) and MH was the first person to send out a complaints response letter assisted by BP and her team. HE and her colleagues worked collaboratively with BP on a suitable response for callers who were concerned about access to dentistry. This was fed back to the regional workshop and Gloucestershire ICB were the first to produce a positive, useful message. That message was now being shared across the region for others to use within the context of their own systems.

14.11 A priority area for Healthwatch Gloucestershire this year was improving access to GP services. Access to GP services remains one of the greatest areas of concern for local people. BP and HE would be working with them around GP premises and this would be carefully managed. This could also potentially be extended to Pharmacy.

14.12 BP said that Gloucestershire had maintained its positive Patient Experience level and five Practices in the county had shown a 10% improvement but 8 had seen a 10% drop in the overall satisfaction rate. A couple of Practices had seen a 20% drop from their patient group and the team was working closely with them. Data from the Patient Survey would be examined and a workshop would look at characteristics and demographics of the respondents so that information could be provided at a PCN and Practice level to help with quality improvement. The Patient Participation Groups are very interested in this and are keen to take this back to their groups to discuss improvements.

14.13 OA referred to PALS feedback in Section 2.6 of the Report around length of time to access a non-urgent GP appointment asked whether data could support the fact that the county were doing well. OA requested that if the data was available that this could be shared.

14.14 BP said that patients when asking about this were given some context in that there are good numbers around urgent appointments, but there was a common theme around the ability to access non-urgent appointments more swiftly, hence the involvement of Healthwatch Gloucestershire this year.

14.15 MH said that funding was not comparable to demand, which was up by 18% in comparison to 2019/2020 has inevitably led to dissatisfaction with access to routine appointments and arising to conflict between delivery of urgent and routine appointments. Work will be carried out to see why this concerning peak has been sustained and what was driving it. It was thought that following Covid, demand would stabilise but this has not been the case.

14.16 Referring to Item 14.1, OA said Practices should be given the opportunity to know how they were performing and whether they were in the top range or could improve and to learn from their progress. BP said she knew which of the practices were doing well, but this could be down to demographics, amongst other things. NHSE have anxieties about rankings, but for PCNs who have similar demographics, it could lead to interesting conversations to see where they are highs and lows within the PCNs. AS said that the two highest PCNs in the country were West Kensington and Salcombe, demonstrating that demographics do play a part in achieving higher rankings.

RESOLUTION: ***The Committee noted the content of the Primary Care Quality Report.***

15. Financial Report

15.1 CL informed the Board members that within the finance report for the end of June period there are a number of variances.

- Additional Roles and Responsibilities Scheme (ARRS) funding. The year to date overspend variance should resolve once additional funding has been drawn down from NHSE
- Enhanced Services – this was currently underspent; however, work was underway to assess whether there were claims outstanding from practices which would reduce this underspend.
- Premises costs were increasing and now show an overspend
- Other GP services were underspent this included areas such as claims for maternity and sickness, which could vary.

These variances were being reviewed to validate the year end forecast position of break-even against the delegated Primary Care budget. There remained a risk relating to the Investment and Impact Fund (IIF) funding where spend could be higher than budget. The remainder of the budget was under review to ensure this risk could be managed.

15.2 CG asked when the Committee would see a finance report on Pharmacy, Optometry and Dentistry (POD) and CL informed the Committee members that this reporting would come to the next Committee meeting now that monitoring information was starting to be received.

Resolution: The Committee noted the content of the Financial Report

16. ICS Transformation Programme & ILPs Highlight Report

16.1 HE gave a resume of the high level report which had been presented to the ICB Board. HE had spoken at the last meeting about three local projects having been presented to the Gloucestershire Integrated Care Partnership:

- Tewkesbury Frailty Project
- Inner City Smoking Cessation
- Children and Young People's Mental Health and Wellbeing (this was a good example of where the PCNs and the ILPs work very closely together).

Since then, Helen Goodey and Bronwyn Barnes had presented to the International Foundation for Integrated Care, who held their summer school in Oxford so the Primary Care Team were able to share with them some of the collaborative work that had been done.

Opportunities were taken to share the work that the Primary Care Team were doing, both with the partners, and with the PCNs and ILPs across the system. Another showcase event similar to that presented in July 2022, would be held in November 2023.

16.2 A key piece of work was working with the District Councils and partners in terms of the use of this year's non-recurrent Strengthening Local Communities grant. The funding in previous years had been disseminated through districts using a Grant Agreement and this would be the same process used this year, but with a far closer alignment to the Integrated Locality Partnerships (ILPs) and to the Integrated Locality Partnership priorities as well as seeking to build community capacity by supporting Voluntary and Community Sector organisations in those particular geographies.

16.3 The Primary Care Team were working with Business Intelligence colleagues to ensure that the impact of the funding could be evaluated. Some of that impact would be around some of those harder system metrics as would be expected around a health and care system and some would be around measures of health and wellbeing. Partners were very good at collecting that data and Primary Care needed to become better at utilising the data that was available across the system. Some of this information would be the softer type, such as patient stories, which were also insightful.

16.4 Work on the community Health and Wellbeing Hubs continued where these are placed in four of the areas of greatest deprivation in the county in the Core 20 areas; the Forest of Dean are due to open in Cinderford in September 2023.

16.5 There was an example in the Report of proactive care in Cheltenham with three PCNs working in wider partnership but the Quality Improvement proposals have not yet gone through the Governance process. There was a similar focus in the Forest of Dean and North Cotswolds.

16.6 HE pointed out the work conducted across the Stroud Practices as part of Carers Week, where texts were sent out to patients with coding automatically taking place if patients identified themselves as carers. This identified an additional 170 carers for support from that process. This exercise would be shared across the county enabling other practices to adopt this process should they so wish.

16.7 The risk was noted around the limited capacity in Primary Care impacting the agenda on Place and Partnership in some of the geographies. There were real issues and concerns around Primary Care capacity which were well noted, especially around burnout, so

whilst there were a lot of exciting things on the horizon, staff still needed to be supported around wellbeing and preventing burnout.

16.8 HE said that Primary Care were now being given opportunities in which to work differently, although HE recognised that these projects were often done over and above the work already being undertaken.

RESOLUTION*: The Committee noted the content of the ICS Transformation Programme & ILP Highlight Report.*

17. Any Other Business (AOB)

17.1 There were no items of any other business.

The meeting closed at 16:01

Date and Time of next meeting: Thursday 5th October 2023, 14.00-16.00pm, Shire Hall Gloucester.

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

(Commercial in confidence discussions)

Minutes Approved by:

Signed (Chair):_____ Date:_____

Agenda Item 5

NHS Gloucestershire Primary Care and Direct Commissioning Committee, Part 1

Actions & Matters Arising October 2023

Meeting Date	Reference	Action	Action owner	Update	Due	Status
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	**June:** 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. HG said this would be brought back to the next (August) meeting or subsequent one (October). She would confirm this at a later stage. **Action: Item to remain open.** **August:** To be brought back to the October 2023 meeting. **Item to remain Open.**	October 2023	**Open**
01/06/2023	Min 8.12 - Differences in local and national reporting	HG will send a formal email to Board members to ensure that the reporting presented at ICB level is accurate around workforce.	Helen Goodey	**August:** Work ongoing on data inconsistencies. Possibly revisit in the October 2023 meeting. HG had written to the ICB Board in relation to data discrepancies where NHSE use national definitions in relation to GP numbers which had given a different perspective at a meeting where members of the Primary Care team had presented. This paper was in draft and awaiting final sign off. **Item to remain Open.**	October 2023	**Open**
03/08/2023	Min 8.16 - Application to close White House Practice Branch Surgery	AS to organise a site visit by a team member to White House Practice.	Andy Seymour		TBC	**Open**
03/08/2023	Min 10.7 - Delivery Plan for Recovering Access to Primary	JW to bring an update on recovering access to Primary Care to the next PCDC meeting prior to being presented to the ICB Board.	Jo White		October 2023	**Open**

Primary Care & Direct Commissioning Action Log

	Care					
03/08/2023	Min 10.8 - Patient Participation Groups	BP to bring back a report on Patient Participation Groups to a future Committee meeting.	Becky Parish		TBC	**Open**
03/08/2023	Min 11.5 – Primary Care Risk Report	GP training to be noted on the Risk Register at the next iteration.	Jeanette Giles/Jo White		October 2023	**Open**

Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	Application to merge from Berkeley Place Surgery (L84030) and Prestbury Park Practice (L84616)						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
					x		
Route to this meeting	On receipt of application neighbouring practices were invited to send in their comments with regard to the potential merger.						
	ICB Internal	**Date**	**System Partner**	**Date**			
Executive Summary	An application for merger has been received from two practices in Cheltenham Central PCN						
Key Issues to note	The merged practice will have 17,251 patients The practices wish to merge on 1.11.2023						
Key Risks:							
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	The ICB should consider costs/value for money as this contract merger will merge two contracts and leads to an 'averaging' effect. In this instance, following analysis there appears to be no cost pressure on the ICB if the merger is approved. The merger will have a positive impact on the practices as they will be more efficient and resilient.						

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

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

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Application to merge from Berkeley Place Surgery (L84030) and Prestbury Park Practice (L84616)

1. Introduction

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

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

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

Within our Primary Care Strategy, we said we would:

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

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

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

- Improved financial sustainability for practices through delivering more services along with rationalisation of some back-office functions and reduced duplication of work;
- Reduced management responsibilities for partners as the load is spread amongst more;
- Increased resilience in primary care, such as through additional staff in-house providing the ability to more easily flex to cover absence;
- Improved work-life balance for primary care staff;
- Increased practice staff satisfaction and learning opportunities through offering a more diverse range of services.

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

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

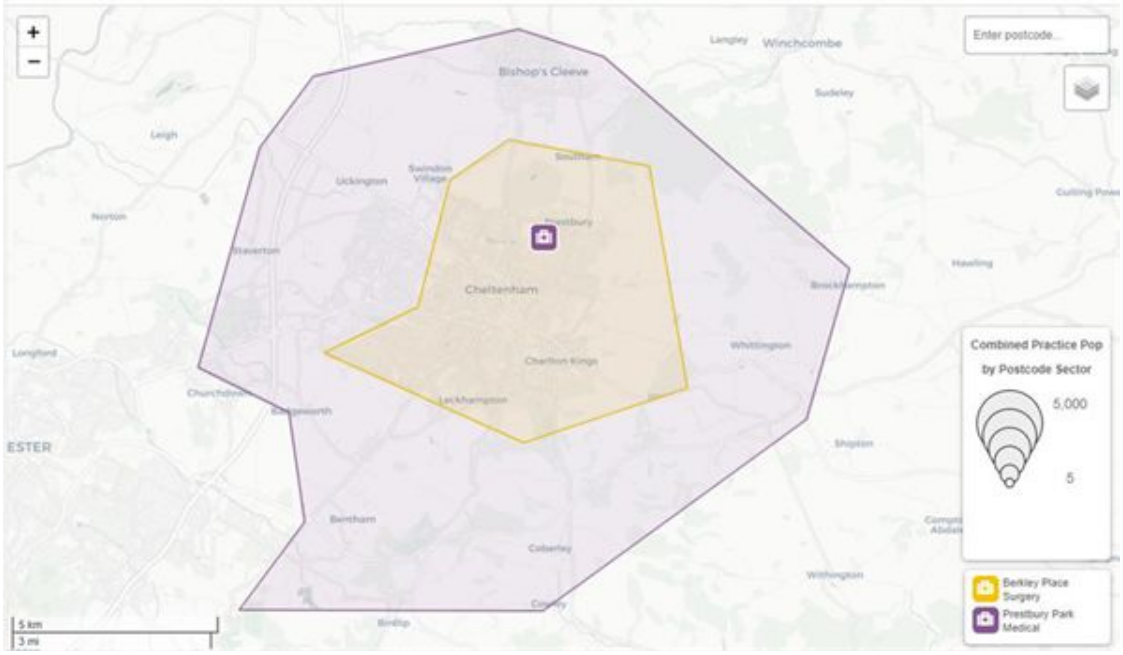
2. Proposal to Merge

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

- L84030 Berkeley Place Surgery, The Wilson Health Centre, 236 Prestbury Road, Cheltenham, GL52 3EY (11,712 patients)
- L84616 Prestbury Park Practice, The Wilson Health Centre, 236 Prestbury Road, Cheltenham, GL52 3EY (5,539 patients)

Both practices hold a GMS contract and are rated Good for their Care Quality Commission (CQC) assessment.

2.2 Both surgeries are located in the same building and the practice boundaries are shown in Map 1 below. Whilst the practices boundaries overlap to some extent (see map below) the Berkeley Place practice area (edged in yellow) is significantly smaller than the Prestbury Park practice area (edged in purple).



2.3 If PC&DC agreed to Berkeley Place taking on Prestbury Park Practice, the Berkeley Place partners have indicated they would apply for a reduction in the merged practice boundary to new patients.

2.4 The application to merge is a natural evolution of the relationship that has developed between them particularly since planning the new premises and moving into the Wilson Health Centre in June 2022. They recognised the future challenges they would face were they to remain as two independent practices. Inspire Healthcare, the provider of the Prestbury Park contract recognised the benefits of merging with a larger practice who are co-located in the same building to ensure a sustainable and resilient future.

2.5 A merger will enable them to meet the challenges of primary care and be more attractive to new partners and clinicians etc.

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

3. Financial implications for the ICB

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

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

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

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

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

3.6 The result is a potential decrease of approx. £5.3k in GMS Global Sum funding or approx. 0.35% per annum.

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

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

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

4. Alternative local provision

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

Practice Name	ODS Code	PCN
Aspen Medical Practice	L84026	Aspen PCN
Overton Park Surgery	L84041	Cheltenham Central PCN
Royal Crescent Surgery	L84059	Cheltenham Central PCN
Underwood Surgery	L84003	Cheltenham Central PCN
Yorkleigh Surgery	L84022	Cheltenham Central PCN

Cleevelands Medical Centre	L84036	Cheltenham Peripheral PCN
Leckhampton Surgery, The	L84040	Cheltenham Peripheral PCN
Sixways Clinic	L84015	Cheltenham Peripheral PCN
Stoke Road Surgery	L84048	Cheltenham Peripheral PCN
Winchcombe Medical Centre	L84004	Cheltenham Peripheral PCN
Royal Well Surgery	L84049	Cheltenham St Pauls PCN
St Catherine's Surgery	L84058	Cheltenham St Pauls PCN
St George's Surgery	L84008	Cheltenham St Pauls PCN
Weston House Practice	L84033	Cheltenham St Pauls PCN
Brockworth Surgery	L84084	North and South Gloucester PCN
Churchdown Surgery	L84047	North and South Gloucester PCN
Cotswold Medical Practice	L84038	North Cotswold PCN
Rendcomb Surgery	L84063	South Cotswold PCN
Painswick Surgery	L84025	Stroud Cotswold PCN
Church Street Medical	L84023	TWNS PCN
West Cheltenham Medical	Y05212	TWNS PCN

5. ICB engagement for the Application to Merge

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

5.2 Gloucestershire ICB have engaged with:

- Neighbouring Gloucestershire practices (21 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)
- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB).

5.3 At the time of writing this report no responses have been received. Any responses will be reported verbally at the PC&DC meeting.

6. Practice Engagement

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

6.2 Full engagement with patients and stakeholders will begin as soon as the practices have approval to merge. While some patients asked out of concern whether there was an intention to merge the practices when they moved into the new building the partners feel that

the climate has changed and there is a positive message to patients to support a merger now.

7. Summary

7.1 The two practices already work very closely together at the same location, are part of the same PCN and share a PPG.

Prestbury Park initiated discussions and Berkeley Place view the opportunity to takeover Prestbury Park as a strategic good fit which will add to their partnership sustainability going forward.

7.2 The merger of these practices is a natural progression which will further increase their resilience and sustainability and they are confident that staff-led improvements will also be identified as the merger project evolves. They hope to become more innovative with new and different ways of working which should improve the recruitment and retention of GPs and clinical staff.

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

7.4 Berkeley Place and Prestbury Park wish to merge on 1.11.2023 to become Berkeley Place Surgery, and following engagement with the Digital Transformation Team, they have identified 1.11.2023 for integration of the two clinical databases.

7.5 For those patients who wish to access GP services at an alternative practice options are available for them to register at alternative surgeries (see para 4.1).

7.6 Although the timeline between merger application and proposed merger effective date is very short, the practices have given assurances they have undertaken appropriate due diligence and due to the benefits of an existing close working relationship and same site working, the merger timescale is appropriate and achievable.

7.7 If PC&DC agreed to Berkeley Place taking on Prestbury Park Practice, the Berkeley Place partners have indicated a key proviso would be a reduction in the Prestbury Park boundary to new patients. Whilst this would not be seen as unreasonable given the unusual size of the Prestbury Park boundary for its list size, the merged practice would need to submit an application to amend its practice area. The partners of the merged practice have given an undertaking that they will;

- continue to provide medical services to existing patients within the original Prestbury Park practice area.
- accept additional members of the family including new born babies to families already registered in any area proposed for removal.

Therefore current patients of Prestbury Park practice will not be affected.

