

NHS Gloucestershire Primary Care & Direct Commissioning Committee Part 1

To be held between 14.00 – 15.25 on Thursday 7th December 2023
ICB Board Room, Floor 5, Shire Hall, Gloucester, GL1 2TG & MS Teams

Chair:

No.	Time	Item	Action	Presenter
1		Introduction & Welcome	Note	Chair
2.		Apologies for Absence	Note	Chair
3.	14.00 –	Declarations of Interest	Note	Chair
4.	14.05pm	Minutes of the Last Meeting held 5th October 2023	Approval	Chair
5.		Matters Arising & Action Log	Discussion & Update	Chair
6.		Questions from the Public	Discussion	Chair
Items for Information				
7.	14:05- 14:20pm	Delivery plan for Recovering Access to Primary Care	Information	Jo White
8.	14:20 – 14:25pm	Gloucestershire Dental Strategy Update Report	Information	Meryl Foster & Helen Edwards
9.	14:25 – 14:30pm	Primary Care Risk Report	Information	Jo White
		Highlight Report:		
10.	14:30 – 14:40pm	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry & Dentistry 	Information	Jo White
		Performance Report:		
11.	14:40 – 14:50pm	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry & Dentistry 	Information	Jo White
12.	14:50 – 15:00pm	Primary Care Quality Report	Information	Marion Andrews-Evans
13.	15:00 – 15:10pm	Financial Report	Information	Cath Leech
14.	15.10 – 15.20pm	ICS Transformation Programme & ILPs Highlight Report	Information	Helen Edwards
15.	15.20 – 15.25pm	Any Other Business (AOB)	Information	Chair

Time and date of the next meeting: Thursday, 1st February 2024

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Part of the One Gloucestershire Integrated Care System (ICS)

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 5th October 2023, 14.00-16.00pm

Board Room at Shire Hall, Westgate Street, Glos GL1 2TG & via MS Teams

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
Ellen Rule	ER	Deputy Chief Executive Officer
Prof Jane Cummings	JC	Non-Executive Director, NHS Gloucestershire
Julie Zatman-Symonds (deputising for Marion Andrews- Evans)	JS	Deputy Chief Nursing Officer, NHS Gloucestershire
Participants Present:		
Andrew Hughes	AH	Associate Director, NHS Gloucestershire
Carole Alloway-Martin	CAM	Councillor, Gloucestershire County Council
Christina Gradowski	CGi	Associate Director of Corporate Governance, NHS Gloucestershire
Declan McLaughlin	DM	Head of Primary Care Contracting, NHS Gloucestershire
Helen Edwards	HE	Associate Director of Primary Care & Place, NHS Gloucestershire
Helen Goodey	HG	Director of Primary Care & Place, NHS Gloucestershire
Dr Olesya Atkinson (part meeting)	OA	GP and Clinical Director of Cheltenham PCN
Ryan Brunson	RB	Board Secretary, NHS Gloucestershire
In attendance:		
Charlotte Griffiths	CG	PCN Service Development Manager, NHS Gloucestershire
Katrice Redfearn	KR	PCN Service Implementation Manager, NHS Gloucestershire
Cherri Webb	CW	Primary Care Development & Engagement Manager, Primary Care & Place, NHS Gloucestershire
Libby Gilroy	LG	Administrator, NHS Gloucestershire
Adele Jones (Agenda Item 9)	AJs	Chief Pharmacist for Primary Care, NHS Gloucestershire
Sian Williams (Agenda Item 9)	SW	Community Pharmacy Clinical Lead, NHS Gloucestershire

1. Introduction & Welcome

- 1.1 CG welcomed members and attendees to the meeting.
- 1.2 There was one member of the public in attendance.

2. Apologies for Absence

- 2.1 Apologies were received from Jo White, Jeanette Giles, Marion Andrews-Evans, and Nigel Burton.
- 2.2 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 \(nhs.glos.nhs.uk\)](https://nhs.uk/our-services/primary-care-teams/primary-care-networks/primary-care-networks-1) [Register of interests : NHS Gloucestershire ICB \(nhs.glos.nhs.uk\)](https://nhs.uk/our-services/primary-care-teams/primary-care-networks/primary-care-networks-1)
- 3.2 The Chair declared an interest in Item 7 and said he would lead the discussion on Item 7, but he said he would abstain from voting due to being a patient at Prestbury Park Surgery. OA, as a GP partner of Berkeley Place Surgery, would not be participating in any part of the discussion on Item 7.

4. Minutes of the Previous Meeting of 3rd August 2023

- 4.1 The minutes of the previous meeting held on 3rd August 2023 were approved by the Committee as an accurate record of the meeting, subject to one minor change in Item 8.14 in that a member of the Primary Care Team would organise a site visit to the White House Practice rather than AS. A date had been arranged in the interim by CW and the change was duly made to the minutes of 3rd August 2023 following this meeting.

5. Matters Arising and Action Log

- 5.1 **17/04/23, Item 14.1 – Tewkesbury, Newent & Staunton (TWNS) Primary Care Network (PCN) Evaluation.**
Delayed now until the December 2023 meeting. **Item to remain Open.**

01/06/23, Item 8.12 – Differences in Local & National Workforce Reporting.

Work ongoing on data inconsistencies. HE explained that data presented at the People Board and subsequently at ICB Governing Body used nationally defined data definitions. It was important however, that the Board were aware of and had a realistic understanding of the challenges in Primary Care, which was reflected in the presentation to this Committee by Dr Laura Halden. The Chair said it would be helpful to produce a comparison for the Board to highlight the differences. **Item Closed.**

03/08/23, Item 10.7 – Delivery Plan for Recovering Access to Primary Care.

Agenda Item 10 on this meeting. **Item Closed.**

03/08/23, Item 10.8 – Patient Participation Groups.

BP to bring back a report on Patient Participation Groups to a future Committee meeting. This will be brought to the December meeting. **Item to remain Open.**

03/08/23, Item 11.5 – GP Training Risk.

GP training to be noted on the Risk Register at the next iteration. GP training had been noted on the latest Risk Register. **Item Closed.**

6. Questions from the Public

- 6.1 There were no questions from members of the public.

7. Berkeley Place/Prestbury Park Merger

- 7.1 The Chair reported that there had been an Extraordinary Meeting on 14th September 2023, where the merger had been approved in principle and it was now down to the final details having received formal application, for that merger to be implemented.

- 7.2 The Standing Operating Procedure (SOP) had been followed in relation to the application for both practices to merge. A Quality Impact Assessment (QIA) had been conducted and engagement with the public would now go ahead shortly. Members of the public would be able to access services from the same building which would significantly reduce any impact on them.
- 7.3 Both Practices were already in the same building, with Berkeley Place having the largest list size and the intention was always to consider a merger to create economies. This was something that all parties had been very keen to pursue quickly.
- 7.4 Some of the resilience issues, however, would be quite challenging and one was around the application that would follow, to change the large boundary of Prestbury Park Surgery. CW had collaborated extensively with all parties, and it was the intention for the Primary Care Team to present something that would be acceptable, not to put patient access at risk and would help the sustainability of Berkeley Place Surgery once the merger had taken place.
- 7.5 The Chair noted that there had been slight reduction predicted in the General Medical Services (GMS) global sum, but this would be minimal. The Chair invited comments from Committee members.
- 7.6 JC mentioned that feedback from representatives of the Patient Participation Group (PPG) and the staff had not been detailed and it would be interesting to understand this, but other than that, the case for merger did look clear to her and there were no concerns.
- 7.7 HG informed that so far there had been a great deal of positivity, particularly from staff around job protection and being able to deliver services going forward with the proposed merger taking place.
- 7.8 The Chair recognised that some of the more operational aspects of the merger should be delegated to the Primary Care Operational Group (PCOG) but asked CGi from a governance perspective, how this would work.
- 7.9 CGi said that the Terms of Reference for the Primary Care and Direct Commissioning (PC&DC) Committee would need to be revisited to give examples of what would be delegated to the Primary Care Operational Group (PCOG) so that discussions would not be replicated and to be clear on authoritative duties the Group should conduct. Any specific issues would then be escalated up to the Primary Care and Direct Commissioning (PC&DC) Committee. A meeting was currently being organised to involve Mary Hutton (MH).
- 7.10 One ICB in the Southwest had abolished their Primary Care and Direct Commissioning (PC&DC) Committee due to problems around Board reporting. Other ICBs had said that more clarity had been needed around separating operational/tactical work, and assurance roles. The Scheme of Reservation and Delegation (SoRD) would also need to be revised. The Chair said there would need to be clarity around decision-making for the Primary Care Operational Group (PCOG).