8. Practice Application

8.1 The Practice application to merge Berkeley Place Surgery and Prestbury Park Practice is attached as Appendix 1.

9. Recommendation

The Committee is asked to:

9.1 Approve the request to merge contracts from Berkeley Place Surgery (L84030) and Prestbury Park Practice (L84616).

9.2 Delegate the approval of any subsequent application to change the merged practice area to the Primary Care Operational Group (PCOG).

Appendix 1 – Berkeley Place Surgery (L84030) and Prestbury Park Practice (L84616) Merger Application Form

Merger application form.docx

Application for consideration of a contractual merger

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

Name and address of the practices wishing to merge:

Practice A:

Berkeley Place Surgery

Practice code: L84030
Type of contract: GMS

Practice B:

Prestbury Park Medical

Practice code: L84616
Type of contract: GMS

Please complete the following:

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

Berkeley Place Surgery

……

……..

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

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

As both practices are currently practicing out of The Wilson Health Centre, 236 Prestbury Road, Cheltenham, GL52 3EY, there will not be branch premises

……..

3. Are there any changes to premises/hours, etc?

…….

No

……..

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

Berkeley Place Surgery has five partners and a list size of 11700 patients. Prestbury Park has three partners and a list size of 5000 patients. Both practices are active members of the Central Cheltenham PCN, which has a total of 6 member practices and an approximate population of 56000 patients.

Both practices wish to apply for the merger, and we believe this is a natural evolution of the relationship that has been developing between us over the last few years and even more so since June 2023 when we moved into the same purpose-built premises at The Wilson Health Centre.

With the merging of the practices, it will give them the opportunity to extend and promote the full range of services available to their patients. They will continue to be an active member of the PCN and encourage services to be localised, where possible, within a community setting.
Equally the Partners recognise the future challenges they would face were they to remain as two independent practices which could lead to reductions in or limitations to services.

Our Shared Values:

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

· Patient-Centred

· Caring

· Supportive

· Sustainable

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

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

• home visits;
• booking appointments;
• additional and enhanced services;
• opening hours;
• extended hours;
• single IT system; and
• premises facilities.

We anticipate that the impact of the merger on our respective patients will be minimal. Both practices already operate the same clinical system (SystmOne).

The practice management team will continue our work together to harmonise and standardise operating processes. This is made easier by the fact that there is already some interactivity between the practices through the ability to book patients into each other's improved access appointment slots via a hub and there is already sharing of skills within the practices as we operate a shared meet and greet area for the patients.

The practices are already working closely with each other, with the practice managers speaking daily and have a formal meeting each week. Covid-19 has already resulted in revised ways of working across the practices for both clinical and administrative staff and there are a number of work streams in the merger plan to build on this. The practices are engaging the staff teams and are confident that staff-led improvements will also be identified as the merger project evolves. Changes will continue to develop including the introduction of a single website and expansion of process to support improved care navigation, such as MiDos and eConsult. The respective Practices' enhanced services provision is identical and both practices will look to increase the scope of provision as a result of the merger.

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

The Practices have engaged with the digital transformation team at the SW CSU and have identified a date of 1st November 2023 for the integration of the two clinical databases . An outline project plan for the clinical system merger exists and, on the advice of the Senior Project Manager, will be populated, subject to approval of the merger application.

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

The combined practice map is included as an appendix 1. The new combined boundary for the merged practice covers the existing boundary of the 2

surgeries and therefore all patients currently registered with either practice will continue to receive the same level of service as they enjoy at the moment.

8. Patient and Stakeholder engagement

We have commenced an initial engagement exercise, in confidence, with our staff teams, as well as informing our PCN network colleagues and other practices of our proposed intention to merge. Our PPG meeting was held on the 13th September 2023 where the Senior Partner discussed this proposed merger with the PPG representatives and feedback was sought on any potential issues and/or concerns the patient population may have.
Full engagement with all our patients and stakeholders will begin as soon as the practice have approval of the merger application.
A detailed stakeholder engagement plan is being developed to support this element of the project, and will be shared once the merger is.

Do the practices intend to engage with patients/stakeholders? **Yes, subject to approval by the relevant bodies.**

When did/will you engage with patients/stakeholders?

Patient and stakeholder engagement will take place following approval of the merger.

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

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

With whom did/will you engage?

We will engage with all stakeholders including, GHFT, contractors; PCN member practices, patients; PCSE; CQC; ICO; NHS Pensions Agency; respective PPGs; clinical system provider; premise owners; and our staff.

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

Engagement has taken place so far with the respective practice staffs to advise the intent to merge and the PPG. Staff that were not present that day were contacted individually to make them aware of the proposal.
The staff have been supported and reassurance has been given that they will be transferred over to the new practice, and no one will be without a job.
The PPG were supportive and advised that communication with the patients was the key to the success of the merger. The PPG also offered to support the practices to help with a smooth transition.

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

Practice Name	**Organisational**	**Financial**	**Clinical (including record keeping)**	**Other, e.g. partnership agreements**
Berkeley Place	BPS have received the Tupe list of staff that require to transfer and are in the process of recruiting additional staff. The review of contracts, policies, procedures and protocols are underway.	BPS have received the last 4 years accounts of PP and have carried out due diligence checks. A draft set of the 2023 accounts has been requested, to ensure there have been no major changes.	**A review of all policies, protocol and procedures is underway and is included within the project plan**	Partnership agreements will actively be looked at for consolidation purposes.

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

……1st November 2023……..

To be signed by all parties to contracts being proposed for merger

Practice A:

Signed: ……

Print: ……

Date: ...……

Signed: ……

Print: ……

Date: ...……

Signed: ……

Print: ……

Date: ...……

Signed: ……..……

Print: ……

Date: …….

Practice B:

Signed: ……..……

Print: ……

Date: ...……

Signed: ……

Print: ……

Date: ...……

Signed: ……

Print: ……

Date: ...……

Signed: ……..……

Print: ……

Date: …….

Please complete Business Case attached (Annex A)

Note: this application does not impose any obligation on the ICB to agree to this request.

Please return to:
Primary Care and Localities Directorate, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

Business Case

1. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)	Berkeley Place Surgery The Wilson Health Centre 236 Prestbury Road Cheltenham GL523EY	Prestbury Park Medical The Wilson Health Centre 236 Prestbury Road Cheltenham GL52 3EY	Berkeley Place Surgery The Wilson Health Centre 236 Prestbury Road Cheltenham GL523EY
Name of contractor(s)			

Location (provide addresses of all premises from which practice services are provided)	As above	As above	As above
Practice area (provide map of area)			
List size (provide figure)	11780	5607	
Number of GPs and clinical sessions (provide breakdown)	Dr Ropner 8 Dr Woodburn 5 Dr Atkinson 4 Dr Truckle 7 Dr Collier-Dyson 4 Dr Coton 6 Dr Coles 6 Total 40 sessions	Dr Hunt 8 Dr Thorogood 7 Dr Holmes 6 Dr Darlaston 4 Total 25 sessions	Dr Ropner 8 Dr Woodburn 5 Dr Atkinson 4 Dr Truckle 7 Dr Collier-Dyson 4 Dr Coton 6 Dr Coles 6 Dr Thorogood 7 Dr Darlaston 4 3 New GP's 12 Total 63 Sessions
Number of other practice staff (provide breakdown)	PM 1 – 1wte APM 1 – 1wte Admin Staff 4 – 3.24wte ReceptionStaff 11 – 5.9wte Paramedic – 0.96wte Total 12.1wte	PM 1WTE Reception Staff 2.6WTE Total 3.6wte	PM 1 wte APM 1wte Project Manager 0.64wte Reception/Admin 11.74wte Paramedic 1wte Total15.38wte
Number of hours of nursing time (provide breakdown)	Practice Nurse 3 -2.66 wte ANP 1 – 0.8 wte HCA 1 -0.64 wte Phlebo 1 – 0.64 wte Total 4.74wte	Practice Nurses 2 0.4 wte ANP 1 wte TNA 1 wte Phleb 1 – 0.26 wte Total 2.66wte	Practice Nurses 3.14wte ANP 1.8 wte TNA 1wte Phlebo 1.4wte Total 6.94
ICB area(s) (list ICB(s) in which practices are located)	Gloucestershire	Gloucestershire	Gloucestershire
Which computer system/s (list system(s) used)	S1	S1	S1
Clinical governance/ complaints lead and systems	Fiona Scott	Clare Barnfield	Fiona Scott

(provide names)	Dr J Ropner	Dr James Hunt	Dr J Ropner
Training practice (yes/no)	Yes	Yes	Yes
Opening hours (list days and times)	8am – 6.30pm Monday - Friday	8am – 6.30pm Monday - Friday	8am – 6.30pm Monday - Friday
Extended hours (list days and times)	Wednesday Evenings 6.30pm – 8pm 10 Saturdays per year	Wednesday Evenings 6.30pm- 8pm 2 Saturdays per quarter	Wednesday Evenings 6.30pm- 8pm 18 Saturdays per Year
Enhanced services (list all enhanced services delivered)	Warfarin Anticoagulation Care Homes DVT Diabetes High Drug Monitoring Primary Care Offer Ear Irrigation Primary care Phlebotomy Secondary Care Phlebotomy Respiratory Diagnostic Enhanced Health Check - to support people fleeing Ukraine IUCD Minor Surgery Weight Management Learning Disabilities Checks	Warfarin Anticoagulation Care Homes DVT Diabetes High Drug Monitoring Primary Care Offer Ear Irrigation Primary care Phlebotomy Secondary Care Phlebotomy Respiratory Diagnostic Enhanced Health Check - to support people fleeing Ukraine IUCD Minor Surgery Weight Management Learning Disabilities Checks	Warfarin Anticoagulation Care Homes DVT Diabetes High Drug Monitoring Primary Care Offer Ear Irrigation Primary care Phlebotomy Secondary Care Phlebotomy Respiratory Diagnostic Enhanced Health Check - to support people fleeing Ukraine IUCD Minor Surgery Weight Management Learning Disabilities Checks
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	The premises are owned by Cheltmed and BPS rent the space, within the building.	The premises are owned by Cheltmed and PP rent the space, within the building.	The premises are owned by Cheltmed and BPS rent the space, within the building.

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
The practices are keen to combine their resources to develop improved resilience in what are increasingly challenging times in the delivery of primary care services. The practices anticipate the merger will make the

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
partnership more resilient and attractive to staff, maximising the availability of primary care to the benefit of the patients. As the practices are already located in the same building and operate the same clinical system, no adverse effects are anticipated, although we anticipate that the increase in practice list size may create the perception that it is harder for patients to navigate or to have contact with their preferred GP. We recognise this and this will be discussed with the PPG in September, however we are committed to ensuring that access to the newly merged practice remains similar to our current models and that patients are facilitated throughout the process to access their 'usual' GP, a model which both practices use and value. As part of the Stakeholder and Communication Plan, 'frequently asked questions' documents will be produced to address any concerns raised by either patients or staff. Both practices are high QOF achievers and QOF admin processes (recalls etc.) are already under review by both practices and continued delivery of enhanced services will ensure there is no degradation in the level of primary care provided.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	
IT	**Both practices already operate the same clinical system, the telephone systems will be integrated.**
TUPE	**Prestbury Park staff will merge into the Berkeley Place Practice. The TUPE process will be managed by the Berkeley Place Practice Manager with professional and legal support from the appointed lawyers.**
Redundancy	**No intentions to make anyone redundant.**
QOF	**No changes**
Dispensing	**NA**

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	**Both practices are high QOF achievers.**
Access	**No change**
Recent or ongoing breaches of contract	**None**
Recent or pending CQC matters	**None**
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	**Both practices are rated 'Good' by the CQC. An application for a single registered manager will be made as soon as the merger is approved.**
Will there be any cessation of services post-merger?	**No**
Will there be a reduction of hours for which services are provided post-merger?	**No**
Will there be a change in the hours at which services are provided?	**No**
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	**No**
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance	**The partners and clinical teams wish to keep the service provision to the patients as personal as possible and to maintain continuity of care for all patients. Our processes will be aligned to ensure that this is delivered, for example through our booking system which supports choice of GP, through to our**

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
and patient experience is maintained and improved.	**long term condition management which will provide a one stop shop for patients and continuity of clinician.**

5. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.

6. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, the order in which the actions need to be undertaken and timescales for the actions to be completed.
A detailed project plan is in the process of being developed and agreed by both partnerships. The project manager is Katie Glancy, and the project executive team meet to monitor progress and this team has representation from both practices.

8. Additional information

Please provide any additional information that will support the proposed practice merger.

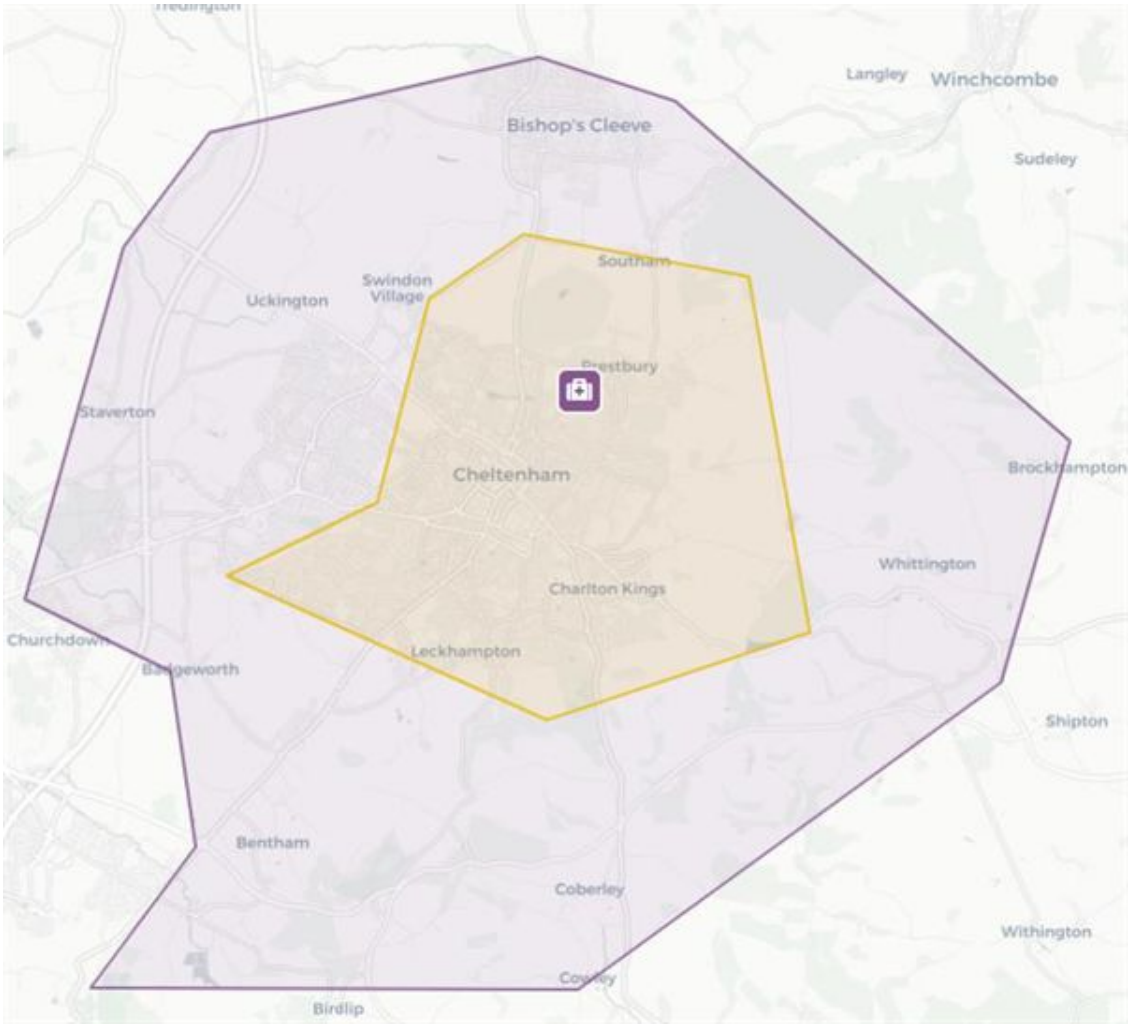
9. Signatures

Please ensure all parties under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr James Hunt	
Dr A Wales	

Please ensure all parties under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr P Baker	
Dr S Shyamapant	
Dr H Ray	
Dr C Renfrew	

Please ensure all parties under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr James Ropner	
Dr Olesya Atkinson	
Dr Georgia Woodburn	
Dr Simon Truckle	
Dr Laura Collier-Dyson	

Appendix 1


Langley
Winchcombe
Bishop's Cleeve
Sudeley
Southam
Swindon Village
Uckington
Prestbury
Staverton
Cheltenham
Brockhampton
Whittington
Charlton Kings
Churchdown
Leckhampton
Badgeworth
Shipton
Bentham
Coberley
Withington
Birdlip

Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	**Primary Care Infrastructure Plan (PCIP) 2023/ 2024 annual Programme mid -year progress report**						
Purpose	**For Information**		**For Discussion**		**For Decision**		
			X				
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
	N/A	N/A	N/A	N/A			
Purpose	The purpose of this report is to provide members of the meeting with an update on the 2023/ 2024 PCIP work programme.						
Summary of key issues	The current primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. Within the strategy, there is a prioritised PCIP, which covers targeted proposals for consideration up to 2026. The plan sets out out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding. The core strategic objectives are as follows: • Ensure facilities can support service strategies in primary care; • Ensure facilities are safe with a focus on constraints caused by significant under-sizing and the condition of the building; • Ensure there is enough future capacity for service provision, through a understanding of evidenced housing and population growth.						
Key Risks:	All individual projects have their own risk register. Key programme risks covering financial, commercial and reputational matters are set out in the report.						
Management of Conflicts of Interest	No conflicts of interest						
Resource Impact	**Financial**	X	**Information Management & Technology**	X			
	Human Resource		**Buildings**	X			

Financial Impact	The PCIP includes a financial framework of anticipated revenue implications for identified strategic priorities. However, funding is formally committed following the full consideration of a detailed Business Case. Annual revenue commitments for seven schemes (five approved, two with provisional estimate) are included in this report. Planned net recurrent investment is £1.823m.		
Regulatory and Legal Issues (including NHS Constitution)	The ICB will need to apply NHS Premises Directions to rights and responsibilities of the practice and the ICB. In terms of the NHS Constitution the author considers 'You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary' and 'You have the right to be cared for in a clean, safe, secure and suitable environment' as the most pertinent NHS Constitution rights applicable to this scheme.		
Impact on Health Inequalities	No health inequalities assessment has been completed for this report.		
Impact on Equality and Diversity	An Equality Impact Assessment (EIA) has not been completed for this report.		
Impact on Sustainable Development	The Building Research Establishments Environmental Assessment Method (BREEAM) is the national standard for assessing the sustainability of new construction developments. It aims to differentiate between developments with higher environmental performance by providing sustainability ratings across 9 indicators (management, health and wellbeing, energy, transport, water, materials, wastes, land use and technology and pollution). There are 6 performance levels (unclassified, pass, good, very good, excellent and outstanding) There is a national government requirement that generally for new public buildings, the rating should be excellent. The NHS oversees compliance with this, although the NHS stipulates this applies to schemes that cost over £0.5m to complete.		
Patient and Public Involvement	The PCIP Plan sets out a clear engagement and involvement approach and provides a recommended checklist. All specific business case proposals will include patient engagement feedback.		
Recommendation	PCDC are asked to note the progress being made on the 2023 2024 work programme.		
Author	**Andrew Hughes**	**Role Title**	**Associate Director, Commissioning**
Sponsoring Director (if not author)	**Helen Goodey, Director of Primary Care & Place**		

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

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Primary Care Infrastructure Plan (PCIP) 2023/2024 mid-year review

1. Purpose

The purpose of this report is to provide members of the meeting with an update on the 2023/2024 PCIP work programme.

2. Background

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

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

3. Context

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

- A long-term horizon looking to needs on a rolling 15 year basis (currently up to 2031 and planned review to extend this to 2036) with priorities batched over a rolling 5 year basis (currently up to 2026) and planned review to extend this to 2031);

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

4. 2023/ 2024 Work programme

An annual work programme setting out key objectives and focus for 2023/ 2024 is in place. A summary of progress is provided in the table below.

Item	Planned date	Progress
Review of PCIP, refinement, consideration of business case and governance process changes, including consideration of a strategic move towards/ to net zero carbon and additional strategic priorities between 2026 to 2031.	Completion by the end of December 2023.	This work was delayed from 2022/2023 to 2023/2024 and the review is now being undertaken. It is to be informed by the primary care strategy. Plan is to complete and for approval in February 2024.
PCN service planning and estates implications toolkit programme.	Completed	Work finished. Findings and draft strategic approach presented to PCDC in June 2023. Work to be intertwined with the revised PCIP.
A Business Case for a new surgery in Tetbury for 10,000 patients to replace the existing Romney House surgery to be completed.	Completed	Business Case approved by PCDC in April 2023. Planning approval rejected by Cotswold District Council in June 2023. Practice and Developer currently appealing decision. Other contingencies being explored.
New Minchinhampton surgery for around 9,000 patients - construction started.	On track	At the time of writing report (29th August 2023). Construction works due to start by the beginning of September 2023 and
Completion of refurbishment and extension of Quedgeley Surgery to accommodate around 2,000 additional patients.	Delayed	Whilst partially completed, project significantly behind schedule. Full completion expected at the end of October 2023.
Business Case for new Severnbank & Lydney Practices for 15,000 patients	Delayed but objective to complete by	Currently reviewing scheme to confirm commercially viable approach.

completed and submitted for consideration.	December 2023	
Business Case for new Chipping Campden Surgery for around 6,000 patients completed and submitted for consideration.	Delayed	No timeline for submission as land availability not yet confirmed.
New Coleford Medical Centre for 15,000 patients to colocate Coleford Family Doctors and Brunston & Lydbrook Practice –additional funding and construction commences.	March 2024	Additional funding agreed. Construction expected to start by the end of March 2024.
Construction commences for New Brockworth Surgery for around 14,000 patients.	March 2024	Developer taking forward scheme through planning process. Construction expected to start by March 2024.
A Business Case for a new Hucclecote Surgery for around 10,000 patients completed and considered by PCDC.	Complete	Business Case completed, reviewed and approved by PCDC. Practice and Development Partner now taking forward to planning stage. Current estimate is that construction work will start no sooner than the Summer/ Autumn of 2024
A Business Case for a new surgery in Central Cheltenham for around 24,000 patients to accommodate Overton Park and Yorkleigh surgeries completed and submitted for consideration.	Delayed	Business Case commercial viability not yet confirmed, and delivery approach being explored.
A Business Case for a new surgery in Cirencester to replace the existing Phoenix Health Group, Chesterton Lane surgery completed and submitted. A Business Case for a new surgery in Cirencester to replace the existing Avenue & St Peters buildings (Cirencester Health Group) completed and submitted. These are grouped together as the option for a single co-located building for both Practices for up to around 30,000 patients is currently being explored	Delayed	Business Case progresses with focus on identifying suitable and affordable site options.
A Business Case for primary care premises development relating to Beeches Green Surgery commences	Delayed	Commercial discussion between NHSPS and GPs continues. Offer to acquire part of existing site on a long lease. GPs pursuing freehold sale. Commercial delivery approach for development also being considered. Might need to consider capital investment into existing Building as fall back option.

5.0 Financial framework for new developments[1]

There is a budget in place for seven identified strategic priorities. Five of these have approved Business Cases and two schemes (Severnbank & Lydney and Chipping Campden) have yet to confirm their financial costs, complete and submit their Business Cases.

Scheme	Total annual revenue costs	Existing annual revenue costs	Additional (net)annual revenue commitment for rent and rates
New Minchinhampton surgery- approved	£286,084	£48,693	£234,160
New Brockworth Surgery - approved	£380,048	£78,436	£301,612
New Coleford Medical Centre – approved	£410,933	£107,494	£303,460
New Tetbury Surgery – approved	£321,814	£102,896	£242,920
New Hucclecote surgery – approved	£308,853	£77,215	£231,185
Chipping Campden – not yet approved and financial costs not yet confirmed	£226,426	£44,506	£181,919
Severnbank & Lydney- not yet approved and financial cots not yet approved	£473,044	£141,332	£331,712
Total	£2,421,201	£600,571	£1,823,630

It is important to note that currently beyond £1,823,630 there is no further budget allocated for new developments. This means that if the costs of any of the existing approved schemes rise, or if the financial requirements for the two remaining priorities included above are more than set out, or any of the live Business Case projects come forward, or there are new primary care estates requirements resulting from services strategies (e.g. expanded training needs), additional funding will need to be agreed within the context of wider ICB priorities.

[1] Please note the financial reserve does not include revenue consequences from rent reviews or increases in rent resulting from improvement grant funded projects.

6.Strategic risks

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

Risk	Description	Severity (1-5)	Likelihood (1-5)	Score	Mitigation	Revised score
Financial	The costs of delivering the Primary Care infrastructure Plan are no longer affordable to the ICB due to competing financial pressures and rising costs.	5	4	20 (High)	Prioritisation of proposals, involvement of District Valuation to ensure proposals achieve Value for Money, minimising financial expenditure wherever possible (e.g. reducing fee support) encouraging joint developments, progressing improvement and extension grants to surgeries wherever possible, encouraging shared facilities wherever possible to reduce costs. Five year financial framework and pipeline management of proposals. Construction sector costs continue to increase. Current market rent values cannot keep pace with these increases. Key strategic priorities might not be able to proceed without addition revenue support and various options are being explored to manage this on a case by case basis	5x3=15 (high)

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

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

7. Recommendations

Members of PCDC are asked to note the progress being made on the 2023/ 2024 PCIP work programme.

Andrew Hughes
Associate Director for major projects
30th August 2023

Agenda Item 10

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	Delivery plan for recovering access to primary care						
Purpose	**For Information**		**For Discussion**		**For Decision**		
	X						
Route to this meeting							
	ICB Internal		**Date**	**System Partner**		**Date**	
	PCOG		12.9.23				
Executive Summary	This report outlines progress on the key requirements for the Delivery Plan for recovering access to primary care and PCNs Capacity and Access Improvement Plans.						
Summary of key issues	The recovery programme will require intensive resources in practices, PCNs and the ICB to be successful. It is dependent on practices engaging with the support available. It does not properly address the significant issues facing Primary Care in terms of staffing, demand and financial issues.						
Key Risks:	Sufficient funding is not available in the SDF to support the Delivery Plan. Practices are not stable enough to engage in the programme. Patient expectations increase through this national commitment						
Management of Conflicts of Interest	Any conflicts of interest will be collated and managed in line with the TOR.						
Resource Impact	**Financial**	x	**Information Management & Technology**	x			
	Human Resource	x	**Buildings**	x			
Financial Impact	The funding is provided by NHSE as part of the SDF.						
Regulatory and Legal Issues (including NHS Constitution)	None apparent						
Impact on Health Inequalities	TBC						
Impact on Equality and Diversity	None apparent						
Impact on Sustainable Development							
Patient and Public Involvement							

Recommendation	PC&DC is asked to note the contents of this report and; Agree how the ICB Board paper outlining the system level plan is signed off ahead of ICB Board.		
Author	**Jo White**	**Role Title**	**Deputy Director of Primary Care and place**
Sponsoring Director	**Director of Primary Care and Place**		

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

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Delivery Plan for Recovering Access to Primary Care

1. Introduction

1.1. This report outlines current progress on the key requirements for the Delivery plan for recovering access to primary care (for ease referred to as 'the Delivery Plan'), including PCNs Capacity and Access Improvement Plans (CAIPs) and System Development Funding (SDF).

2. Delivery Plan for Recovering Access in Primary Care

2.1. On 9th May 2023 the Delivery Plan was released by NHSE, outlining the plan for Practices and PCNs to support the increase in demand within Primary Care. The plan focuses around four areas:

- Empower Patients
- Implement 'Modern General Practice Access'
- Build Capacity
- Cut Bureaucracy

2.2. A project plan has been developed to monitor progress of the requirements. A Project group, including other areas of the ICB such as digital and secondary care, has also been established to ensure that a joined up approach to the implementation of the Delivery Plan requirements. This paper will discuss each of these 4 elements.

3. Empower Patients

3.1. As set out in 2023/24 operational planning guidance, there is a requirement to expand self-referral routes. Self-referrals pathways also form part of the Recovering Access to Primary Care reporting. NHSE requested baseline and plans for the 7 self-referrals areas at the end of July. A further return has since been requested providing further details of the 7 self-referral areas that are required to be offered by end September 2023. The table below identifies which self-referral pathway will be in place by this date.

Self-referral Area	Pathway due to be in place by 30th Sept
Community Musculoskeletal Services	Yes
Audiology services specifically for age-related hearing loss including the provision of hearing aids.	Yes
Tier 2 Weight Management Services	Yes
Community Podiatry	Yes
Wheelchair Services	No
Community Equipment Services	No

Falls Services	Yes

3.2. In the latest Delivery Plan checklist published by NHSE/I there is now also a requirement to support the expansion of community pharmacy services (including the oral contraception and blood pressure services) and coordinate local communications.

4. Implement 'Modern General Practice Access'

4.1. A key element of the Delivery Plan is improving the digital capabilities for patients and practices to implement the 'modern general practice access'. This has to date focused around moving practices on Analogue telephony systems to a digital solution. A list of 15 practices identified as 'critical' for telephony was shared with NHSE by 16th June. We have been allocated funding to support affected practices with this transition and have run a workshop with them and the Procurement Hub.

4.2. Practices are required to use Advanced Telephony Better Purchasing Framework when selecting telephone system suppliers. There are currently 9 providers on this framework. Practices have access to the NHSE procurement hub to support them with the negotiations with the listed providers in the framework.

4.3. The Primary Care team are working with the Digital team on a number of the digital areas, some of which are contractual. These include but are not limited to, patient access to prospective records from the 31st October.

- 16 TPP practices have enabled Accelerated Access and the 4 Emis practices have scheduled a date with the supplier to have prospective record access activated for their patients. A workshop took place in August for TPP practices and a recording is available on the Digital Wire.
- It should be noted that 17 practices have a high percentage of 104 codes added to their patient records (over 50%) which will mean access will not be granted for those patients when the service is activated, and 6 practices have not correctly configured the settings in the clinical system. All practices have been contacted by the ICB digital team with guidance on how to rectify this.

4.4. The ability for patients to be able to book appropriate appointments online is a requirement. We are aware that 100% of practices have this functionality switched on in their clinical systems and are working to understand the number of actual appointments available to patients to book online.

We are awaiting the Digital Pathway Framework to be released on the digital care services (DCS) catalogue which was due in August to be able to understand what products are available to support practices. It has been noted in the latest guidance that this will be available by December 2023.

Accurate GPAD mapping is an important element of the recovery plan and so we are working with practices and PCNs to ensure awareness of correct mapping where there is significant unmapped appointment data. We have worked with one of our PCNs to produce a training webinar for practices on the appropriate use of GPAD mapping and this was presented at the Practice Managers Event that took place on 19th September.

4.5. As part of the Delivery Plan, NHSE have released a national support offer for practices and PCNs, over two years (2023-2025) to make changes and improvements to how they work. There are three levels of Support; universal, intermediate and intensive. NHSE have shared with us the practices/PCNs that have signed up to the intermediate and intensive programme of support offers. We have also contacted a number of practices and PCNs, especially those in areas of health inequities, to understand if they wish to take up the offers available. To date, three practices have signed up to the Intensive Programme, and two practices have signed up for the intermediate programme. We also have two PCNs which has signed up to the PCN Level programme.

4.6. In addition to the national support offer ICBs need to engage in local support level framework conversations that will mean that any practice that is not benefiting from the national offer will have a assessment made in the form of a structured conversation with the ICB. The actions and support required will be captured by each ICB and added to their system plan.

5. PCN Capacity and Access Improvement Plans

5.1 The 2023/24 Network Contract DES outlined that part of the Investment and Impact Fund, would be repurposed for Capacity and Access. This was split into 2 parts:

- **a.** National Capacity and Access Support Payment: Monthly payment for the period 1 April 23 to 31 March 24 is calculated as £2.765*PCN's Adjusted Population
- **b.** Local Capacity and Access Improvement Payment: PCNs are required to submit an improvement plan to the ICB, funding will be paid on ICBs assessment of improvement in three main areas:
  - Patient experience
  - Ease of access and demand management
  - Accuracy of recording in appointment books

- It should be noted this is a new focus for PCNs essentially overseeing what is general practice work and the practices require the funding to be passed through promptly to support delivery unless PCN membership agreement is reached to centralise the work through the PCN.

- Local Capacity and Access Improvement Plans (CAIPs) are required to include baseline data for GP Patients Survey (GPPS) for 5 Questions, Friends and Family Test scores, online consultation data and 2 week appointment data.

- The ICB PCN Team have supported PCNs to compile this baseline data, where available and populated a version template and shared with PCNs. All PCNs have submitted a PCN CAIP plan by the contractual required date of 30th June.

5.2 The ICB provided feedback to all PCNs on these plans and plans were finalised by the 31st July national requirement. All PCNs have confirmed that appropriate governance has been followed and all practices have agreed to their CAIP, including any top slicing and distribution of funding (both monthly support payment and improvement payment).

5.3. Summary of plans submitted to date:

- PCNs have analysed their GPPS and identified where they may not be performing as well or performance has decreased in recent years, and identifying improvement work to support this. i.e. website development, implementing online consultations etc.

- FFT: PCNs are formulating plans on how to support practices to increase the number (i.e. accurx messaging all pts following appts.) Also collating data on a PCN footprint, to have oversight and monitoring at scale.
- Many PCNs are looking to implement local patient surveys in collaboration with PPGs to understand the needs of their populations
- PCNs are engaging PPGs to support with uptake of FFT and surveys.
- Most PCNs are planning reviews of their GPAD mapping to ensure that appts are mapped appropriately (supported by discussions at PCN Away Day).
- Reviewing online consultation mapping was a particular focus for many PCNs.

5.4. The ICB Team shared with NHSE a system level plan by the 31st July deadline, which also included the above information.

6. Commitment: Capacity

6.1. ICBs are required to support PCNs to use their full ARRS budget and report accurate complement of staff using NWRS portal. This is part of a wider ongoing piece of work to support PCNs with their recruitment and retention of workforce. Workforce planning process has recently taken place and majority of PCNs are planning to utilise their full budget.