RESOLUTION: *The Committee:*

- 1) *Approved the request to merge contracts from Berkeley Place Surgery (L84030) and Prestbury Park Practice (L84616).***

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

8. Primary Care Improvement Plan (PCIP) 2023/2024 delivery

8.1 AH highlighted the current position, direction of travel and key issues from the Primary Care Improvement Plan (PCIP) 2023/2024.

- 8.2
- The established Infrastructure plan currently included premises priorities up to 2026. There was a premises reserve of just over £1.8m annual revenue to fund seven specific new surgery schemes that had a total capital value of around £39m.
 - Five of these schemes had received ICB approval (two this financial year) and were currently proceeding through next steps, e.g., planning and tendering.
 - There was also one large scale improvement grant funded project (a refurbishment and extension with total costs around £1m) at Quedgeley, which was currently the only live construction project and was due to be completed over the next few weeks.
 - Minchinhampton surgery was scheduled to start building works on the 23rd of October 2023, taking 12 months to complete, with an opportunity soon to highlight this, with representation from the ICB in the local press.
 - The Brockworth and Coleford schemes were projected to start building around next Spring/early Summer of 2024. Subject to planning and successful tender, it was hoped that the Hucclecote scheme would commence building around Autumn of 2024/Spring 2025. A Business Case for a new Chipping Campden surgery was anticipated in Spring 2024.
 - The Tetbury scheme was currently being appealed by the Developer and the Practice as it did not receive planning permission from the Cotswold District Council. If successful, then construction could go ahead in 2024/early 2025.
 - Collaborative work was being undertaken with the Developer of the Lydney proposal to co-locate two practices in the former Co-op building to agree a commercially viable approach. A Business Case would then be completed by the Practices and submitted for consideration by the Primary Care and Direct Commissioning (PC&DC) Committee, either later this year or early 2024.
 - It was noted that it was almost certain that the Developers would come back to the ICB to ask for further revenue support to deliver schemes, due to continued rising costs. This was estimated to be in total around £200k additional revenue (including Lydney).
 - A PCN services review of the estate's implications had been completed and the findings were presented to the Primary Care & Direct Commissioning (PC&DC) Committee in the summer, which identified a total estimated unfunded revenue impact of around £1.2m per year.
 - A review of the Primary Care infrastructure Plan (PCIP) had recently started to identify longer term priorities for potential funding beyond 2026 and up to 2031. This review was taking place in a difficult financial environment from an affordability and value for money perspective. Rising construction costs, increased costs of borrowing/investing

and an ICS Medium Term Financial Plan (that assumed no additional investment from the overall ICS programme allocations), meant funding would need to be found from the overall delegated Primary Care budget.

- An initial estimate for a prioritised programme indicated that to deliver additional costs for the extra seven schemes, high and medium PCN priorities plus two new schemes (Beeches Green and Overton Park and Yorkleigh), at least a further £1.83m to £2.02m would be needed, depending on final rental rates.
- To take forward the review, there would be a need to prioritise further, think differently and examine how the ICB could lessen any operational impact should it be unable to take forward priorities.

In summary, the ICB would continue to persevere with the delivery of schemes in a volatile period, recognising this was likely to continue in a time of additional financial constraint along with an increased demand for additional space.

- 8.3 The Chair reflected that the situation to be able to deliver was now more difficult due to lack of finances and increased building material costs, as well as having to use third party Developers. Due to all the above, opportunities would have to be examined across the system very differently and this would have to be done actively to move estates along more effectively.
- 8.4 The Chair acknowledged that there were some driving factors here, one of which was on Primary Care being able to deliver as well as it had been doing and implicit in that was that they were provided with the infrastructure to achieve this, which included having the access to the necessary Primary Care funds. This was a challenge which the Chair felt had not been represented correctly at the very highest levels and was something that the Operational Executive and the Board would need to give further thought to.
- 8.5 HG said that due to little or no reinvestment in Primary Care premises over the past few years, things had gone well extremely well due to the incredible work undertaken by AH and DM. In future, service charges and other costs incurred when inhabiting larger premises would need to be considered. New practices would need to be the right size for their populations so that sufficient income was available with which to manage costs. This would need to be responsibly built into all the assumptions and be thoroughly evaluated for any new buildings in the future.
- 8.6 JC recognised that although great work had been done, that there was no easy answer going forward and strategic thinking would need to be employed around costs and the impact it would have on GPs and Primary Care staff as well as the ICB. JC commended the work done with the impressive premises having been built in recent times. The Chair spoke about the problem of designing buildings for expanding populations and thought that it would be better to build and design a building with appropriate capacity to be incorporated as populations increased. Certainly, this would be a challenge for the ICB but investing in Primary Care would have significant benefit in aiding the population to access acute services.
- 8.7 DM said that money needed to be found for both big projects as well as finding additional rent for existing space. AH said delivery was still possible if financial manoeuvrability could be found over the next five years.

RESOLUTION: *The Committee noted the content of the Primary Care Improvement Plan (PCIP) 2023/2024 mid-year progress report.*

9. Community Pharmacy presentation

- 9.1 Community Pharmacy services had been delegated down to the ICB as of April 2023. In Gloucestershire there were 103 community pharmacies in Gloucestershire each with a community pharmacist and an accessible pharmacy team which were well spread geographically throughout the whole of Gloucestershire, offering accessibility at different times and at different locations.
- 9.2 AJs spoke about the important roles that the community pharmacies played in local neighbourhoods and explained the frameworks that they worked under. There was a high representation of pharmacies in areas of deprivation to meet those needs.
- 9.3 SW spoke about some of the challenges being faced by the pharmacists:
- Workforce.
 - Medicine shortages.
 - Increased workload due to an ageing population.
 - Closure of Lloyds pharmacies causing short term issues.
 - More training needed and clinical placements to increase.
 - Every student from University or School of Pharmacy would need to register as an independent prescriber.
 - Digital implementation.
- 9.4 The community pharmacy budget had been the same since 2019 up until March 2024, at £2.592bn. The proportion coming from clinical services in Gloucestershire was less than in the Southwest and nationally, so there was some ground to cover in terms of catching up. Contractual frameworks were agreed nationally, and pharmacy regulations would be changing this year around reduced contracted hours.
- 9.5 The Community Pharmacy Strategy Group had been established to address some of the challenges moving forward and would look at the dispensing based model being transformed into a more service-based model. There had been a proposal to develop a community pharmacy network to understand how the pharmacists and pharmacy technicians were working and how they could be upskilled. The public and staff would have some involvement in what they would like to see from their community pharmacies.
- 9.6 HG said that the population needed access to community pharmacies, and she commended the building of various relationships to encourage people to maintain contact when there were problems and challenges. The working relationship with Region was good with support for community pharmacists. Liaison and communication in the meetings had been good between the ICB and Region, being open and transparent around questions and information and this had been beneficial in bringing any differences more closely together.
- 9.7 In terms of the Lloyds pharmacies, all these had been sold and were smaller, more agile, and innovative businesses, but they would still need encouragement and support with access to local and County Council services and Supervised Consumption contracts. A pharmacy which was currently thriving would need also to be thriving when they were to enter the service-based model, which was why AJs and SW would be supporting that transition and to ensure that services would be available for them to go forward with.