7. Commitment: Reducing bureaucracy

7.1. The latest Delivery Plan Checklist from NHSE, added clarification regarding the primary - secondary care interface. Detailing that the ICB Chief Medical Officers are to establish the local mechanism, which will allow both general practice and consultant led teams to:

- raise local issues to improve the primary- secondary interface
- jointly prioritise working with LMCs
- tackle the high priority issues including those in the AoMRC report, and
- address the four priorities in the Recovery Plan

8. System Development Funding (SDF)

8.1. System Development Funding (SDF) is provided to ICBs each year, as additional funding over and above ICB baselines. For 2023/24 SDF funding is required to be invested in initiatives to support practices and PCNs to deliver high quality care and specifically in delivering the ambitions of the Delivery Plan. The SDF is split into three sections:

- **Transformation**: this was previously split into several themes but has been combined to allow flexibility for ICBs and includes:
  - Local GP retention fund
  - Primary care estates business cases
  - Training hubs
  - Primary care flexible staff pools
  - Practice nurse measures
  - Practice resilience
  - Transformational support (which included the previous PCN development and digital first primary care funding lines)
  - PCN leadership and development
- **Workforce Programmes**
- **GPIT** – Infrastructure and resilience

8.2. The SDF document notes that the SDF will be particularly relevant for 2 key actions in the Delivery Plan. These are noted in the table below.

Commitment		Action for ICBs	Reporting	Time due
Modern general practice access	5	**Fund or provide local hands-on support to 850 practices nationally (ICBs should work with regions to determine population appropriate share of target)** We would expect the level of support to be similar to the national intermediate offer, and offered alongside wider or ongoing support for practices and PCNs where required, using the outputs of the SLF to help guide specific support needs	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	31 March 2024
Enablers	16	**Co-ordinate system comms to** support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available. This messaging should include system specific services and DoS (Directory of local services).		Ongoing 2023/24

8.3. The ICB is in the process of establishing existing commitments to the SDF funding to understand the funding available to support these requirements. Subject to further detailed information awaited from NHSE, a bespoke programme of support will be offered to practices, targeting practices with health inequalities and CORE20+5 along with Support Level Framework conversations and local practice risk mapping (already in place).

9. Challenges

9.1. There are several challenges with this programme of work, which include (but not limited to), financial pressures, workforce pressures and patient demand and expectation. We are reviewing these and working with practices and PCNs to understand the challenges.

10. Conclusion

10.1. We are consistently monitoring this programme of work and supporting practices and PCNs to deliver the required actions.

10.2. We have recently received further detailed guidance from NHSE, outlining next steps and providing further clarity on some of the actions/requirements from the Delivery Plan. This is currently being reviewed by the Primary Care Team to understand what further the ICB need to do and ensure this is built into our system level plans. We hope to bring an update on this at the meeting to detail progress on this.

10.3. ICBs are required to present progress on the System Level plan at the ICB Board in October/November and this has been scheduled for 29th November. A further update will then be required in April/May 2024. NHSE have released a briefing note outlining considerations to be included in the system level plan. Given there is no PC&DC sitting before the end of November agreement from PC&DC on how this is signed off before being taken to ICB Board is required.

11. Recommendations

11.1. PC&DC is asked to note the contents of this report and;

11.2. Agree how the ICB Board paper outlining the system level plan is signed off ahead of ICB Board.

Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	**PC & DC Risk Management Report**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
			X				
Route to this meeting							
	ICB Internal	**Date**	**System Partner**	**Date**			
Executive Summary	This report has been pulled from the ICB Corporate Risk management system 4Risk and has identified those risks assigned to the public session of PC&DC. There is currently x1 risk in this register rated at a score of **red 15.** This is in relation to providing Primary Medical Services for practices that are facing resilience challenges which cannot be met. More detail can be found within the report.						
Key Issues to note							
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Key risks can be found within the corporate risk register.						
Management of Conflicts of Interest	• N/A						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource	**X**	**Buildings**				
Financial Impact	There are risks which relate to the financial position of the ICB.						
Regulatory and Legal Issues (including NHS Constitution)	HMFA, ICB SoRD, Risk Management policies and procedures						
Impact on Health Inequalities	To be included in future CRR and BAF						
Impact on Equality and Diversity	As above						
Impact on Sustainable Development	As above						
Patient and Public Involvement	As above						
Recommendation	The PC&DC Committee are asked to note the content of this risk register.						

Author	**Christina Gradowski**	**Role Title**	**Associate Director of Corporate Affairs**
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

Corporate Risk Register - Directorate Version

NHS Gloucestershire

Generated Date	27 Sep 2023 10:41
Risk Criteria	
Project	Risks
Risk Register (Sensitivity Allocation)	Primary Care and Place

Corporate Risk Register - Directorate Version

NHS Gloucestershire

Across all priorities tackle health inequalities across our populations drawing on data and population health approaches.

Reference	Owner	Committee	Description	Cause	Effect	Inherent Priority	Controls Detail	Residual Priority	Actions					Target Priority	Risk Update Summary		
									Detail	Assignee	Last Update Text	Current Target	Status		Type of Update	Update Date	Description
1122	**Owner**: Helen Goodey **Assignee**: Jo White	Primary Care and Direct Commissioning	There is a general risk that the ICB's requirements of providing Primary Medical Services for practices that are facing resilience challenges cannot be met	Mostly due to partnership changes or impending partnership changes. Concern re general workforce resilience and retention is increasing. GP Locum shift fill is becoming much more difficult and expensive. Financial challenges.	Risk of harm to patients if they are unable to access a suitable service in a timely way with practices reducing services. Risk of practice staff burnout.	Extreme (3.5=15)	An ongoing action for the ICB to support practices and provide resilience funding as appropriate. Monthly review of Gloucestershire workforce data Bi-monthly updates to PCOG and PCdDC. Extraordinary meetings called as required Monthly review for practices for whom we have resilience concerns.	Extreme (3.5=15)	PCN Additional Reimbursable Roles (ARR) workforce planning	Helen Edwards	Still awaiting clarification for funding for 2024/25 from NHSE. ARR underspend process being run in parallel to PCN Workforce submissions - to enable PCNs to maximise recruitment- PCNs who have bid for underspend have been informed of outcomes	30 Nov 2023	In Progress	Medium (3.2=6)	Monthly Review	27 Sep 2023	Risk reviewed by Primary Care team on 26/09. There have updates added to the actions. Risk score remains at 3x5 (tot.) =15.
									Continued focus on supporting existing programmes and development of new programmes/initiatives to support both retention of existing general practice roles and recruitment of new roles in Primary Care.	Kate Usher	"Action ongoing - Update for the last two months: Further Admin and Reception Staff Training Events - planned - conflict resolution and customer service Primary Care Induction Sessions - supporting knowledge and training of those new to general practice Collaboration with the Wellbeing Line to support staff and retention within roles Joint working with Gloucestershire Skills Hubs to support people returning to work. Working with GHC on 'We Want You' Programme to support promotion of Primary Care roles to secondary school age children. Collaborating with Gloucestershire College on T-Level Placements & working on bespoke apprenticeship opportunities with practices	31 Mar 2024	In Progress				
									BI report to be built which will provide a monthly PC dashboard focused on workforce numbers.	Kate Usher	Dashboard completed, access issues to be resolved, awaiting go live date	30 Nov 2023	In Progress				

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

PCN, General Practice and POD Highlight Report

September 2023

@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

PCN, General Practice and POD 1 of 4

Programme SRO	Helen Goodey	**Clinical & Care Lead**	Dr Andy Seymour	**Programme RAG**	**AMBER**	**Date of Report**	21 September 2023
Programme Lead	Jo White / Helen Edwards	**Report Author**	Becky Smith	**Previous RAG**	**AMBER**		

Programme Aim (from delivery plan)

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.

Decisions / Actions Required of Board

N/A

Programme Area/ Workstream (as per delivery plan): **PCN**

PCN DES Service Specifications

- To date we have received 66 returns (out of 69) PCN DES Network Contract Variation practice sign ups. The PCN Team has contacted PCNs with outstanding returns to ensure we receive all responses.

ARRS Claim Process

- It is currently not possible for the ICB to reject or change approved claims on the portal. Local changes are required, which will mean the ledger and portal will different. Onus is on the PCN to be submitting accurate claims and the ICB to be approving correct claims.

PCN Capacity and Access Payments (CAP)

- **T**he ICB have reviewed PCNs final Capacity and Access Improvement Plans (CAIP) by **31st July 2024.** A system plan, collating PCNs plans has been produced and shared with NHSE Regional Team. This is being further developed ahead of the requirement to take to ICB board meeting.
- The ICB are continuing to support PCNs with signing up to NHSE Primary Care Improvement Programme PCN offer.

Digital Neighbourhood Vanguards Programme

- NHSE have shared an offer to PCNs to be part of a programme to become **Digital Neighbourhood Vanguards.**
- NHSE/I has selected NSG PCN to become Digital Neighbourhood Vanguard site. TWNS and HQ PCNs have been selected to have only the AI-based risk stratification licence. Aspen, Berkeley Vale, Severn Health, FOD and St Paul's will be part of the community of practice. If NHSE are able to negotiate additional licenses for the AI-based risk stratification, these PCNs will be prioritised.

PCN Quality Improvement Funding

- All PCNs have submitted their PCN QI funding proposals.
- Half the proposals were taken to ICB Operational Executives for approval, however, it was requested that further work was done to identify and explain the 'golden threads' through the projects. This work has been taken place, linking in with the relevant commissioning leads across the ICB.
- All PCNs have now received feedback on their QI projects and where agreed have been approved. Some PCNs projects, require some revisions due to duplication or being out of scope of criteria.
- The PCN Development Team plan to organise informal meetings with PCNs to have further conversations about their QI projects. This will include relevant ICB commissioning leads who link with Clinical Programme Groups (CPGs) to support these conversations as well as BI colleagues.
- As a reminder, for 23/24 QI initiatives PCNs should use Population Health Management methodology and health inequalities information to prioritise projects within the following areas:
    - Chronic Disease (i.e. Respiratory, Diabetes)
    - Mental Health (adults and Young People)
    - Frailty and Dementia (incl. palliative care)
    - Linked to ICP Priorities (e.g. Hypertension and reducing smoking)

Investment and Impact Fund (IIF)

2023/24

- The local PCN dashboard has now been released with data up to 4th September 2023.

2022/23

- The IIF performance data for 22/23 is now available in CQRS, all PCNs have declared.
- Payments for this will be made by the end of August 2023.
- 3 PCNs have raised disputes with their data and shared evidence. This will be reviewed and payment due calculated manually. CQRS have just released a calculator to enable ICBs to do this. Manual dispute payments will be made in the coming months.

PCN DES Assurance

- The PCN Team have shared an assurance checklist for PCNS to ensure they all have correct governance and funding arrangements in place. To date we have received 12/15 responses from PCNs. The PCN team are following up with the remaining 3.

PCN, General Practice and POD 2 of 4

Programme SRO	Helen Goodey	**Clinical & Care Lead**	Dr Andy Seymour	**Programme RAG**	**AMBER**	**Date of Report**	21 September 2023
Programme Lead	Jo White / Helen Edwards	**Report Author**	Becky Smith	**Previous RAG**	**AMBER**		

Programme Aim (from delivery plan)

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.

Decisions / Actions Required of Board

N/A

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

Delivery Plan for Recovering Access to Primary Care

- On 9th May 2023 the Delivery Plan for recovering access in primary care was released by NHSE, outlining the plan for Practices and PCNs to support the increase in demand within Primary Care.
- The digital team are continuing to support with the telephony and online access requirements as described in the digital section above.
- The Primary Care Team are supporting practices to engage with the NHSE GP Improvement Programme offers, with currently 2 Practices signed up to intensive offer and 2 to the intermediate. We are working to maximise Gloucestershire's allocation which is 8 for intensive and 4 for intermediate.
- The PCN Capacity and Access improvement plans (as discussed on the previous slide) support the implementation of the Delivery Plan
- System Development Funding for 23/24 has been released which is proposed to support some of these workstreams.

Digital

- The digital team are working to support practices with the switch on of the prospective record access to all patients, at this time we have 19 practices that have switched this on. All practices are required to have this switched on by 31st October 2023. A webinar has taken place for TPP practices which was well attended and a recording is available on Digital Wire.
- AccuRx has rolled automatic integration between AccuRx Batch Messaging and the NHS App.
- Footfall has released their Foundation website which has the NHS Look and Feel. A pilot is taking place and we will be contacting practices with further information on rollout.
- The Register with a GP service and Notify A Patient are new initiatives being rolled out by NHSE and we are providing practices with onboarding information.

Contingency Hotels

Ramada	66 people	Royal Well and St Georges (Equal split)
Orchard	80 people	Rosebank
Ibis	194 people	Aspen (2/3 patients) and GHAC (1/3 patients)
Prince of Wales (Berkeley)	44 people	Acorn, Walnut, Cam & Uley, Culverhay and Chipping Surgery (Equal split)
Regency Halls, Cheltenham	78 people	Split between the 3 practices in the Wilson Centre

- 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**

Autumn/Winter 2023 phase:

- As ever in the world of Covid-19 vaccinations a lot can change very quickly. In this report last month we were reporting a smooth planning run-up to a launch of AW23 on 2nd October. No sooner had that report been circulated than the AW23 phase of the programme was brought forward at very short notice to a start date of 8th September.
- Following a very hectic replanning and shortened Opt-In/Opt-Out phase we have once again been able to secure the participation of nearly all of the Gloucestershire PCNs in the delivery of AW23 alongside a network of local Community Pharmacies and our two hospital trusts (delivering to their Health and Social Care staff and in patients). A huge thank you to all who have had to adjust plans, rearrange staff leave, juggle priorities and generally achieve the impossible to bring the launch forward.
- For this AW23 phase we have assured and enabled even more Practices to act as 'Pop-Up' sites under the umbrella of their PCN lead site – and for the AW23 phase we will have approximately 40 individual sites administering vaccinations within the PCN channel.
- Care home residents and the housebound remain our priority cohorts and many Care Homes have already been visited or have dates for a visit confirmed. The programme opened up to all eligible cohorts from the 12th September and as close of play on 19th nearly 4000 vaccinations have been delivered.

PCN, General Practice and POD 3 of 4

Programme SRO	Helen Goodey	**Clinical & Care Lead**	Dr Andy Seymour	**Programme RAG**	**AMBER**	**Date of Report**	21 September 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)**

All POD Services

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangement for delegation.
- The POD Project Team continues to meet with the focus on operational matters.
- 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.
- BDO produced have updated on the actions identified in their Internal Audit Report on the readiness and risks associated with POD Delegation.
- BDO will be undertaking an audit of the Primary Care Team, specifically focussing on the transition of POD Services from April 2023. This will provide a gauge of success thus far and provide pointers for concern and/or improvement.
- The Monthly 'Touchpoint' meetings have now ceased and more focussed meetings with appropriate NHSE/Collaborative Commissioning Hub personnel have been set up covering all three POD services. The intended outcome is that ICB/CCH can focus on issues and needs relating to Gloucestershire patients.
- The Transition Plan – The ICB, along with the other 6 other SW Region ICBs, continue to work with NHSE to agree and work through the Transition Plan via various forums so that successful and safe transfer of Delegated Authority for POD Services is achieved.
- The Transition Plan – Recent developments include NHSE undertaking a survey to learn lessons from the process, ahead of the delegation of further direct commissioning services. Also developing a handbook attempting to share details and support both for CCH and ICB staff to understand and navigate the co-designed ways of working between ICBs and CCH.

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.

Dental Services

- The ICB's Dental Strategy group continues to address some of the most pressing issues around dental, access, health inequalities, workforce and oral hygiene. The ICB has also held meetings with the Community Dental Provider, Gloucestershire Health & Care to facilitate its devolved contract management responsibilities and to start the process of developing/aligning services to its Primary Care Dental Strategy.

Pharmacy Services

- The ICB's Pharmacy Strategy group continues to meet and is developing links with contractors via LPC representation. The group is developing plans to address some of the most pressing issues around pharmacy and further updates will be provided as this group evolves.

Ophthalmic Services is establishing

- The Primary Care Team has met with the CPG Lead for an update on plans/strategy so that we can ensure any future strategy decisions align. The Primary Care Team will be invited to future meetings to ensure alignment and will also work collaboratively with the CPG to facilitate its responsibility for certain contract management responsibilities, e.g. Primary Eyecare Services: Provision of Community Eye Health Services.

PCN, General Practice and POD 4 of 4

Programme SRO	Helen Goodey	**Clinical & Care Lead**	Dr Andy Seymour	**Programme RAG**	**AMBER**	**Date of Report**	21 September 2023
Programme Lead	Jo White / Helen Edwards	**Report Author**	Becky Smith	**Previous RAG**	**AMBER**		

Programme Aim (from delivery plan)

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.

Decisions / Actions Required of Board

N/A

Programme Area/ Workstream (as per delivery plan) **Workforce and ARRS**

GP Recruitment and Retention Funding

- Task and Finish group convened to review why GP Partners leaving their roles and how this trend (aligned to national trends can be reversed). This is in context of the withdrawal of the NHSE 'new to Partnership scheme' being withdrawn. Survey issued to Partners to understand more about what would keep them in post and in addition support other GPs into Partnership posts. A partnership in the next month.
- 'Time for you' group sessions offered for GPs requiring confidential career support and mentoring.