9.8 CAM queried finance in terms of pharmacy in that GPs had a very settled way of earning money through the work they did clinically and asked whether this existed for pharmacists. SW said that community pharmacists only had access to the £2.592bn which was negotiated as a five-year deal from 2019 to the end of March 2024. The five-year deal had been agreed in a quite different financial environment which was why some pharmacies in supermarkets had left due to financial constraints. A new contract will be negotiated after March 2024 and will be critical for all concerned.

9.9 The Chair asked whether there were areas in the country where provision could be better or were areas of concern and if there were, what was being done to address this. SW said that the biggest opportunities lay in deprived areas and SW was looking at the independent prescribers across communities, wanting to get prescribers into Inner City Gloucester.

RESOLUTION: *The Committee noted the content of the Community Pharmacy presentation.*

10. Delivery plan for Recovering Access to Primary Care

10.1 On 9th May 2023 the Delivery Plan for recovering access in Primary Care was released by NHS England (NHSE), outlining the plan for Practices and PCNs to support the increase in demand within Primary Care. The plan will focus around four areas:

- Empowering Patients with the ability to self-refer against key pathways.
- Implement 'Modern General Practice Access' by placing digital telephony systems.
- Building Capacity – Plans being developed at practice level will be monitored.
- Cutting Bureaucracy – System Development Funding (SDF) work was in progress to identify any gaps with a meeting planned on 30th October 2023.

10.2 The Programme was being consistently monitored and practices were being supported. Further guidance had been sought from NHS England outlining next steps and the ICB would meet monthly with Region around progress on the Delivery Plan. There would still be remaining challenges particularly around access and the number of appointments being delivered in general practice.

10.3 Progress Update:

- Five out of seven self-referral areas will have a pathway in place by 30 Sept. Areas outstanding will be wheelchair and community equipment services.
- The Primary Care Strategy Group will be supporting the expansion of community pharmacy services.
- Fifteen practices were identified as critical as they were on analogue shared with NHSE and funding has been allocated for changeover to the new digital telephony system using the Better Purchasing Framework. Meetings have been held with those practices to move that forward with the Commissioning Procurement Hub.
- Three practices had signed up for Intensive practice and there were two who had signed up for Intermediate practice.

10.4 OA said it was a recurrent theme that PCNs did not feel confident to recruit to their full budget. A significant underspend was predicted on Additional Roles Reimbursement Scheme (ARRS) roles, which posed a substantial risk to the system. There were some PCNs who had followed NHS England instructions to recruit to full capacity and some were predicting an overspend for 2024/2025.

10.5 HG said the Additional Roles Reimbursement Scheme (ARRS) roles were funded but there were still gaps and there were also running costs for PCNs. A contract would be negotiated

which would be much clearer in the long term. The paper would need to be amended since there was now a clear Statement of Intent that PCNs would not all spend based on their level of risk.

- 10.6 OA referred to the ICB Chief Medical Officer establishing a local mechanism which would allow general practice and consultant led teams to raise local issues to improve the primary and secondary care interface. There was no mechanism to flag up issues which was a big concern. Improving the interface was a bold statement and the Chair wanted to know how this would be tackled.
- 10.7 AS said it was an ongoing issue and was more at the fore as everything now was digitally driven and things happened so fast. A system other than Datix which was simpler to navigate would be preferable. AS is consulting with other areas to find out more about the most suitable systems which work for them and which the ICB might be able to adopt.
- 10.8 JC queried 104 codes. This was a code that practices put on their clinical systems to stop the release of medical records. This code should be applied where there were safeguarding issues. Practices would have to apply this on individual records, but should the exercise not be completed by the end of October this would entail a great deal of work for them.
- 10.9 JC referenced Intermediate and Intensive support being offered and asked if there was any further information about what would sit within those levels. KR said that Intermediate support would be delivered over six months whereas Intensive support would deliver over a year for PCNs. NHSE Programme leads would come to the practice to deliver these sessions and there were also other webinars and training sessions available for all practice and PCN staff to access.
- 10.10 JC said if this were to be delivered by NHSE Improvement Leads, it might be sensible for the ICB staff to sit alongside so that they could benefit from the sessions. As there were three practices who had signed up for Intensive support it would be good to know if this improvement offer would help. **Action: Primary Care Team to organise an update on PCN support sessions to be brought to a future Committee meeting.** PCT
- 10.11 OA referred to practice funding and asked how this might be allocated via a prioritisation criterion, giving an opportunity to think more about Core20PLUS5 areas. CW said this would be £13k per practice. Fifty-six practices had applied with more still applying and there would be enough money for everybody over two years and the Primary Care team could check that this was the case. The Chair recommended that more work should be done to the paper.

RESOLUTION:

1. ***The Committee noted the content of the Recovering Access to Primary Care Report.***
2. ***The Committee provided feedback for the ICB Board paper which was to outline the system level plan. Feedback included:***
 - ***The Plan needed to be targeted in a particular way to meet the requirements of the Board. Only five of the seven criteria had been met. Delivery Actions would be needed for the ICB along with a Mitigation Plan.***
 - ***Anything that could not be delivered would need further expansion on why this might be the case.***
 - ***The Primary Care Team would be reliant on other parts of the ICB and NHSE to drive some of the requirements. An Impact Assessment would be required to cover all bases.***

11. Primary Care Risk Report

- 11.1 This report had been pulled from the ICB Corporate Risk management system 4Risk and had identified those risks assigned to the public session of Primary Care and Direct Commissioning (PC&DC). There was currently one risk in the register rated at a score of red fifteen which HG wished to be strongly noted today, was about resilience and sustainability in general practice.
- 11.2 Partnership numbers were reducing and although certain parts of the county were proving more successful with their recruitment, this would not create the resilience and sustainability for the partnership-led model. Practices were also experiencing serious financial challenges. A 6% uplift had been announced which was due by the end of October. Most of the 6% would be transferred and would not cover the cost-of-living increases.
- 11.3 The Chair said that the risk had been examined at the Audit Committee, and there was still some debate as to whether this should be placed on the Board Assurance Framework (BAF). HG said that Primary Care had been fortunate so far to not have failed practices due to having a very proactive team and made the Committee aware that the cost of a failed practice was not just financial, having many other implications. This situation was currently a countywide challenge. It was recognised that Primary Care was currently very fragile and that this risk was reflected as being high-level.

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

12. PCN, General Practice and POD Highlight Report

12.1 **Digital Neighbourhood Vanguard Programme:**

- NHSE had shared an offer to PCNs to be part of a programme to become Digital Neighbourhood Vanguard. NHSE/I had selected NSG PCN to become a Digital Neighbourhood Vanguard site.
- TWNS and Hadwen & Quedgeley (H&Q) PCNs had been selected to have only the AI-based risk stratification licence. Aspen, Berkeley Vale, Severn Health, FOD and St Paul's would be part of the community of practice.
- If NHSE can negotiate additional licenses for the AI-based risk stratification, these PCNs would be prioritised.

12.2 **PCN Dashboard:**

- The PCN dashboard had been released with data up to 4th September 2023. A PCN Direct Enhanced Service (DES) Assurance Checklist had been introduced as part of the audit process to enable Clinical Directors and Business Managers to manage their funding streams.
- The Primary Care Team would be sending out reminders twice a year for each of the funding streams and the criteria to which they should be used, along with one to one offers to meet PCNs if required.

PCN Service Specifications:

- An Assurance Checklist had been sent out to be signed by each of the PCNs to ensure that they had the correct documentation at practice level, and that they were able to demonstrate decision-making and robust budget management.

- Several responses had been returned and work would start with the Local Medical Committees (LMCs). Several deep dives would then be conducted for assurance purposes.

Pharmacy, Optometry and Dental:

- The Primary Care team continued to work with NHSE Southwest, along with the other ICBs in the Southwest (SW). The monthly meetings had been extremely helpful in building relationships amongst colleagues to ensure smooth transition of services to the ICB.
- BDO Accountancy would be undertaking an audit of the Primary Care Team, concerning the transition of Pharmacy, Optometry and Dental (POD) services from April 2023. This would enable gauging the success thus far and would provide pointers for concern and/or improvement, together with assurance.

Primary Care Flexible Staffing Pool:

- The Flexible Pool had now been launched for HCA's (Healthcare Assistants) with HCA's now actively registering to work on the pool. Once enough HCAs had signed-up, the pool would officially launch to Practices, who would be able to book HCA sessions for their practices in addition to GPs, which would be closely monitored by the ICB. There were now 100 GPs registered to work in Gloucestershire.
- The Admin/Receptionist flexible pool would build on this success and was expected to go live very soon.
- Funding for the pool was received from NHSE through the Service Development Fund (SDF) and the contract holder in Gloucestershire was the National Association of Sessional GPs (NASGP).

Additional Roles Reimbursement Scheme (ARRS):

- The Unclaimed Funds process (formerly Use of the Underspend) was run in conjunction with the Workforce Planning process to support those PCNs who wished to use the underspend. There were six PCNs who decided to bid for funding, totalling £321k and all those PCNs had been notified. If all the additional roles were to be recruited to, then 100% of the funding would be spent, totalling £15.4m.
- There were several posts, including Care Co-ordinators and Pharmacy technicians included within the plan which faced recruitment challenges.

RESOLUTION: *The Committee noted the content of the PCN, General Practice and POD Highlight Report.*

13. Primary Care Performance Report

13.1 Data had not yet been released for the Learning Disability (LD) Annual Health checks and the Severe Mental Illness (SMI) Physical Health checks so there would be an update at the next Committee meeting.

13.2 GP appointment highlights:

- 21.6% up on pre-pandemic levels
- Additional demand around seeking further advice if on a waiting list
- Evidence for this required by further with data collection at practice level
- Seventy-three percent of appointments delivered face to face - higher than the national average

Dental:

- The monthly percentage of usual annual contracted Units of Dental Activities (UDAs)

submitted and scaled up to 12 months for the Southwest, was 69%. Dental continued to be a considerable challenge in terms of appointment availability.

- 13.3 JC referenced dispensing, explaining that Gloucestershire was 12% of the Southwest. JC wondered whether this was good or bad compared to other areas and whether this was useful information but did not want to add to the workload by having teams delving deeper into this aspect.
- 13.4 HG said other areas may have lost dispensing due to mergers or takeovers, but Gloucestershire had maintained a static number of dispensing practices. The Primary Care team could look at benchmarking from a dispensing perspective. It was hoped to provide more qualitative data as this was presented. CL said that as AJs and her team were already conducting work around prescribing and dispensing, then DM would not have to a huge amount of work in this area. The Committee would be kept updated on any future available dispensing data.
- 13.5 OA queried the rise of 21.6% in appointments and being able to benchmark against the Southwest and the national average and how this would be presented to the ICB. This was unwelcome news given the 2.1% static inflation pay rise for the last five years and the second highest reduction in partnership numbers in the Southwest at almost 19%. This would mean a 5% increase in workload. HG responded that data was still being sought but Gloucestershire were still above the national average, in the top three in the Southwest.
- 13.6 The Chair said that the paper itself was fine but there was more work here for the Chief Medical Officer (CMO) or members of the Primary Care team to reflect at strategic level what was happening in Primary Care. The ICB would need to know that at present there were areas of concern.
- 13.7 AS said that this was in the context of the National Programme which was about improving access to Primary Care. Efforts were being made around workforce. The Chair recommended that at Board level this be demonstrated more clearly rather than being just put in a report. Case studies were easier to present, and something could be done at a Board Development session to raise awareness where statistics, performance and activity could be discussed and for more context to be built into what was driving demand. The Chair said that this was something for the Chair and the Chief Executive to take to Region. Work done on this issue would be presented at the next Board meeting.
- 13.8 CW gave August 2023 GP appointment data per 10,000 patients:
Gloucestershire – 2466 Southwest – 2324 National - 2083

This meant that Gloucestershire was higher than the Southwest and national for averages, but Gloucestershire had less than average Southwest Additional Roles Reimbursement Scheme (ARRS) roles. More work is to be done by the Primary Care team on this topic.

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

14. Primary Care Quality Report

- 14.1 There had been a good deal of activity from a vaccination point of view with multiple clinics being run across the county and a good uptake in care homes. The Outreach team had

been providing staff and inpatient Covid and influenza vaccinations and the hospital hub had now been set up to offer further staff vaccinations for Covid and influenza.

- 14.2 The Committee were informed that GHNHSFT were intending to implement the Patient Safety Incident Response Framework (PSIRF) from 17th October 2023. The Primary Care Operational Group (PCOG) would be informed about how primary care would be going to use it. As this was going to be a substantial change in safety reporting, it was thought it best to see how this would fit first with system partners in the acute and community providers.
- 14.3 A successful General Practice Conference had been held last week at Kingsholm in Gloucester, which had been well attended and there had been 100% feedback on how valued it had been from colleagues.
- 14.4 A large piece of work had been undertaken with the Medicines Optimisation team on repeat prescriptions which had been consuming much of the appointment uptake in Out of Hours.
- 14.5 Migrant Health - Health Visiting teams were consulting with charitable partners to look at establishing a focussed response to the high numbers of births in the hotel over the last two months. Eight babies had recently been born in hotels.
- 14.6 Contact testing of service users from a hotel in Devon with numerous active TB cases, were showing a 25% positivity rate. The Acute TB Gloucestershire Hospital NHS Foundation Trust (GHFT) team were escalating this through the ICB respiratory group, and the UK Health Security Agency's (UKHSA) decision regarding widening the contact criteria was awaited.
- 14.7 CAM asked whether individuals were vaccinated and JZS said that some were, but throughput was a concern and that new arrivals will be vaccinated going forward.
- 14.8 JC asked whether Child Death reviews were still being undertaken considering the struggles in recruiting a doctor for that role. Assurance was given that doctors did not review their own cases. JZS reported that MAE had now had an application from one paediatrician and was hopeful to also receive one from a neonatologist. The Child Death Overview Panel (CDOP) and Dr. McIntosh reviewed the current cases, and she also attended the panel for GPs (although it was recognised that she did not have the paediatric experience). It had also been agreed that upon the appointments of the new doctors, they would cover outstanding cases and be paid overtime for doing so.
- 14.9 JC understood that the new Patient Safety Incident Response Framework (PSIRF) was not mandated for Primary Care but was for acute community mental health providers. It was right to get this up and running and it would be good to know what discussions had taken place with Primary Care colleagues around the appetite to use it and whether there was an opportunity to use or System Quality Committee meetings.
- 14.10 AS said that Rob Mauler was the lead for the new Patient Safety Incident Response Framework (PSIRF) and during discussions, it was felt that it would be best to see how it was rolled out in the statutory organisations first before seeing how Primary Care would link into it. AS suggested that this should go through the System Quality Committee first and involve the Local Medical Council (LMC). JC was happy with this arrangement.
- 14.11 JC enquired as to whether any significant Serious Incidents or complaints had been reported from Primary Care services due to the high number of patients being seen in Primary Care compared to those in Secondary Care.