Care Navigation Training

- Promoting NHSE's Care Navigation training via various bulletins – focus on increasing take up over coming weeks and seeking support from NHSE so those attending (1 x per practice) can cascade.
- Continuing to promote the ICB's in-house Care Navigation implementation offer (different to NHSE's theoretical training), encouraging take up in practices to support continued best practice countywide.

Primary Care Nursing Workforce Development

- Preceptorship programme continues with growth with 20 preceptees– programme awarded the National interim Quality Mark from NHSE– encouraging new to practice nurses to gain new clinical skills aiding both recruitment and reducing attrition.
- Continuing to increase Trainee Nurse Associates (TNAs) – 2 graduates starting the Registered Nursing Degree Apprenticeship (RNDA)
- 1 Return to Practice Nurse qualified in Primary care – successfully obtained a post in Forest of Dean
- 1 Return to Practice about to start training.
- Successful partnership working across the ICS for the first Preceptorship Professional Nurse Advocate (PNA) and Legacy mentor conference at Kingsholm – 2 new recruits for PNA's in Primary Care which links in with the GPN strategy for Restorative clinical Supervision.
- Task and Finish group set up for succession planning conference to promote Nursing Careers in Primary Care.
- General Practice Nurse (GPN) conference planned for 27th September at Kingsholm funded by charitable source.
- Point of Care Testing (POCT) pilot for HBa1c testing to start on Nurse on Tour.
- Outreach work with Circulatory Clinical Programme Group in discussion with University of Gloucestershire to encourage Student Nurses to work in Population health and research.

Non-clinical roles – supporting retention and workforce development

- 9 practices in Gloucestershire have registered for Gloucestershire Skills and Development Hub 50:50 offer to support those aged over 50 back into the workplace. This is in addition to their more general programme which we are collaborating with the Gloucestershire employment and skills hub on to support those with caring responsibilities, military veterans, those with a disability or who are neurodiverse, back into work. To further support this, the training hub have developed an introduction to Primary Care for potential candidates.
- Further training will be provided to our Administrative staff who attended our 3 x Admin away days to build their skills and confidence in conflict resolution.
- Our Apprenticeships strategy for Primary Care is near completion and will focus on both support for employers as well as those wanting to undertake a clinical or non-clinical apprenticeship to further their career in Primary Care. 3 Apprenticeship webinars for practice staff scheduled for October.

Personalised Care

- Reflective supervision has successfully been provided for our PCN employed Social Prescribing Link Workers to support their day to day work, well-being and retention in role. Health and Wellbeing Coaches also have the opportunity of monthly 121 'health coaching supervision' and Expressions of Interest for this are currently being received from PCN's with these roles in post.

Additional Roles Reimbursement Scheme (ARRS)

- Now that the final PCN workforce submissions of this year have been submitted to NHSE we will analyse and undertake a variance analysis, to target support and intervention to maximise ARRs spend in 23/24.
- Key focus areas for PCN recruitment to before the end of March 24 include Care Co-Ordinators, General Practice Assistants (GPA's) & Pharmacy technicians. PCN's will be offered a further opportunity to discuss their recruitment and how they can accelerate their plans as well as our workforce team reviewing how we can support training requirements for the Care Co-Ordinator and General Practice Assistant roles. Recruitment v PCN's plans is being tracked monthly.

Primary Care Flexible Staffing Pool

- Flexible Pool now launched for HCA's (Healthcare Assistants) with HCA's now actively registering to work on the pool. Once the required number of HCAs have signed-up, the pool will officially launch to Practices who will be able to book HCA sessions for their practices in addition to GPs.
- The GP flexible pool continues to go from strength to strength with 100 GPs now registered to work in Gloucestershire.
- Our Admin/receptionist flexible pool will build on this success and is expected to go-live Oct 2023.

Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	**Performance Report** • **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**
	PCOG		12.9.23				
Executive Summary	The report aims to give an overview of the performance within Primary Care & PCNs including • Investment & Impact Funding • Severe Mental Illness Physical Health Checks • Learning Disability Annual Health Checks • General Practice Appointment Data • PCN Additional Roles Reimbursement (ARR) Scheme. • Selected POD Performance Data.						
Key Issues to note	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 (including Capacity and Access Improvement Plan) has financial incentives for PCNs.						
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.						
Impact on Health Inequalities	The primary care performance data can help identify areas that may require additional support.						

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

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

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Primary Care & PCN Performance Report

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 PCDC information.

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.
- Pharmacy, Optometry and Dentistry
  - Selected POD Performance Data.

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 local PCN Dashboard has been developed and shared with PCNs, this will be updated monthly, to help them monitor their progress against each of the

indicators (it should be noted that the local PCN dashboard is only indicative of PCN performance and the final figures will be calculated via CQRS at the end of the financial year). If the PCN reaches the upper threshold for each indicator, they will receive maximum available points. Progress of the 22/23 IIF Indicators by each PCN (based on local PCN dashboard) is available in 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 repurposed 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 (CAIPs). PCNs CAIPs 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.

PCNs were required under the national contract to submit their PCN CAIPs to the ICB by 30th June 23. All PCNs have submitted initial plans and these have been reviewed and the ICB have provided feedback to all PCNs ahead of final sign off, by 31st July 23.

The table below shows the sources of evidence for each area and the Gloucestershire ICB averages from the data used as PCNs baselines.

Key Area	Sources for establishing starting position	Glos ICB Baselines for CAIP
1. Patient experience of contact	o Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone?	69%
	o Q4. How easy is it to use your GP practice's website to look for information or access services?	75%
	o Q16. Were you satisfied with the appointment (or appointments) you were offered?	76%
	o Q21. Overall, how would you describe your experience of making an appointment?	66%
	o Q32. Overall, how would you describe your experience of your GP practice?	81%
	Friends and Family Test submissions	44/68 Practices currently submitting
2.Ease of access and demand management	Is cloud-based telephony currently in place with call-back and call queuing functionality?	13/68 Practices have all functionalities enabled
	Online consultation usage per 1,000 registered patients GPAD Data (February 2023)	2 per 1000 registered patients
3. Accuracy of recording in appointment books	*Current GP appointment data (see below and in appendix 1 for IIF indicator ACC-08)*	

Further information will be provided once system level plan for the Delivery Plan for Recovering Access and PCN Capacity and Access Plans have been finalised.

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, numerous indicators relating to each of the specifications are included in the Local PCN Dashboard. 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 July 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

6.1 GP Appointment Highlights

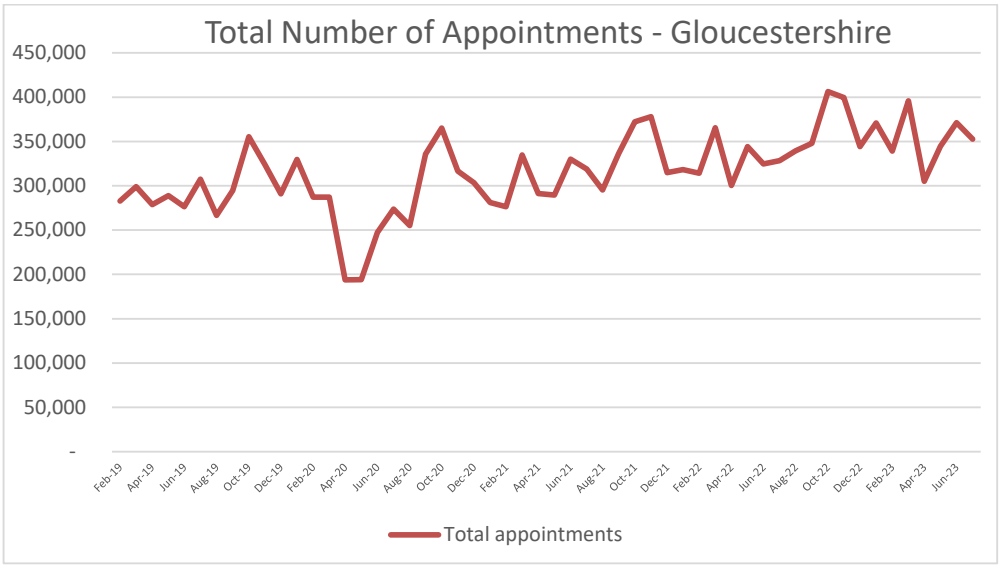
Please note there are known issues nationally with the GP Appointment Data that is extracted from Practice Clinical Systems. The Primary Care and Digital Teams are working with practices where data does not look consistent to ensure that individual appointment types are mapped correctly to a set of nationally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

Over 351,367 appointments are delivered on average each month (past 6 months) by GP practices across Gloucestershire, an increase of 21.6% on pre-COVID pandemic levels in 2019. In July 2023, Gloucestershire practices provided 23% more same-day appointments than in July 2019.

In addition, 73% of appointments are in person (face to face) with a clinician; the remaining 27% are conducted by phone or virtually.

6.1.1 Total Appointments

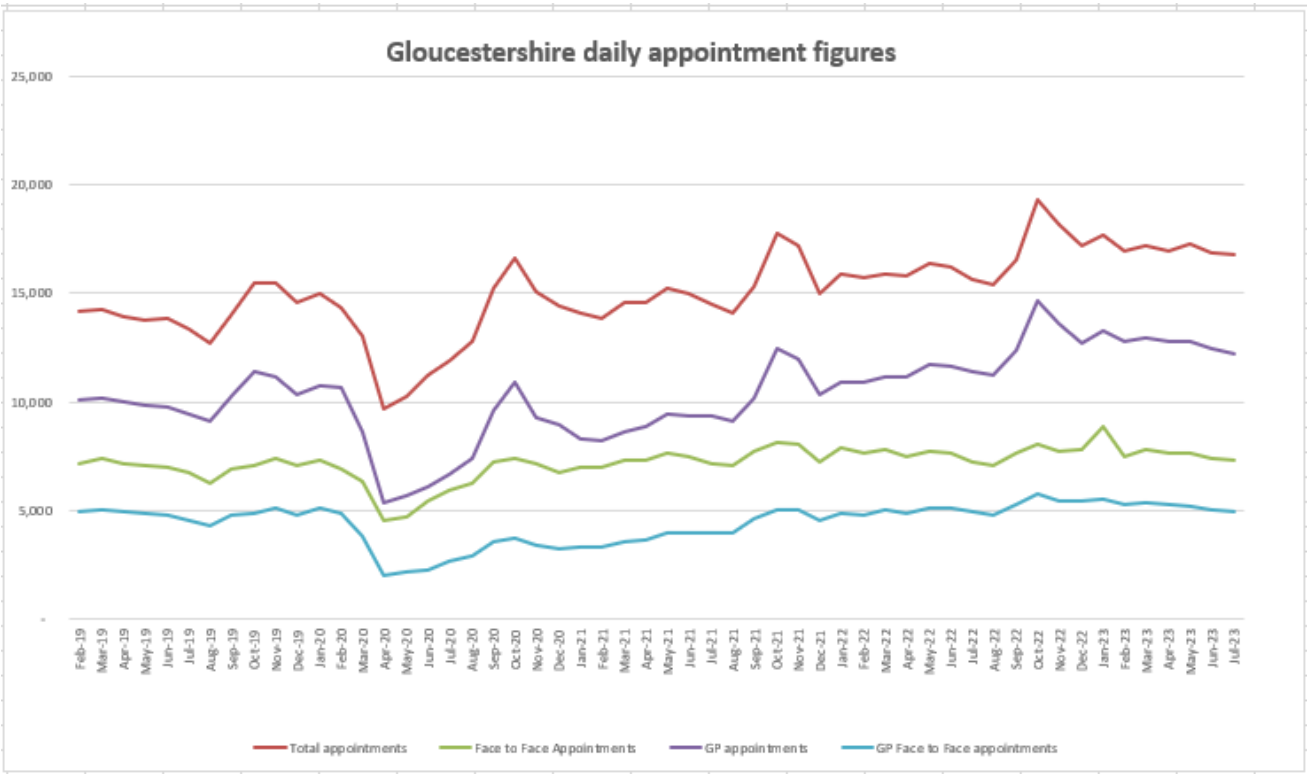
For the month of July 2023, data from NHS Digital shows the number of appointments in Gloucestershire was 352,531, this is a slight decrease in the number of appointments provided from the previous month; however it is in line with a reduction of appointments provided nationally and there was 1 less working day in July 2023.



Appointment data for Gloucestershire in July shows:

- 44% of all appointments were with a GP.
- 40% of all appointments took place on the day they were booked.

The graph below details the daily appointment numbers back to February 2019 and shows an increase in the overall appointments and GP appointments offered daily.



6.1.2 **Practice Level Appointment Data**

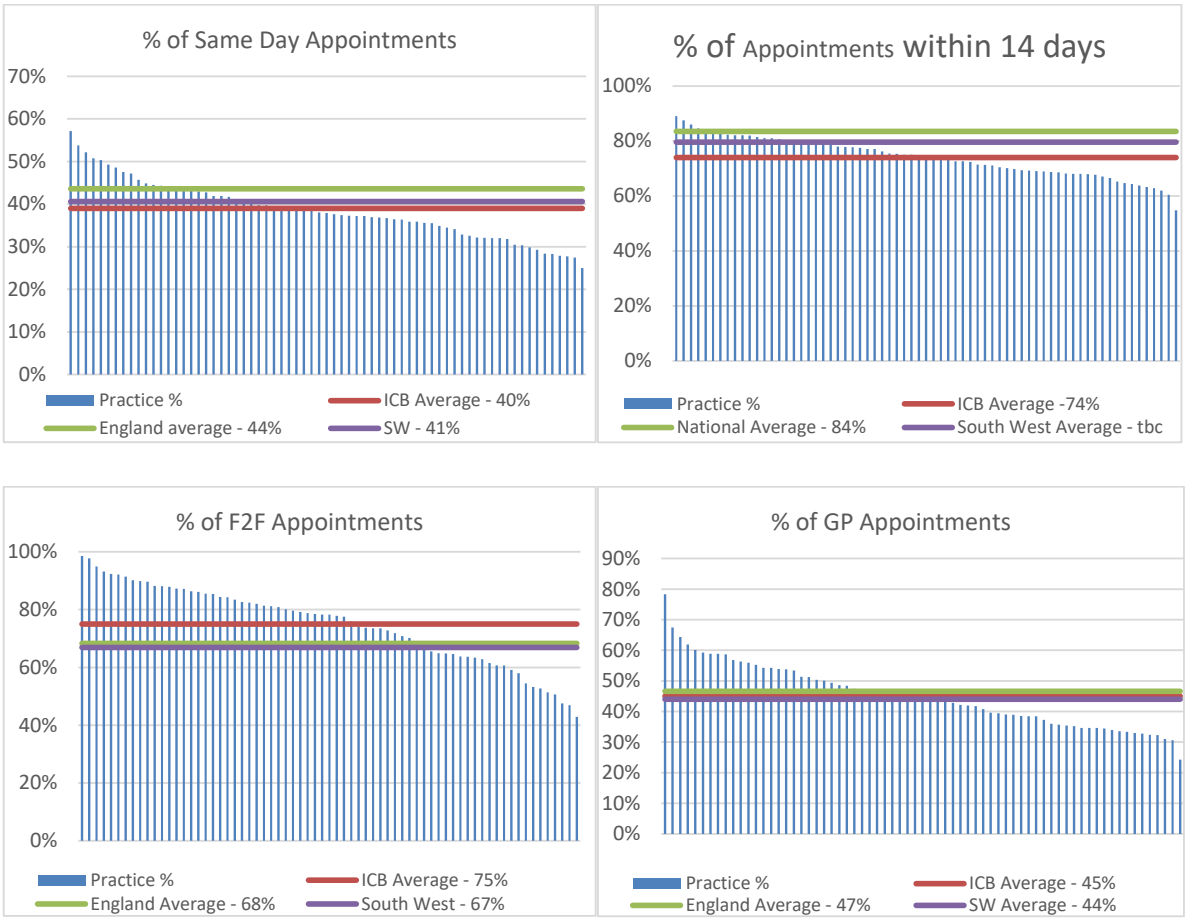
The graphs below show at practice level for July 2023:

- 1st row of graphs shows percentage appointment for Same Day and with 14 days booked

- 2nd row of graphs shows percentage of face to face appointments and GP appointments.

While Gloucestershire performs very well on overall appointments, same day appointments and F2F appointments, the percentage of appointments within 14 days and over 28 days is lower compared to England and Southwest average.

Appointments offered by type



Of the 353,531 appointments offered in Gloucestershire in July 2023, the table below shows a breakdown of the appointments by type.

Appointment Type	No of Appointments
Face to Face	256,514
Telephone	73,757
Unknown	15,304
*Video/Online	4,867
Home Visit	2,089

*Appointments marked as online, video or video conference are shown as “Online / Video”. This may or may not include a video element. Non-video based online consultations such as live chat or VOIP and video-based appointments are all included in this category. It is likely that many video consultations start as a telephone appointment then switch to video and therefore may be undercounted. From March 2020, face to face appointment mode data may not be entirely reflective of what happens in the practices,

as appointment types have been assigned to appointment modes prior to the pandemic. Thus, even if the appointment was carried out through a different mode, the appointment registers as a face-to-face appointment on the system.