- 14.12 JZS said at the time of writing the report in August, there had been no instances that had come to the attention of the ICB. There had however been once last week, the details of which would be shared in a future report.
- 14.13 JC referenced the Primary Care Savings Projects. There were considerable challenges around the drugs budget and prescribing with a good deal of discussion around rising costs of drugs. JC asked if this could be examined from the cost and value for money perspectives. If there were to be improvements in outcomes, then this would also reduce future costs.
- 14.14 CL stated that in terms of looking at the medicines position, the good growth would be analysed (of which Continuous Glucose Monitoring would be a part) and the growth which was not linked to any kind of change such as Continuous Glucose Monitoring, so that focus could be given to growth in other areas. The Diabetes Clinical Programme Group would examine outcomes and key metrics. The focus would be on more recent medicines and not those which were ongoing.
- 14.15 ER said that the cost benefit analysis had already been done and that there was a template set out for the System Level Agreement (SLA). There had been some evidence on a national level that Direct Oral Anticoagulants (DOACs) had delivered some impact on strokes.
- 14.16 OA referenced patient safety and reporting in Primary Care and said she had recently spoken to Rob Mauler about this. Datix was no longer used as there was no licence for it and therefore no system. There was an interim measure which was an email address which practices could use but only a few practices were using that address. There was a concern about when the new system for patient safety would be available and how practices could raise concerns. JZS will be discussing this with Rob Mauler and taking this to the future System Quality Committee.

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

15. Month 4 Finance Report

- 15.1 CL presented the primary care medical services finance report. It was noted that there were pressures in several areas with some offsetting underspends. Work was underway to manage within the budget, however, the risk to deliver this was noted.
- 15.2 Primary Care Dental budgets were showing a year-to-date underspend due to lower activity resulting in more contract clawbacks. The impact of the dental strategy work and associated investments was being included in the financial position and forecast as the strategy developed. The forecast against dental budgets remained at breakeven.
- 15.3 Pharmacy budgets were reported as breakeven, it was noted that there as a small pressure in the clinical waste contract.
- 15.4 Year to date Optometry budgets showed an underspend, although there was an increasing trend in terms of the number of vouchers being seen each month, which would drive an increase in spend and in the year-end forecast.
- 15.5 The Other GPs services budget was underspending and was forecast to underspend at year end, this had been included in the ICBs financial position.



- 15.6 Secondary Care Dental and Community Dental were forecast to break even this year. There was a time lag in receiving monitoring information against these budgets and the forecast would be updated once further monitoring had been received.

RESOLUTION: *The Committee noted the content of the Month 4 Finance Report.*

16. ICS Transformation Programme and ILPs Highlight Report

- 16.1 A Showcase of Neighbourhood and Locality working was planned for 15th November 2023 with a focus on sharing progress under distinct themes of Children and Young Peoples (CYP) mental health and wellbeing, Proactive Care and ICP Exemplar Themes (smoking, blood pressure and employment).
- 16.2 Presentations to the Chief Executive and Director of Research for the International Foundation for Integrated Care and the Public Health team at GCC had been delivered to increase awareness and links to the work of ILPs.
- 16.3 The ILPs were in an ideal position to support the prevention workstream of the Working as One programme around mildly frail and pre-frail individuals.

RESOLUTION: *The Committee noted the content of the ICS Transformation Programme and ILPs Highlight Report.*

17. Any Other Business (AOB)

- 17.1 The Chair said that if there were any issues with Reinforced Autoclaved Aerated Concrete (RAAC) in practices, he would like to have some feedback on this at some point. The meeting closed at 16.20pm.

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

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)

<p>Minutes Approved by:</p> <p>Signed (Chair): _____ Date: _____</p>



Agenda Item 5

NHS Gloucestershire Primary Care and Direct Commissioning Committee, Part 1

Actions & Matters Arising December 2023

Action No.	Meeting Date	Reference	Action	Action owner	Update	Due	Status
4	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	<p>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.</p> <p>August: To be brought back to the October 2023 meeting. Item to remain Open.</p> <p>October: Delayed now until the December 2023 meeting. Item to remain Open.</p>	October 2023	Open
10	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	<p>October 2023: BP to bring back a report on Patient Participation Groups to a future Committee meeting. This will be brought to the December meeting. Item to remain Open.</p> <p>December:</p>	TBC	Open
12	05/10/2023	Min 10.11 PCN Support Sessions	PC Team to organise an update on PCN support sessions to be brought to a future Committee meeting	Primary Care	<p>December:</p>	TBC	Open



Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 2023

Report Title	Delivery Plan for Recovering Access to Primary Care – System Plan			
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
	PCN Development Group Primary Care Operational Group	2/11/2023 14/11/2023	Strategic Executive ICB Public Board	16/11/2023 29/11/2023
Executive Summary	<p>In May 2023 the Delivery Plan for Recovering Access to Primary Care (hereby referred to as the ‘National Delivery Plan’) was published by NHSE, outlining the requirement for ICBs to develop system-level access improvement plans (‘System Delivery Plan’). There is a national requirement to submit an ICB report on progress by November 2023 and second report in April/May 2024.</p> <p>The report details Gloucestershire’s key priorities for recovering access to Primary Care against the national published checklist, including supporting practices to improve their 2 and 4 week appointment data, appointment mapping, establishing self-referral routes in Gloucestershire for 7 services, supporting 15 critical practices to move from analogue to digital telephony, reduce bureaucracy within the system, support PCNs/practices with national support offers, coverage of Patient Participation Groups (PPGs), Support Level Framework (SLF) conversations, expansion of community pharmacy services and implementation of the local communication plan to support the national communication plan.</p>			
Key Issues to note	<p>There are several challenges faced by GP practices in the current climate which need to be considered alongside this programme of work, which include (but are not limited to), financial pressures, workforce pressures, patient demand and expectation. We are reviewing these and working with practices and PCNs to understand the issues.</p>			

Key Risks:	This report has identified that intensive resources in practices, PCNs and the ICB will be required to achieve the plan's ambition. The ICB are working with several practices to support their ongoing resilience and sustainability.			
	There is a risk that public and patient expectations around access could be set unrealistically given the number of factors at play.			
Original Risk (CxL)	There is a risk that there is not sufficient funding available in the System Development Funding (SDF) to support the System Delivery Plan, given the number of commitments against this budget.			
Residual Risk (CxL)	There is a risk that there is not sufficient funding available in the System Development Funding (SDF) to support the System Delivery Plan, given the number of commitments against this budget.			
Management of Conflicts of Interest	Any conflict of interest on the Recovering Access in Primary Care Project Group and wider system colleagues has been raised prior/during the meetings.			
Resource Impact (X)	Financial	X	Information Management & Technology	X
	Human Resource	X	Buildings	X
Financial Impact	Small financial impact – funding is provided by NHSE. It should be noted that there is some pressure on the SDF to support this plan, given the number of commitments already against this budget. This is being worked through with the ICB Director of Finance.			
Regulatory and Legal Issues (including NHS Constitution)	N/A			
Impact on Health Inequalities	Health inequalities for recovering access in Primary Care are being addressed through various Primary Care workstreams including Core20plus5 areas.			
Impact on Equality and Diversity	PCN Capacity and Access Improvement Plans (CAIPs) consider the impact on equality and diversity on their patient population.			
Impact on Sustainable Development	The System Delivery Plan aims to support practices and PCNs to be sustainable and manage patient demand and capacity.			
Patient and Public Involvement	The ICB Patient Engagement Team have shared supportive information with practices/PCNs to help with the development of PPGs and local surveys.			
Recommendation	PC&DC is requested to: <ul style="list-style-type: none"> Note the information provided. 			
Author	Jo White	Role Title	Deputy Director of Primary Care & Place	
Sponsoring Director (if not author)	Helen Goodey, Director of Primary Care & Place			

Abbreviation	Explanation or clarification of abbreviations used in the paper
ARR	Additional Role Reimbursement
CAIP	Capacity and Access Improvement Plans

CPCF	Community Pharmacy Contractual Framework
CPD	Continuous Personal Development
DES	Direct Enhanced Service
DHSC	Department of Health and Social Care
DoS	Directory of Service
DPF	Digital Pathway Framework
EIA	Equality Impact Assessment
FFT	Friends and Family Test
FTE	Full Time Equivalent
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GPAD	GP Appointment Data
GPIP	GP Improvement Programme
GPPS	GP Patient Survey
HCA	Health Care Assistant
ICB	Integrated Care Board
ICES	Integrated Community Equipment Service
ICS	Integrated Care System
ICT	Integrated Community Team
IIF	Impact and Investment Fund
LMC	Local Medical Committee
MHP	Mental Health Practitioner
NHSE	NHS England
NWRS	National Workforce Reporting Service
PCARP	Primary Care Access Recovery Plan
PCN	Primary Care Network
PCTH	Primary Care Training Hub
POMI	Patient Online Management Information
PPG	Patient Participation Group
SDF	System Development Funding
SLF	Support Level Framework

Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 2023

1. Introduction

1.1. In May 2023 the Delivery Plan for Recovering Access to Primary Care (hereby referred to as the ‘National Delivery Plan’) was published by NHSE, outlining the requirement for ICBs to develop system-level access improvement plans (‘System Delivery Plan’), aligning with their leadership responsibilities and accountability for commissioning general practice services and delivery as well as, from April 2023, community pharmacy, dental and optometry services.

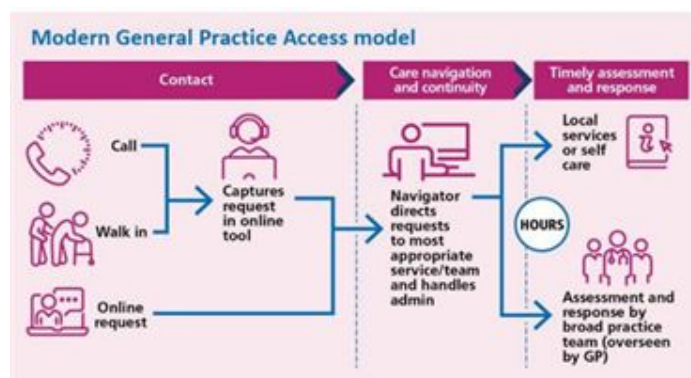
1.2. The National Delivery Plan for Practices and PCNs aims to support the increase in demand within Primary Care and focuses around four areas:

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

1.3. The National Delivery Plan has two central ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice.
- For patients to know on the day they contact their practice how their request will be managed.

1.4. The National Delivery Plan supports a way of working to manage demand in General Practice called the Modern General Practice Access Model, see image below.



1.5. The Modern General Practice Access model is designed to provide equitable access regardless of whether patients contact the practice by telephone, digitally or by walking in.

It does need digital tools to be embraced, but also recognising that some patients may struggle with digital access. Patients should have access to the right service and the right clinician, at the right time.

- 1.6. NHS England want ICBs to lead the change that is right for their system and will measure progress from ICB public board reporting.
- 1.7. ICBs are required to take system-level Delivery Plans to their public board in October/November 2023 and provide an update in February/March 2024. The areas noted in the Appendix B are intended to help support boards in the task of assuring plans.

2. Local Context

- 2.1. The requirement for ICBs to develop system delivery plans for recovering Access in Primary Care comes at a challenging time and while national GP contract negotiations are under way there is uncertainty for all GP practices and PCNs around future funding for 2024 onwards. Practices generally are experiencing financial challenges which when coupled with workforce issues means capacity is harder to manage with many practices now finding GP locums, for instance, unaffordable. Financial challenges, which as well as threatening the sustainability of practices, impact on the ability of practices to find the time to invest in making change.
- 2.2. Locally we recognise there is even greater impact on practices in areas of deprivation and accordingly there is a focus on supporting the Core20plus5 areas, in particular, with additional funding for practices in these areas to support recruitment, the Health Inequality GP role and the additional time and resource it takes to manage patients from the most deprived areas in our communities. However, reducing Health Inequalities is extremely challenging. We are working to understand from providers on the ground the specific day to day challenges and how we as a system can support solutions. We also recognise the financial gap that is experienced by some providers as a result of health inequalities.
- 2.3. GP practices in Gloucestershire are delivering approximately 27% more appointments post-covid than they were compared to pre-covid pandemic (September 2019 vs September 2023) with a 6 month rolling average of 24%. This is compared to the National position which has seen an increase of 21% for September with a 6 month rolling average of 15% compared to pre-covid activity levels. This increase in demand is having a significant impact on General Practice workload in Gloucestershire. Understanding the drivers of demand in Primary Care is essential and considering whether we are maximising other potential Primary Care pathways is key to help manage demand.
- 2.4. In Gloucestershire, GP practices are delivering considerably more urgent appointments; in September 2023 GP practices in Gloucestershire provided 23% more same-day appointments than in September 2019 (105013 same day appointments in September 2019 and 137330 in September 2023; GPAD). Nationally there has been a 13% increase in same day appointments over the same period.