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 July 2023.

National Appointment Category	No of Appts	% of Total Appts
General Consultation Routine	100,411	28.48%
General Consultation Acute	67,325	19.10%
Planned Clinics	46,562	13.21%
Planned Clinical Procedure	41,742	11.84%
Clinical Triage	36,748	10.42%
Inconsistent Mapping	27,310	7.75%
Unmapped	12,340	3.50%
Unplanned Clinical Activity	7,467	2.12%
Patient Contact During Care Home Round	3,544	1.01%
Structured Medication Review	2,381	0.68%
Home Visit	1,715	0.49%
Care Related Encounter but does not fit into any other category	1,435	0.41%
Social Prescribing Service	1,323	0.38%
Care Home Visit	997	0.28%
Service Provided By Organisation External to The Practice	599	0.17%
Care Home Needs Assessment & Personalised Care And Support Planning	218	0.06%
Walk In	176	0.05%
Non-contractual chargeable work	130	0.04%
Group Consultation And Group Education	108	0.03%

* 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	April	May	June	July	Trend
Total Appts - National	26,740,950	29,442,876	27,257,347	31,418,946	23,892,526	27,677,599	29,389,537	27,761,360	
Total Appts - Glos	344,128	370,840	339,045	395,686	300,335	344,695	371,040	352,531	
Glos Data									
% of Same Day Appts	44	40	40	38	42	40	39	40	
% Appts within 14 Days	79	78	77	74	78	73	73	74	
% Face to Face Appts	75	76	75	75	71	74	74	73	
% GP Appts	46	46	44	45	47	44	44	44	
No of Appts per 1,000 Patien	502	585	494	496	439	504	541	513	

6. Selected POD Performance Data

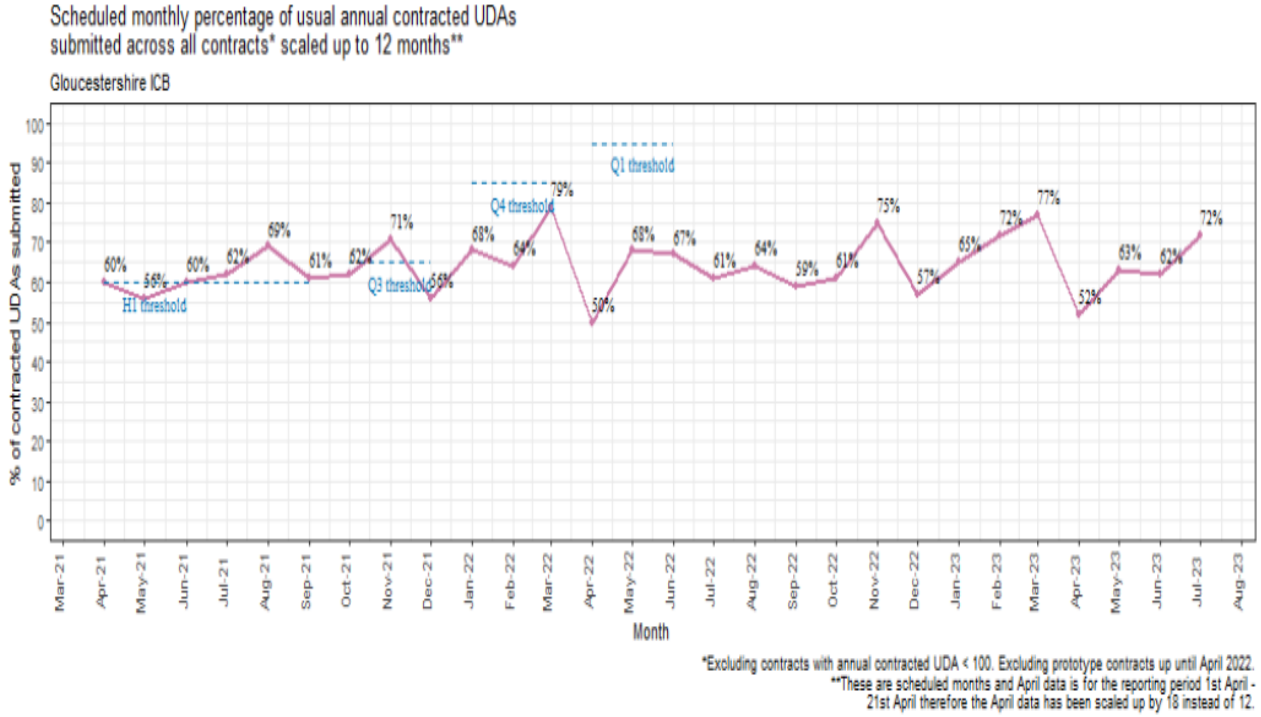
The following data is sourced from a Monthly Information Pack provided by the South West Collaborative Commissioning Hub

Dental

UDAs (Units of Dental Activity)

Activity performance for 21/22 and 22/23 are shown in the graphs below. The monthly percentage of usual annual contracted UDAs submitted and scaled up to 12 months for the South-West was 69%.

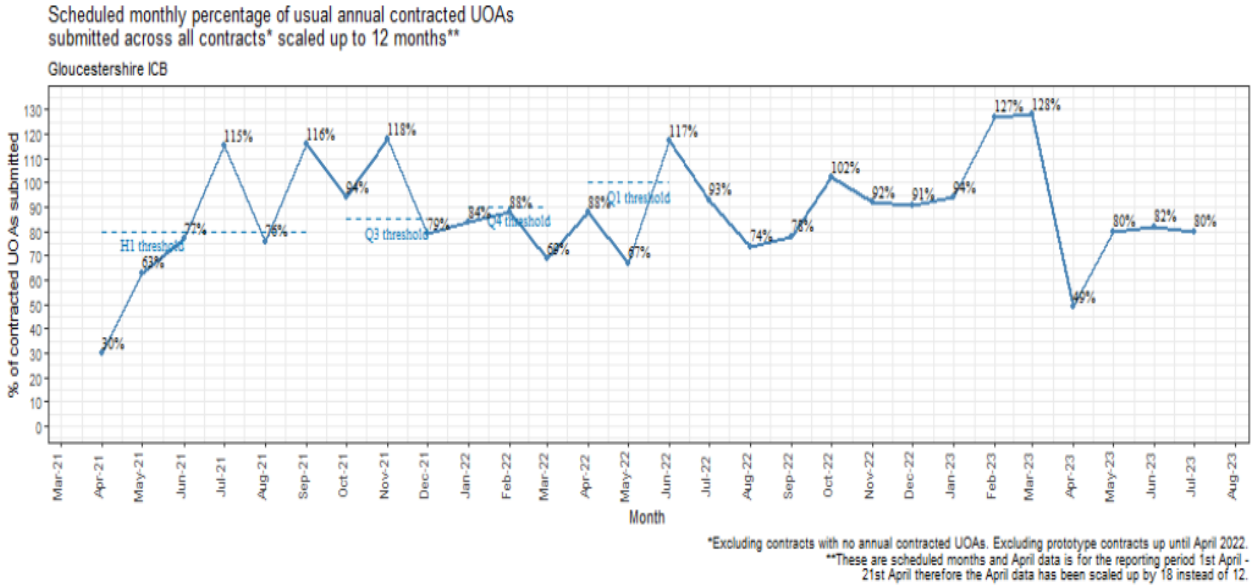
The value for Gloucestershire was 72% in August and performance has been steadily increasing when compared to a sharp dip in April 2023.



* This graph shows the average monthly performance of the 71 GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).

UOAs (Units of Oral Activity)

The monthly percentage of usual annual contracted UOAs submitted and scaled up to 12 months for the South-West was 87%. The value for Gloucestershire was 80%.



- This graph shows the average monthly performance of the **11** GDS/PDS contracts scaled up by 12 months measured against the delivery thresholds (80% for Apr-Sep 21, 85% for Oct-Dec, 90% for Jan-Mar, 100% for Apr-Jun 22).

Pharmacy

Dispensing Medicines

The following table below shows the number of items dispensed across the South West. April 2022- March 2023 reported Gloucestershire dispenses 12% of all items across the South West.

NHS South West Collaborative Commissioning Hub
Number of Items Dispensed
Last Updated: MIS Data April 2022 - March 2023

NHS South West Collaborative Commissioning Hub

	BNSSG	BSW	Cornwall & IOS	Devon	Dorset	Gloucestershire	Somerset	Total
Apr-22	1281468	1210924	826893	1851950	1159531	951603	719008	8001377
May-22	1330931	1265890	839571	1924630	1188792	954090	743112	8247016
Jun-22	1305817	1219883	814235	1860726	1174389	934358	718657	8028065
Jul-22	1310038	1227223	839723	1883321	1179289	911027	731733	8082354
Aug-22	1341392	1265327	849303	1902550	1208566	952604	756323	8276065
Sep-22	1299867	1239153	844013	1864121	1184090	949487	721834	8102565
Oct-22	1335188	1247899	830840	1882023	1183564	952323	744447	8176284
Nov-22	1363277	1287577	860660	1943663	1205862	983135	752752	8396926
Dec-22	1346809	1286842	884263	1945959	1223524	975002	749809	8412208
Jan-23	1359223	1282967	858980	1933145	1210730	976290	764327	8385662
Feb-23	1258302	1193751	784889	1795555	1104642	908842	688643	7734624
Mar-23	1443271	1334678	902469	2047305	1249575	1016909	798168	8792375
	15975583	15062114	10135839	22834948	14272554	11465670	8888813	98635521
	16%	15%	10%	23%	14%	12%	9%	

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 4th September 2023 based on data from the Local PCN Dashboard

PCN Performance against IIF Indicators																			
IIF indicators 2023/24		**LT**	**UT**	**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	% Achievement	72%	90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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	% Achievement	64%	82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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	% Achievement	60%	80%	19.4%	9.5%	15.8%	32.5%	28.1%	13.6%	31.5%	4.7%	21.1%	9.4%	25.5%	15.5%	16.7%	14.6%	9.5%	29.4%
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	% Achievement	65%	80%	77.5%	83.6%	74.6%	74.8%	77.5%	92.0%	81.2%	74.3%	77.1%	83.3%	78.6%	72.9%	68.6%	68.2%	84.1%	75.4%
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	% Achievement	85%	90%	76.5%	75.3%	77.4%	83.5%	72.6%	75.0%	82.7%	84.3%	74.7%	79.9%	75.4%	69.3%	77.2%	69.2%	72.2%	79.1%

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 July 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 Paramedic Practitioner												1				1
Advanced Clinical Practitioner Nurse											2		1	1		4
Care Coordinator	11	10	2	2	14	11	4	6	4	7	7	6	3	4	1	92
Clinical Pharmacist	3	3	8	4	11	7	2	6	5	4	6	6	11	4	8	88
Dietician					1											1
Digital and Transformation Lead	1		1	1	2		1	1		1	2	1		6	2	19
First Contact Physiotherapist			2		3		1	2		1		3			3	15
General Practice Assistant		3		3	3							2				11
Health and Wellbeing Coach		6	1												2	9
Mental Health Practitioner Band 7	1		1	1	1	3	1	1			1		1		1	12
Mental Health Practitioner Band 8A							1			1						2
Nursing associate	1	1								1		1				4
Paramedic		3	4			2		4				7	2		2	24
Pharmacy Technician	1	4	3	2	4	2	1	3	2	1	4	5	3	3	3	41
Physician Associate	2	1		2						1					2	8
Social Prescribing Link Worker	4	1	6	5	3	4	4	5	1	4	4		2	4	5	52
Trainee nursing associate		1	2		1			1		1		2	1	1	1	11
Total	24	33	30	20	43	29	15	29	12	22	26	33	24	23	30	393

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 Paramedic Practitioner												1				1
Advanced Clinical Practitioner Nurse											2		0.64	0.4		3.04
Care Coordinator	8.24	7.159	2	1.6	11.466	8.521	2.093	3.947	3.44	5.986	4.973	4.908	2.12	2.66	0.64	69.75
Clinical Pharmacist	2.8	2.273	6.174	4	10.107	4.52	1.427	5.54	3.787	2.39	4.2	4.38	8.974	3.573	6.3	70.45
Dietician	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1.00
Digital and Transformation Lead	0.467	0	0.64	1	0.373	0	0.287	0.8	0	1	1	0.32	0	1	0.94	7.83
First Contact Physiotherapist	0	0	1.3	0	3	0	0.747	2	0	1	0	2.12	0	0	2.48	12.65
General Practice Assistant	0	2.88	0	2.066	1.993	0	0	0	0	0	0	1.24	0	0	0	8.18
Health and Wellbeing Coach	0	3	1			0	0	0	0	0	0	0	0	0	1.907	5.91
Mental Health Practitioner Band 7	1	0	1	1	1	2.706	0.6	1.111	0	0	1	0	1	0	1	11.42
Mental Health Practitioner Band 8A	0	0	0	0	0	0	1	0	0	0.747	0	0	0	0	0	1.75
Nursing associate	0.747	1	0	0	0	0	0	0	0	1	0	0.987	0	0	0	3.73
Paramedic	0	2.4	3.64	0	0	1.653	0	1.5	0	0	0	6.013	1.5	0	1.5	18.21
Pharmacy Technician	1	3.453	2.8	2	3.653	1.627	0.72	3	1.8	1	3.4	4.2	2.573	2.627	2.08	35.93
Physician Associate	2	0.213	0	2	0	0	0	0	0	1	0	0	0	0	2	7.21
Social Prescribing Link Worker	3.24	0.987	5.654	5	2.587	3.814	2.86	3.64	1	2.88	2.741	0	1.387	2.76	3.907	42.46
Trainee nursing associate		1	2	0	0.8	0	0	0.8	0	0.8	0	1.707	1	0.8	1	9.91
Total	19.49	24.37	26.21	18.67	35.98	22.84	9.73	22.34	10.03	17.80	19.31	25.88	19.19	13.82	23.75	309.41

Agenda Item 14

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	**Primary Care 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	Aug 2023	ICB	Sept 2023			
Key Issues to note	ICB Quality updates						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	N/A						
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact							
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.						
Impact on Health Inequalities	N/A – for information only						
Impact on Equality and Diversity	N/A – for information only						
Impact on Sustainable Development	N/A – for information only						
Patient and Public Involvement	N/A – for information only						
Recommendation	The Committee is requested to: review for information and update.						
Author	**J Zatman-Symonds**	**Role Title**	**Deputy CNO**				
Sponsoring Director (if not author)	**Marion Andrews-Evans**						

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

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Quality Report

1.0 Introduction

1.1 This report provides assurance to the Primary Care Operational Group (PCOG) 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
- Patient Experience & Engagement
- Prescribing and Medicines Optimisation updates
- Vaccination and Immunisations
- Patient Safety
- Primary Care education and workforce updates
- POD delegation
- Provider updates
- Migrant Health update

2.0 Safeguarding

2.1 Key Achievements/ Celebrations

- The ICB annual safeguarding report is due to be published at the end of the month along with the children partnership annual report and child death overview report.
- The Children safeguarding partnership have developed the priorities for this coming year and these will be in the annual report.
- The appointment process for the child death overview doctor is progressing with interest in this role from 2 paediatricians.
- The Named GP, Dr Katy McIntosh, has now returned to work at the ICB and is available for advice to primary care.

3.0 Patient Experience & Engagement

3.1 Complaints & Feedback Policy

3.1.1 The ICB Complaints & Feedback Policy has been updated to reflect new arrangements to support handling of Pharmacy, Optometry and Dentistry complaints. The revised policy was approved by System Quality Group in August 2023. The revised policy can be found on the ICB website at: https://www.nhsglos.nhs.uk/about-us/how-we-work/our-policies-and-procedures/

3.2 Countywide Patient Participation Groups Network

3.2.1 The ICB Engagement Team facilitate a bi-monthly Countywide Patient Participation Groups Network. The last meeting of the group took place at the end of July 2023. Members enjoyed a varied agenda and were very engaged by presentations about Cancer and Health Inequalities with Becca Smith, Associate Director, Clinical Programmes; by Tracey Cox, Director for People, Culture

and Engagement about NHS Gloucestershire ICB Values and Behaviours; and Dani Kilkenny, Domestic Abuse and Sexual Violence Consultation Officer, Office of the Police and Crime Commissioner about the Domestic Abuse and Sexual Violence Consultation. An annual feature at the July meetings of the Network is sharing the National GP Survey results, with advice for PPGs on how to make best use of the insight from the survey results for their practices.