- 2.5. Overall, 73% of appointments in Gloucestershire are in person (face to face) with a clinician; the remaining 27% are conducted by phone or virtually (GPAD, September 2023) which is back to pre-pandemic levels. Nationally 71% of appointments were face to face in September 2023.
- 2.6. Every practice in Gloucestershire will generally see patients on the same day or next day, for urgent appointments. General Practice prioritise babies and young children, to ensure they are seen in a timely way and according to clinical need. However, we are aware that Gloucestershire General Practice routine appointment wait times for 15 days and over are higher (worse) than the national average. This is seen as a partly inevitable outcome of the significant increase in total appointments provided by Gloucestershire practices.
- 2.7. According to patients, their experience of appointments in Gloucestershire is good, with the national GP Patient Survey data for Gloucestershire showing overall patient experience rates that are above the national average, 80% of patients reported good experience in Gloucestershire compared to 71% nationally. There are specific areas, such as Inner City Gloucester and areas of Cheltenham where results are lower than the average, which reflect areas of higher deprivation.
- 2.8. The National Delivery Plan for recovering access is welcomed, as it will help to address telephony/digital access discrepancies across the County and support practices to move towards the Modern General Practice Access model. There are also many local initiatives and work streams linked to the national agenda that compliment this work to support Primary Care access and workload.
- 2.9. While appointment levels in Gloucestershire are clearly much higher than in other areas a survey has been developed for a sample of GPs to complete to identify where this pressure is coming from to be able to support all practices to understand what is driving the demand in Primary Care and maximise other potential Primary Care pathways.
- 2.10. An example to support Primary Care pathways is work that is progressing to monitor 111 and MIU activity, as part of the Urgent Care pathways review, to identify if there are any trends to help plan best use of in-hours Primary Care provision to support Primary Care access.
- 2.11. The System Delivery Plan is being undertaken in conjunction with recommendations from the [Fuller report](#) which sets out a vision and framework for Primary Care to integrate with the wider health and care system to improve access, experience and outcomes for communities. This work is being led through the Gloucestershire Neighbourhood Transformation Group.
- 2.12. Following system direction and support from members of the Gloucestershire Neighbourhood Transformation Group and the ICB Board Development session in October, we are progressing the development of Integrated Neighbourhood Teams in the county. Commencing in neighbourhoods in Cheltenham and Gloucester, the approach will initially focus around frailty and how partnership working can be unleashed to work differently with

people in their communities in a proactive way whilst at the same time reducing duplication and fragmentation. It is anticipated that the teams around each neighbourhood will utilise the Personalised Proactive Whiteboard tool in order to identify cohorts of people to be proactively supported, following established use of the tool with some Primary Care teams.

- 2.13. The System Delivery Plan also aligns to the current Primary Care Strategy (2019-2024) with access being a key theme and this is also reflected in the development and engagement process for the next five-year strategic plan for Primary Care.
- 2.14. The System Delivery Plan links to the Prevention Workstream of the Working as One Transformation programme which purpose is to proactively support people's independence to live and thrive in their community for as long as possible, reducing or delaying getting to the point of an urgent need. This programme of work will support Primary Care workload and subsequently relate to the Delivery plan.
- 2.15. The proposed trial/improvement cycle areas of the Working as One Transformation programme are:
- Admissions avoidance Pathways for GPs this winter - To improve navigation and therefore keep people at home/in communities where possible, positive impact on ED attendances and use of GP time.
 - Falls Prevention - Increase referrals to prevention services including and link to Rapid Response and other primary/community services, MSK CPG, Falls Pathway, MECC.
 - Integrated Proactive Neighbourhoods - Integrated teams around neighbourhood populations including and link into Personalised Proactive Whiteboard as an enabler to identifying at risk cohorts, PCN QI, Frailty.
- 2.16. In addition, health inequalities projects are taking place in Inner City Gloucester which has approximately two thirds of patients who meet Core20PLUS5 criteria and two thirds of patients who are in Level 1 deprivation (ICB average 7.8% and 9.7% respectively). This project looks to understand the challenges in delivering effective care to this population across the system and in particular to support the delivery of high-quality Primary Care in order to reduce health inequalities.
- 2.17. NHS Gloucestershire is, with the support of the respective Integrated Locality Partnership, delivering a number of Community Health and Wellbeing hubs in Core20 areas of the county which supports Primary Care. These hubs are intended to be locally appropriate and accessible community health and wellbeing assets to include health promotion such as health checks and vaccinations. Proposals are being designed alongside local stakeholders to plan for future sustainability.
- 2.18. An Integrated Locality Project in Cheltenham is targeting support for Health Inequality populations to support Primary Care demand and capacity. Cheltenham has a close to county average life expectancy but shows significant inequality in life expectancy between the most and least deprived residents. This translates to 10 years difference in life expectancy in West Cheltenham. To proactively tackle the root cause of health inequalities and improve health and wellbeing in West Cheltenham we have assembled a collective that

includes representatives from the community, VCS, council, health and social care. Nursing and Social Prescribing Link Worker representatives from Central PCN for instance, facilitated a recent Family Fun Day offering health checks, advice and support to families.

- 2.19. Within Gloucestershire PCNs have received local funding for Quality Improvement Projects. Five PCNs, have chosen to focus on projects related to frailty, to proactively support their population with the aim to help people to live and thrive in their community for as long as possible and reducing need for GP services.

3. The System Delivery Plan

- 3.1. A Gloucestershire System Delivery Plan has been developed (Appendix A). A working group to support the development of the System Delivery Plan for Gloucestershire has been established with progress reported through the Primary Care Operational Group and the Primary Care and Direct Commissioning Committee. Following analysis against the nationally published checklist the key Gloucestershire priorities for the System Delivery Plan have been identified as follows:

- Support practices to improve their 2-week and 4-week appointment wait data;
- GPAD appointment mapping for practices and PCNs;
- Establish and expand self-referral routes in Gloucestershire for falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services, are operational and successful, including ensuring the Digital Pathways for self-referrals support patient care;
- Support the 15 'critical' practices to move from analogue to digital telephony
- Reduce bureaucracy within the system to establish local mechanisms to facilitate the primary-secondary care interface;
- Supporting PCNs/practice take up of the national GP Improvement Programme towards implementing the Modern General Practice Access model;
- Coverage of Patient Participation Groups (PPGs),
- Support Level Framework conversations
- Expansion of community pharmacy services and;
- Implementation of the local communication plan to support the national communication plan.

4. Challenges

- 4.1. There are several challenges with this programme of work in General Practice, 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. The key challenges, wider support needs and barriers to highlight are noted below.
- 4.2. The System Delivery Plan has identified that intensive resources in practices, PCNs and the ICB will be required to achieving the plans ambition. The success of implementing the System Delivery Plan is dependent on practices engaging with the support available. Yet, it

does not unilaterally address the significant issues facing Primary Care in terms of staffing, patient demand and financial issues. In parallel, the ICB are working with several practices to support their ongoing resilience and sustainability.

- 4.3. Some practices lack the stability to engage in this programme and patient expectations continue to increase through this national commitment.
- 4.4. There is not sufficient funding available in the SDF to support the System Delivery Plan, given the number of commitments against this budget.
- 4.5. We are aware that there are ongoing issues with GPAD mapping which the digital team are supporting practices with.

5. Next Steps

- 5.1. The ICB will continue to work with practices and PCNs to deliver the required actions for this programme of work.
- 5.2. Funding associated with the System Delivery Plan will continue to be shared with practices and PCNs where appropriate to support the implementation of the General Practice Access Model.
- 5.3. Support offers, both nationally and locally, will continue to be communicated and discussed with practices and PCNs to ensure the best possible engagement and implementation of the System Delivery Plan.
- 5.4. The Gloucestershire System Delivery Plan will be taken to the public board in November 2023.
- 5.5. Plans are in place to review PCN CAIPs and discuss progress in April 2024, with payments due to PCNs by 31 August 2024.
- 5.6. The digital aspects of the System Delivery Plan are interdependent and part of the wider Primary Care digital programme which is progressing. Timescales for delivery will vary, depending on the starting point for each practice and are dependent on contracts and supplier availability.
- 5.7. As summarised in Section 2.0 Gloucestershire has identified key priorities, these are detailed in the table below with further details including reasons/barriers that need to be considered and next steps. A system approach is required to address these.

6. Recommendations

- 6.1. PC&DC is asked to:

NOTE the contents of this report to Recovering Access in Primary Care including the national ambition and the local key priorities identified in the System Delivery Plan, challenges, wider support needs, barriers and next steps.