4.0 Prescribing and Medicines Optimisation

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

- **Primary Care Savings Project**: There are significant challenges within the Primary Care drugs budget with both costs and prescribing volume increasing. This is being seen nationally and the MO team is working with Finance and BI colleagues to understand this and if any additional savings can be made.
- **Appliance Ordering Service (AOS):** The AOS continues to recruit more practices. The data is starting to show savings associated with this service.
- **Community Pharmacy Consultation Service (CPCS)**: The project is starting to deliver results with more pharmacies undertaking the consultations and more GP practices making referrals into the service.
- **Discharge Medication Service**: Still seeking confirmation that Pharm outcomes has been integrated into the GHFT EPMA system. This will enable a significant increase of referrals into community pharmacies. This in turn should reduce GHFT readmission rates.
- **Covid Medicines Service**. The Covid Medicines Service provided by GDOC continues to receive referrals.
- **GLP**-1 analogue shortages. Unfortunately, there are going to be shortages over the winter and into next year for some diabetes medicines. This will result in some patients having to stop taking these medicines or moving to alternatives. A task and finish group has been set up to monitor the situation and to help practices support their patients.
- **Medicines Safety**: A subgroup of the ICS Medications Safety group has been established to focus on an ICS wide pathway for women of childbearing age being prescribed Sodium Valproate. Sodium Valproate is teratogenic if taken during pregnancy, and the group will aim to reduce harm associated with this drug. This is part of a national programme.
- **Wound care processes in Primary Care**: There has been a recent ICS wide workshop highlighting the issues experienced in primary and community situations in access the right dressings for a wound rapidly. A recommendations report has been ratified the ICS Medicines Optimisation Committee (IMOC). The aim of the project is to ensure nurses (community and primary care) can access dressings for their patients in a timely fashion.

5.0 System Clinical Effectiveness Group

5.1 The System Clinical Effectiveness Group met on the 10/07/2023. The draft minutes are included for information and will be signed off at the next meeting in September 2023.

6.0 Vaccination Update

6.1 The vaccination team have once again been very busy providing assurance visits to new vaccination sites and ensuring clinical governance is in place ready for the Autumn Covid vaccination programme that has been brought forward by a month.

6.2 Sites in Gloucestershire have already delivered over 10,000 vaccines at vaccination centres and vaccination of care home residents and housebound patients is well under way.

6.3 The outreach team are busy providing staff and inpatient covid and flu vaccinations and the hospital hub has now been set up to offer further staff vaccinations for covid and flu.

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

7.1 Patient Safety Incident Response Framework (PSIRF) will be replacing the Serious Incident Framework in Autumn. Providers operating NHS commissioned services under the NHS Standard Contract need to create a response plan which must be agreed by the ICB.

7.2 Both GHNHSFT and GHC are working towards implementation and sign off of their plans. GHC aim to take their plan to their board in November, with GHNHSFT following in January. These will be taken to the Quality Committee for ratification following provider sign off.

7.3 System training has now been organised through GHC with dates set for 19th October and 16th November.

7.4 **Learn from Patient Safety Events (LFPSE)**

7.4.1 To support PSIRF NHSE have launched the new LFPSE system.

7.4.2 While larger providers with local risk management systems (LRMS) are working to flow information automatically, smaller providers and primary care will be able to use a webpage. Unfortunately, both GHC and GHNHSFT have been delayed in their transition due to third party software provider issues. This doesn't affect use of the webpage access.

7.4.3 NHSE are yet to progress the BI module which will allow us to view incidents at ICB level.

8.0 Primary Care Nursing Education and Workforce Updates

8.1 The Nurse on Tour initiative will be launching its first Learning Disability Health check in collaboration with the LD team in October. The team are also looking at expanding the offer to work across PCN's to look at outreach work to work alongside the circulatory CPG and Diabetes CPG, utilising POCT, offering increased placements to students across Gloucestershire.

8.2 Practice Nurse Conference has been funded by the retiring Gloucestershire General Practice Nurse Group and will take place on 27th September 2023. It has a full programme of topics, recognising the demand for wound update, travel update and HRT update amongst the opportunity to network with stands and colleagues from across the county.

8.3 The 2 new legacy mentors for Primary Care have joined the ICS legacy mentoring team in September. A Lead legacy mentor has been appointed and is now in post.

8.4 Increasing number of student NA withing Primary Care, with 3 more who have recently qualified undergoing Registered Nurse Degree Apprenticeships.

8.5 Task and finish group set up for event in November to promote Primary Care Nursing Careers, showcasing support for practices and Nurses joining the workforce.

8.6 Task and finish group set up to collaborate with the wider workforce to look at models of rotation for newly qualified nurses across the full spectrum of the ICS, with learning from a model in Derbyshire.

9.0 POD Delegation

9.1 There have been no further quality related communications from NHSE since the last report. NHSE SW have confirmed that a second POD delegation workshop event will be held on the 12th October 2023, following on the previous workshop held on 21st March 2023.

Gloucestershire ICB received the Collaborative Commissioning Hub (CCH) Pharmacy, Optometry and Dental Quality Report on the 1st of August which outlined data and information for the Q1 period 2023/24.

In summary:

9.1.1 **Pharmacy** – No serious incidents were reported, 1 incident relating to the dispensing of incorrect medication was reported and 2 complaints and 1 concern were raised during this reporting period. The Community Pharmacy Assurance Framework (CPAF) cycle for 23/24 has now begun.

9.1.2 **Optometry** – No serious incidents were reported, no complaints or concerns were raised and no significant quality risks or concerns relating to optometry services were notified to the NHSE CCH Quality and Safeguarding Team. No quality assurance visits were undertaken by the NHSE CCH during Q1.

9.1.3 **Dental** – No serious incidents were reported. 2 complaints and 4 concerns were received relating to a dental provider, in addition, 4 were received relating to NHSE's commissioning of services concerning dental access. Themes and trends data will be provided by the CCH once investigation has been completed. No quality assurance visits were undertaken during Q1. Quality risks and concerns continue to centre around workforce and access as reflected nationally and across the SW region. The report highlights the role of the CCH in triangulating information and intelligence to identify any adverse impacts on patient safety, experience, and health inequalities.

10.0 Updates:

10.1 **PPG**

10.1.1 The ICB are continuing to work proactively with PPG to support the work around the concerns raise at the inspection in November 2022 and the recommendation and updates from the re-inspection visit in April. The service has now fully implemented changes in line with guidance that allowed for better management and oversight.

The ICB have been informed by PPG that CQC are undertaking a follow up visit in September to ensure that their concerns about ensuring the recent changes from the action plan are embedded in practice are allayed. The ICB will await feedback on the visit and support as required.

Leg Ulcer Services

As highlighted previously, a paper to be presented to the ICB Executives has now been commenced. The paper will be asking the Executive team for their advice, guidance and resource to support the system wide transformation of complex wound management pathways. Julie Zatman-Symonds will

present the paper to the Exec board together with Marion Andrews-Evans on the 31st October 2023. An update will be provided once the outcome of this meeting is known.

10.2 **CHIP Team**

Training to social care providers

The Care Home Infection Prevention (CHIP) Team has an open, ongoing offer to all care homes to provide IPC training to new starters a well as an annual update. In response to requests from care homes this training is onsite and face to face. It was revised and the new format started 1 September 2023. To date the feedback has been positive. Feedback is collected after each session and a feedback focus group will be held after 3 months.

The team are facilitating the second cohort of IPC Champions training and 14 care homes are participating and in August they made 10 onsite visits to support staff members undertaking this training. There is already a waiting list for the third cohort which is planned for March 2024.

The team continue to provide a monthly webinar to care homes. In August the main topic was Implementation of the National Cleaning Standards and in September it was an overview of all the CHIP Team projects.

Since our last update we have assisted to facilitate and participated in two countywide study days, namely UTI and the CDI study days. These events were open to all system partners including care homes.

Infection Prevention and Control Support to Social Care Providers

Over the past year the CHIP Team has made 491 onsite visits to offer IPC support and advice.

The CHIP Team responds to all notifications of an outbreak in care homes as well as single cases of Clostridioides Difficile Infections (CDI), MSSA and MRSA. In the past month this has included supporting 2 care homes with a scabies outbreak. For this purpose, during August 2023 the team has made 21 onsite visits.

Most of the IPC advice is given through our proactive work for which we use a Quality Improvement methodology. The Cleaning Standard Project is now in phase 2 and being rolled out into the largest provider in Gloucestershire. The Mouth Care Project has an IPC perspective with the aim to promote effective mouth care to all residents in the 4 participating care homes and thereby reduce mouth and chest infections. The change factor is the assistance of a volunteer dental hygienist and the cascading of her expertise and knowledge to the CHIP Team members who in turn support the staff in care homes. The dental hygienist works with the team in care homes one afternoon per week and reviews resident's needing a tailored mouth care plan. In total 14 visits were undertaken for project work in August 2023.

In collaboration with IPC colleagues in Gloucestershire the team are working on IPC measures requiring a joined up systemwide response. This includes the CDI, MSSA and UTI improvement projects. As part of the UTI Reduction group, they have recently completed a review of all catheterised residents in nursing beds in Gloucestershire and are starting the next phase of their work, namely, to review and improve catheter care. The CDI work has included developing tools to support care homes with a resident with CDI and improving discharge communication between the hospital and care

home. The MSSA project requires the team to review and collect data on all community acquired MSSA bacteraemia cases for one year. It commenced on 1 September 2023 and to-date no cases have been identified.

The projects with a sustainability theme include promoting use of appropriate waste streams, using gloves correctly and stopping incorrect PPE use. For the latter they have developed a poster and training around PPE use at mealtimes as it was widespread practice to use plastic aprons and gloves. The team are in the early stage of planning a trial of reusable incontinence pads in 1 care home is 2024. If successful it will reduce waste and lower costs.

From 1 October 2023 the focus will change to supporting care homes during winter, so planning is progressing on activities such as offering Point of Care and Outbreak management support. The webinar in October will include this as well as the discharge pathway for residents with Influenza and Covid-19 from the hospital to the care home.

Migrant Health

11.1 Increase in numbers seen now in 1 hotel following optimisation work. Increase in numbers across the whole estate still expected.

11.2 Health Visiting teams are liaising with charitable partners to look at establishing a focussed response to the high numbers of births in the hotel over the last 2 months. Currently 5 babies born with 3 expected.

11.3 Contact testing of Service Users from hotel in Devon with numerous active TB cases are showing a 25% positivity rate. Acute TB GHT team escalating through ICB respiratory group, and we await UKHSA's decision regarding widening the contact criteria.

11.4 Migrant Health team working up personalised handheld notes for all service users to ease transition when dispersed out of area.

The Committee is asked to note this report.

Agenda Item 15

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 5th October 2023

Report Title	**Finance Reports for Delegated Primary Care and Pharmacy, Optometry and Dental (POD) – Month 4**						
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						
Executive Summary	At the end of the July 2023 the ICB's Delegated Primary Care co-commissioning budgets are showing a £0.109m underspend position on £39.6m budget. The budgets have been reviewed and realigned based on planned expenditure. The YTD POD position is £356k underspend with a breakeven forecast.						
Key Issues to note	The Month 4 position is £0.109m underspent, with a current year end forecast of breakeven. This may change as the year progresses and issue are highlighted. POD has an underlying run-rate underspend of £906k.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Risk of overspend against the delegated budget: Original Risk: 3 x 3 = 9 Residual Risk: 3 x 2 = 6						
Management of Conflicts of Interest	None						
Resource Impact (X)	**Financial**	X	**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	The forecast and current month position are breakeven.						
Regulatory and Legal Issues (including NHS Constitution)	None						
Impact on Health Inequalities	None						
Impact on Equality and Diversity	None						
Impact on Sustainable Development	None						
Patient and Public Involvement	None						
Recommendation	PCOG is asked to • note the content of this report.						

Author	**Matt Lowe**	**Role Title**	**Head of Management Accounts**
Sponsoring Director (if not author)	**Cath Leech Chief Finance Officer**		

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

NHS Gloucestershire

Delegated Primary Care Financial Report

July 2023

Delegated Primary Care Financial Report

Summary

- At the end of July 2023 the Integrated Care Board's (ICB) Delegated Primary Care co-commissioning budgets are showing a £109k underspend position on a £39.7m year to date budget.
- The month four forecast position is breakeven. The position may change as the year progresses and issues are highlighted.
- The table below shows the month 4 position.

				Values								
Level 4 name	Cost Centre	Cost Centre Description (Internal)	PAY/NON-PAY/INCOME	In Month Budget	Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
DELEGATED DC	960211	DELEGATED GP	NONPAY	10,385,905	10,277,354	108,551	39,627,863	39,519,211	108,652	116,968,000	116,968,000	-
	960211 Total			10,385,905	10,277,354	108,551	39,627,863	39,519,211	108,652	116,968,000	116,968,000	-
Grand Total				10,385,905	10,277,354	108,551	39,627,863	39,519,211	108,652	116,968,000	116,968,000	-

Delegated Primary Care Financial Report

Financial Position

- The end of Month 4 financial position as at 31st July for delegated primary care budgets is a £0.109m underspend with a year end forecast of breakeven. The key variances are:

  - General Practice £322k underspent.
    This is driven by an underspend on the Global sum payments to practices. A further review of the budget and expenditure will be undertaken during September.
  - Prescribing and Dispensing underspend £368k.
    Expenditure on Prescribing and dispensing is lower than the current budget, more work will need to be done to ensure the budget matches the run rate, the profiling of the budget may be out of step with the expenditure.
  - Premises £297k overspend
    This overspend is due increases rent, rates and expenditure on the waste contracts. This overspend has reduced from last month, due to a further review of the budgets. A further review of the budget and expenditure will be undertaken during September.
  - Enhanced Services, Other GP services and PCN are £216k overspent.
    This is driven by sickness and maternity being overspent are overspent. A further review on last years outturn and this years budget will be taken in September to ensure the budgets are aligned.

Gloucestershire ICB
2023/24 Delegated Primary Care Co-Commissioning Budget
July - 23

Category of Expenditure	Total Budget 2023/24 £'000	Year to date Budget £'000	Year to date Expenditure £'000	Year to Date Variance £'000	Total Forecast Outturn £'000	Total Forecast Variance £'000
Enhanced Services	5,650	1,883	2,013	(130)	5,650	0
General Practice	69,808	23,269	22,948	322	69,808	0
Other GP Services	2,144	715	920	(205)	2,144	0
PCN	15,166	5,694	5,575	119	15,166	0
Premises	10,699	3,566	3,863	(297)	10,699	0
Prescribing and Dispensing	3,587	1,196	886	310	3,587	0
QOF	9,915	3,305	3,314	(9)	9,915	0
Totals	**116,968**	**39,628**	**39,519**	**109**	**116,968**	**0**

Delegated Primary Care Financial Report

Service Delivery Framework (SDF)

The table below shows the non-recurring SDF funding for 2023/24. The SDF has reduced in 2023/24 compared to last year, and the Primary Care team is working to review these commitments to ensure that expenditure remains within the funding available.

- The ICB Infrastructure category is new for 2023/24. This figure is a maximum for 2023/24 and this programme is in development.
- The commitment against the SDF funding is being highlighted, as the funding has been reduced from prior years, but the requests against it has increased. This has been escalated to directors.

SDF Funding 2023/24				
Resources	Confirmed NR £'000	Indicative NR £'000	Total Allocation £'000	Forecast Outturn £'000
Local GP Retention	127		127	127
Training Hubs	131		131	131
Primary Care Flexible Staff Pools	123		123	123
Practice Nurse Measures	40		40	40
Transformational Support	785		785	785
PCN Leadership and Management funding	461		461	461
ICB Infrastucture	188		188	188
Fellowships	98	293	391	391
Supporting Mentors	23	69	92	92
GPIT - Infrastructure and Resilience	142		120	120
Totals	**2,118**	**362**	**2,331**	**2,331**

Delegated Primary Care Financial Report

Risks and Mitigations

The table below highlights the potentially risks and mitigations relating to 2023/24. This will be updated as further risks and mitigations are identified.

Risks	Mitigations
ARRs for 2023/24 has a potential risk of £450k due to different list sizes used by NHSE.	Not all staff will be in post from the beginning of each quarter, where the portal assumes staff will be in place from week one of relevant quarter. There will also be natural turnover, and not all posts are appointed on agenda for change banding, and not at top of scale, these items will potentially reduce this risk.
Investment Impact Fund (IIF) 2022/23 expenditure is approximately £400k higher than the budget from 2022/23.	Further review of 2023/24 is being completed to see if this can be managed within the overall position.
SDF Funding has reduced from 2022/23, but the requests against the funding have increased. The commitments against the funding are being confirmed to understand the size of the problem.	Prioritisation meetings have been undertaken and cost pressures have been escalated to directors.

Pharmacy, Optometry, Dental (POD)

Month 4 Finance Report for Gloucestershire

Finance summary for Gloucestershire for Month 4

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Dental	10,465	10,351	114	31,232	31,232	0	31,232	31,052	180
Pharmacy	4,493	4,493	(0)	13,478	13,478	0	13,478	13,479	(1)
Optometry	1,976	1,889	87	5,928	5,928	0	5,928	5,667	261
Other GP	164	8	155	491	491	0	491	25	466
GP Dispensing	0	0	0	0	0	0	0	0	0
Total	17,097	16,741	356	51,129	51,129	0	51,129	50,223	906

Dental Position Review for Gloucestershire for Month 4

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Secondary Care Dental									
NHS	2,755	2,700	55	8,264	8,099	166	8,099	8,099	(0)
Non NHS	0	0	0	0	0	0	0	0	0
Resreves	0	0	0	(166)	0	(166)	0	0	0
	2,755	2,700	55	8,099	8,099	0	8,099	8,099	(0)
Community Dental									
Community Dental activity	1,250	1,250	(0)	3,752	3,752	0	3,752	3,749	2
Community Dental Income	0	0	0	0	0	0	0	0	0
	1,250	1,250	(0)	3,752	3,752	0	3,752	3,749	2
Primary Care Dental									
Patient Carge Revenue	(2,208)	(1,935)	(273)	(6,624)	(6,624)	0	(6,624)	(5,804)	(820)
Contract costs	7,672	7,362	310	23,016	23,016	0	23,016	22,085	931
Contract Reserve	965	0	965	2,896	0	2,896	0	0	0
Referal systems	0	0	0	0	0	0	0	0	0
Toothbrushing	30	0	30	91	91	0	91	0	91
Dental School	0	0	0	0	0	0	0	0	0
Other Surgery	0	0	0	0	0	0	0	0	0
Other costs	1	974	(973)	2	2,898	(2,896)	2,898	2,922	(24)
	6,460	6,401	59	19,381	19,381	0	19,381	19,203	178
Total Dental	**10,465**	**10,351**	**114**	**31,232**	**31,232**	**0**	**31,232**	**31,052**	**180**

Primary Care Dental

Primary Care Dental is break even year to date (YTD) and forecast breakeven

However there is an underlying YTD underspend of £973k with an underlying £2.9m forecast underspend

Three Contracts ended June 23 and the phase 2 MDS re-procurement has been delayed. In addition, there has been lower activity resulting in more contract clawbacks. These have resulted in contract costs underspending by £1,275k YTD

This is partially off set by Patient Charge Revenue being lower than expected by £273k, due to lower activity

Secondary Care & Community Dental

Secondary Care Dental and Community dental are forecast to break even this year.

NHS contracts are paid on block, Non-NHS are paid via invoice; due to only having one months invoice to date we are reporting breakeven until further costs have been received.

There is additional budget, £871k, this financial year for elective recovery (ERF)

Pharmacy Position Review for Gloucestershire for Month 4

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Patient Charge Revenue	(2,432)	(2,488)	56	(7,296)	(7,296)	0	(7,296)	(7,464)	168
Prescription dispensing charges	5,561	5,427	135	16,684	16,684	0	16,684	16,280	404
Essential services charges	294	394	(100)	883	883	0	883	1,182	(299)
Advanced services charges	571	538	32	1,712	1,712	0	1,712	1,615	97
Quality Schemes	268	268	0	804	804	0	804	804	0
Local fees and charges	37	18	19	111	111	0	111	54	57
Commercial Waste charges	190	188	2	570	570	0	570	564	6
Other charges	3	148	(145)	10	10	0	10	445	(435)
Total Pharmacy	**4,493**	**4,493**	**(0)**	**13,478**	**13,478**	**0**	**13,478**	**13,479**	**(1)**

Optometry Position Review for Gloucestershire for Month 4

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Domiciliary Visists	121	166	(45)	363	363	0	363	497	(134)
Sight tests and glasses	1,645	1,699	(54)	4,936	4,936	0	4,936	5,097	(161)
Professional training	27	24	3	82	82	0	82	73	9
Other charges	0	(0)	0	1	547	(546)	547	(0)	547
Reserves	182	0	182	546	0	546	0	0	0
Total Optometry	**1,976**	**1,889**	**87**	**5,928**	**5,928**	**0**	**5,928**	**5,667**	**261**

5

Pharmacy

Pharmacy is reported as breakeven, the results are based on two months of actual activity

This includes an assumption that Pharmacy Quality Schemes are going to breakeven

Prescription fees are lower than budgeted and Patient Revenue Charges are higher than budgeted

Essential payment costs, including transitional payments, are higher than expected

It’s year 5 of the 5 year agreement

2022/23 overspent, and the National Team suggested this might be recovered in 2023/24

Optometry

Optometry activity is higher than expected resulting in a YTD overspend on sight tests & glasses.

This is not a risk yet as it is offset by the optometry reserve. It will be monitored in the coming months as more activity data is received.

Other GP and GP Dispensing Position review for Gloucestershire for Month 4

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
General Pratice IT	0	0	0	2	2	0	2	0	2
General Practice	0	0	0	0	0	0	0	0	0
Other GP Services	8	8	0	23	489	(466)	489	25	464
Contingency	155	0	155	466	0	466	0	0	0
GP Dispensing	0	0	0	0	0	0	0	0	0
Total Other GP	**164**	**8**	**155**	**491**	**491**	**0**	**491**	**25**	**466**

Financial Summary

Level 4 name	Cost Centre	Cost Centre Description (Internal)	PAY/NON-PA	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
DELEGATED DC	960212	DELEGATED OPHTHALMIC	BALSHT	182,000	-	182,000	546,000	-	546,000
			NONPAY	1,793,993	1,889,005	(95,012)	5,382,000	5,928,000	(546,000)
	960212 Total			**1,975,993**	**1,889,005**	**86,988**	**5,928,000**	**5,928,000**	**-**
	960213	DELEGATED PHARMACY	INCOME	(2,432,000)	(2,487,994)	55,994	(7,296,000)	(7,296,000)	-
			NONPAY	6,924,701	6,980,896	(56,195)	20,774,116	20,774,116	-
	960213 Total			**4,492,701**	**4,492,902**	**(201)**	**13,478,116**	**13,478,116**	**-**
	960214	DELEGATED COMMUNITY DENTAL	NONPAY	1,249,809	1,249,813	(4)	3,751,777	3,751,777	-
	960214 Total			**1,249,809**	**1,249,813**	**(4)**	**3,751,777**	**3,751,777**	**-**
	960215	DELEGATED PRIMARY DENTAL	BALSHT	965,288	-	965,288	2,895,864	-	2,895,864
			INCOME	(2,208,000)	(1,934,637)	(273,363)	(6,624,000)	(6,624,000)	-
			NONPAY	7,703,132	8,335,702	(632,570)	23,109,419	26,005,282	(2,895,863)
	960215 Total			**6,460,420**	**6,401,065**	**59,355**	**19,381,283**	**19,381,282**	**1**
	960216	DELEGATED SECONDARY DENTAL	BALSHT	-	-	-	(165,555)	-	(165,555)
			NONPAY	2,754,615	2,699,721	54,894	8,264,494	8,098,938	165,555
	960216 Total			**2,754,615**	**2,699,721**	**54,894**	**8,098,938**	**8,098,938**	**0**
	960217	PRIMARY CARE DEVELOPMENT	NONPAY	-	-	-	2,083	2,083	-
	960217 Total			**-**	**-**	**-**	**2,083**	**2,083**	**-**
	960218	DELEGATED PRIMARY CARE IT	BALSHT	155,293	-	155,293	465,885	-	465,885
			NONPAY	8,332	8,332	-	22,917	488,802	(465,885)
	960218 Total			**163,625**	**8,332**	**155,293**	**488,802**	**488,802**	**-**
Grand Total				**17,097,163**	**16,740,838**	**356,325**	**51,129,000**	**51,128,999**	**1**

The above table is the Delegated POD budgets I&E as per the GICB ledger at M4. The values align to the NHSE figures in part 1 of the report.

Additional Commentary from GICB

Secondary Care Dental

- Regular monthly payments of £572k have been made to GHFT. There are also small accruals for each of the trusts, full annual amounts are expected to be transacted in M5
- Spend on the Commercial Sector is already £76k against an annual original budget of £160k. However, in month the budget has been increased to £232k. As such, the previous possible overspend should no longer happen, and we should be close to breakeven.
- The large £1m negative reserve that was against Secondary Dental last month has been reduced by £871k to £166k. 84% of ERF has been released. As such, the negative expenditure we had for ERF included within budgets has been reduced by £871k to reflect the allocation received.
- To date, there has been no spend against Not For Profit providers in Secondary Dental, which has an annual budget of £115k.
- The below table shows the secondary care dental providers as per the ICB ledger. The NHS providers apart from GHFT are fixed low value arrangements (LVAs). The non-NHS providers are variable.

Level 4 name	Cost Centre	Cost Centre Description (Internal)	PAY/NON-P/	Analysis2 desc	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
DELEGATED DC	960216	DELEGATED SECONDARY DENTAL	BALSHT		-	-	-	(165,555)	-	(165,555)
			NONPAY	GLOUCS HOSP NHS FT	2,323,660	2,323,667	(7)	6,971,002	6,971,002	-
				GREAT WEST HOSP NHSFT	25,181	25,185	(4)	75,558	75,558	-
				PRACTICE PLUS GROUP HOSPITALS LTD	54,092	75,936	(21,844)	162,283	(2)	162,285
				PRIVATE HEALTHCARE	22,864	-	22,864	69,552	181,031	(111,480)
				ROYAL UNITED HOSPITAL BATH NHS FT	9,334	9,342	(8)	28,024	28,024	-
				TETBURY HOSPITAL TRUST LTD	38,246	-	38,246	114,747	(2)	114,750
				UNI HOSP BRISTOL NHS FT	257,032	257,033	(1)	771,103	771,103	-
				UNI HOSP PLYMOUTH NHS TRUST	3,715	3,719	(4)	11,158	11,158	-
				GEN NCA ACCRUAL FOUNDATION TRUST	15,517	-	15,517	46,557	46,557	-
				SOMERSET PART NHSFT	671	654	17	1,961	1,961	-
				TORBAY AND SOUTH DEVON NHS FT	1,509	1,469	40	4,400	4,400	-
				ROYAL CRNWALL HOSP NHST	507	492	15	1,478	1,478	-
				SALISBURY NHS FT	529	516	13	1,547	1,547	-
				Royal Devon University Healthcare NHS Foundation Trust	1,759	1,708	50	5,122	5,122	-
			NONPAY Total		2,754,615	2,699,721	54,894	8,264,494	8,098,938	165,555
	960216 Total				2,754,615	2,699,721	54,894	8,098,938	8,098,938	0
Grand Total					2,754,615	2,699,721	54,894	8,098,938	8,098,938	0

Additional Commentary from GICB

Community Dental

- In Community Dental, regular payments of £308k have been made to GHC.

Primary Care Dental

- The £973k underlying underspend is identifiable in “other costs” on slide 3 which is expected to be backed out of the financial position in M5
- Baseline contract payments have been relatively consistent month on month, to date, providing reassurance that they are correct.
- Adjustments to add Patient Charge Revenue has increased significantly in month. This is a combination of the actual charges increasing due to higher activity, but also, each month includes a clawback for payments that relate to prior years, and this has reduced in month as well.
- Performance Adjustments (the contract clawbacks) has reduced due to the increased activity in month, though YTD we are £211k over recovered. Clawback is expected to continue to reduce throughout the year, with low first quarter activity a regular occurrence.

Pharmacy

- Transactions for the largest area of spend [Prescribing (non GP) Professional Fees] increased by £340k in July, compared to June. This appears to be some catch up from the previous month, bringing the average per month to £1,356k.
- Transactions for Advanced Services dropped from a peak last month. This is due to the pattern of payments throughout the year, with signing on fees made early in the year, and limited claims for activity picking up during the year.
- Transactions for Prescription Charge income were up slightly month on month from £620k to £678k.
- There is currently a breakeven accrual processed each month, as Pharmacy data is reported several months behind, and there are still some national negotiations ongoing. As such, it is not considered prudent to report any current underspends that are in the ledger, as they are subject to change.

Additional Commentary from GICB

Optometry

- Having previously seen increases each month, in M4 overall transaction values dropped.
- The largest spend area (Optician Sight Test) has seen transactions in month drop back from a peak in June, down to a level just above the average for the year so far.
- There is a regular accrual that takes account of days at the end of the month, to take account of transactions that have not been reported in time. The calculation for this takes a worst-case scenario, with actual activity costs likely to be slightly lower.
- The YTD underspend of £87k is not unexpected after the £89k accrual last month to breakeven. This breakeven accrual has now been dropped. We are still awaiting confirmation re the data issues experienced by the Hub, and whether any adjustment to the FOT can be implemented.

Primary Care IT and Reserves

- Whilst there is a YTD underspend, this is against a reserve fund that any schemes implemented by the ICB to improve performance could be funded from. As such, lack of spend to date is not indicative of spend that may occur, thus the FOT Breakeven.
- Meetings will be held between Primary Care and Finance colleagues this month to discuss commitments against reserves.
- Though described as Primary Care IT, this is mostly a non-ringfenced reserve.
- There will be an annual spend of £25k of IT which relates to a central contract, with this being our contribution towards it.

One Gloucestershire
Transforming Care, Transforming Communities

NHS Gloucestershire

ICS Transformation Programme Highlight Report

September 2023

@NHSGlos
www.nhsglos.nhs.uk

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**	15 Sept 2023
Programme Lead	Helen Goodey	**Report Author**	Bronwyn Barnes	**Previous RAG**	**GREEN**		

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

Programme Area/ Workstream (as per delivery plan)	**Key Achievements from last reporting period** (from delivery plan)	**Key Upcoming Milestones for the next reporting period** (from delivery plan)
Place Based Model	• Progress in wrapping around support to frailty PCN QI projects with wider connections to system expertise as appropriate. Review of proactive frailty work in neighbourhoods and localities commenced to inform direction of travel for Prevention Workstream of the UEC Transformation Programme which will focus on frailty by proactively supporting people's independence to live and thrive in their community for as long as possible, reducing or delaying getting to the point of urgent need. • Strengthening Local Communities planning and delivery underway. As an example in Gloucester proposals have been put forward to split the funding between the three priority themes of the ILP and to have a 'Community Chest' of small grants to VCS organisations for additional support the three themes. The approach has been informed by the wider partnership members. • Presentations to the Chief Executive and Director of Research for the International Foundation for Integrated Care and the Public Health team at GCC to increase awareness and links to the work of ILPs.	• Finalise Strengthening Local Communities grant funded schemes in each ILP for 2023/24 and commence delivery. • Develop plans following direction from HWP in increasing sharing of and across localities including considering scaling up within local contexts. • Showcase of Neighbourhood and Locality working planned for 15th November with focus on sharing progress under distinct themes that have emerged across the ILPs; Children and Young Peoples (CYP) mental health and wellbeing, Proactive Care (Frailty) and ICP Exemplar Themes (Smoking, blood pressure, employment) • Finalise scoping of remaining three Community Health and Wellbeing hubs to meet delivery ambitions. Consideration of a further hub/s to utilise any underspend. • Contribution to NHS Charities Together networking event presenting impact made by the funded projects in localities supporting community capacity building. • Ensure ILP members sighted on progress with UEC Transformation Programme Prevention Workstream and how this links to current and future ambitions within neighbourhoods and localities.

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**	15 Sept 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)
Place Based Model	• Neighbourhood and locality specific achievements: ○ In Gloucester, the NHS Charities Together Community Engagement programme, run by Altogether Better have completed 3 of the 5 sessions. An 'in person' event held jointly with the programme participants and representatives of 16 local VCSE organisations. ○ In West Cheltenham a Family Fun Day at Springbank supported by ILP members and wider partners was attended by over 100 members of the community with representation from GHC, Active Impact, Sewa Day, Access All Glos and the emergency services. Health checks/guidance on the day included: 42 blood pressures taken, 4 referrals made for BP, 1 abnormal pulse referred, 9 smokers supported, 1 individual referred for troublesome cough and 1 referral to talking therapies. <u>Children and young peoples mental health and wellbeing</u> ○ Tewkesbury ILP Operational Group is now established and project areas being developed along the agreed priority areas of children and young people's mental health and wellbeing and employment. ILP members have recently shown the value of local partnership working by mobilising support to a local school following an incident in July. ○ A short term project group has been established in the Forest of Dean as part of the CYP Healthy Lifestyles theme to support the 'Healthy Start' scheme as FoD has a lower uptake than other localities. This involves NHS, GCC, District Council and VCS colleagues. <u>Proactive Care (Frailty)</u> ○ Dementia, Frailty & Carers working group in Stroud and Berkeley Vale assessing analysis of the carers week coding. The group agreed to endorse the GP quality marker, a document created by the carers hub to assist GPs and practice staff with supporting Carers. The group is planning a piece of work using Accurx to proactively target a cohort of mild/moderately frail patients by text message and link them into the Stroud District Council *everyone active, moving well* offers. <u>ICP Exemplar Themes (Smoking, blood pressure, employment)</u> ○ The Active People priority theme in Gloucester will focus on smoking cessation and a working group has been set up to take this forward.	• Neighbourhood and locality specific upcoming milestones include: ○ Wrap around support and expertise to PCN QI frailty projects with subject matter and project support to ensure clear links to wider system and partner expertise and resources as appropriate. ○ The working group for the Deprived Wards priority in the Cotswolds will carry out research in each of the areas (Beeches, Watermoor, Chesterton and Stow wards) by attending some of the activities taking place including the hubs, the digi hub, friendship café, coffee mornings and village hall/warm space. A multi agency fun day/full of life event in each area with VCS involvement will be a chance to capture the ambitions and aims of communities so as to build on strengths and local assets. Events will include health checks/advice. ○ Winter event in West Cheltenham to be planned as follow up to Family Fun Day in Springbank ○ The Stroud and Berkeley Vale Children and young people working group is making links with the newly awarded children's hub services provider who are hosting a networking event in September which members of the working group will attend.. ○ Social Isolation and Frailty priority working group in the Cotswolds are planning to recommence the project at the Cirencester Health Group having received confirmation of the data request for practices to receive a pseudonymised list of patients at risk of deconditioning for all practices in the South Cotswolds. Practices will be contacted to assess capacity to sense check the data followed by GRCC engaging with the deconditioned patients identified. The working group is working closely with the frailty CPG/ programme to incorporate frailty interventions into the strategy and framework.