Table 1 Gloucestershire System Delivery Plan Priority Areas, Reasons/Barriers, and Next Steps

Priority Area	Reasons / Barriers	Next Steps/Action
Support practices to improve their 2-week and 4-week appointment data;	<p>No PCNs are currently achieving the IIF lower or upper threshold for the ACC-08 indicator.</p> <p>In Gloucestershire, same-day and next day appointments are similar to the national average, reflecting that patients may be being prioritised based on need.</p> <p>PCNs have noted in their CAIP that they are reviewing appointments to ensure they are appropriately mapped, which could be an influencing factor on this data.</p> <p>There will be cases where due to patient preference, or clinical advice, the appointment wait is longer than 2 weeks. NHSE is working with IT system suppliers to implement exception categories reflecting this.</p>	Further analysis is being undertaken to understand the rationale behind the higher appointment waits beyond 14 days.
GPAD appointment mapping for practices and PCNs	<p>Practices/PCNs need to map appointments correctly to ensure data is accurate.</p> <p>As above, this may be an influencing factor for appointment wait times. It is also potentially an influencing factor for online appointment data which currently is very low in Gloucestershire.</p> <p>PCN data has been made available via GPAD. PCNs have advised that this is not correct, and does not match the clinical system, NHSE have advised there is a known problem with the data flow which they are working to resolve.</p>	GPAD mapping guidance has been shared with PCNs/Practices and the ICB digital team are continuing to work with practices to ensure appointments are mapped correctly.
Establish and expand self-referral routes in Gloucestershire for falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services, are operational and successful, including ensuring the Digital Pathways for self-referrals support patient care	Self-referral to audiology is not currently in place. Whilst there is support for the principle of moving to self-referral for audiology this has to be considered alongside other priorities for the service including delivering the national paediatric quality improvement programme requirements and supporting recovery of the ENT service.	Due to these competing priorities the move to self-referral for audiology is currently on hold with a view to reviewing the position at the end of quarter 4.
Support the 15 'critical' practices to move from analogue to digital telephony	Practices remained on analogue telephony for several reasons, including: a lack of previous guidance, awareness and cost pressures.	The ICB are continuing to work with these practices and the NHS Procurement Hub to support practices to move from analogue to digital telephony and

Priority Area	Reasons / Barriers	Next Steps/Action
		national funding has been allocated to these 'critical' practices to support this change.
Reduce bureaucracy within the system to establish local mechanisms to facilitate the primary-secondary care interface;	Approval within the system to have a Primary Care liaison officer has yet to be agreed.	Progress with approval for Primary Care liaison officer and finalise Job Description. Interface document to be circulated in Q4 of 23/24
Supporting PCNs/practice take up of the national GP Improvement Programme towards implementing the Modern General Practice Access model	All Gloucestershire practices and PCNs have been offered and encouraged to participate in the GP Improvement Programme. PCNs/practices most in need of support were initially given priority for Gloucestershire system allocation of these support offers, this was then widened to all practices and PCNs. Locally uptake has been slow, which likely is related to many reasons, such as workforce pressures, and limited capacity within General Practice.	ICB Primary Care Team to continue to encourage PCNs/practices participate in the GP Improvement Programme (GPIP), advising of the benefits of taking part in the programme.
Coverage of PPGs	Eight practices do not currently have an established PPG. In Gloucestershire practices without a PPG tend to be inner city and rural practices. This could be due to the patient population engagement and other factors such as language barriers and rurality of practice.	The ICB Patient Engagement Team have shared supportive information with practices/PCNs to help with the development of PPGs and local surveys
SLF conversations	There is limited capacity within both the practices and ICB which has delayed progress with the SLF conversations. There are many conflicting priorities within General Practice, who are already stretched and may also have other support available to them, through ICB resilience conversations and NHSE support offers.	ICB communication is being sent to practices offering Practice conversations (lasting approx. 1-2 hours) to Practices who have not signed up to the national offer to help Practices to identify areas for improvement to move to the modern general practice access model.
Expansion of community pharmacy services	Insufficient links with community pharmacy and General Practice Teams. Existing workload and community pharmacy contractual framework 2019-2024 currently being negotiated restricting progress with the expansion of community pharmacy services.	Working with community pharmacy leads to build communication and relationships across the pharmacy network and member practices within each PCN. Preparing pharmacy teams to create clinical capacity (i.e. teach and treat programme and

Priority Area	Reasons / Barriers	Next Steps/Action
		community pharmacy independent prescribing pathfinder programme).
<p>Implementation of the local communication plan to support the national communication plan.</p>	<p>NHS England have launched a major communications campaign to explain the evolving nature of Primary Care to the public and how they can best use the NHS.</p> <p>This will help patients understand how practices function and how their requests for an appointment will be handled, based on clinical need.</p> <p>Also helping patients to understand that they may not always need to see a GP and other healthcare professionals may be best placed to deal with their concern.</p> <p>Local communications will support the national comms in a more localised and targeted way.</p>	<p>Plans to engage with communities in ways that work best for them.</p>

Appendix A: The Gloucestershire System Delivery Plan



Gloucestershire System Delivery Plan for Recovering Access to Primary Care 2023/24

Contents

- 1.0 Background
- 2.0 Gloucestershire's Priorities for 2023/24
- 3.0 Local Context
- 4.0 Process
- 5.0 Empowering Patients
 - 5.3 Improving information and NHS App functionality
 - 5.4 Increasing self-directed care where clinically appropriate
 - 5.5 Expanding community pharmacy services
- 6.0 Modern General Practice Access
 - 6.3 Better digital telephony
 - 6.4 Simpler online requests
 - 6.5 Faster navigation, assessment, and response
- 7.0 Building Capacity
- 8.0 Reducing bureaucracy
- 9.0 Finance
- 10.0 Challenges
- 11.0 Next Steps

Glossary of Terms

Abbreviation	Explanation or clarification of abbreviations used in the paper
ARR	Additional Role Reimbursement
CAIP	Capacity and Access Improvement Plans
CPCF	Community Pharmacy Contractual Framework
CPD	Continuous Personal Development
DES	Direct Enhanced Service
DHSC	Department of Health and Social Care
DoS	Directory of Service
DPF	Digital Pathway Framework
EIA	Equality Impact Assessment
FFT	Friends and Family Test
FTE	Full Time Equivalent
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GPAD	GP Appointment Data
GPIP	GP Improvement Programme
GPPS	GP Patient Survey
HCA	Health Care Assistant
ICB	Integrated Care Board
ICES	Integrated Community Equipment Service
ICS	Integrated Care System
ICT	Integrated Community Team
IIF	Impact and Investment Fund
LMC	Local Medical Committee
MHP	Mental Health Practitioner
NHSE	NHS England
NWRS	National Workforce Reporting Service
PCARP	Primary Care Access Recovery Plan
PCN	Primary Care Network
PCTH	Primary Care Training Hub
POMI	Patient Online Management Information
PPG	Patient Participation Group
SDF	System Development Funding
SLF	Support Level Framework

Gloucestershire System Delivery Plan for Recovering Access to Primary Care 2023/24

1. Background

- 1.1. In May 2023 the **Delivery Plan for Recovering Access to Primary Care** (hereby referred to as the 'National Delivery Plan') was published by NHSE, outlining the requirement for ICBs to develop system-level access improvement plans ('System Delivery Plan'), aligning with their leadership responsibilities and accountability for commissioning general practice services and delivery as well as, from April 2023, community pharmacy, dental and optometry services.
- 1.2. The System Delivery Plan for practices and Primary Care Networks (PCNs) aims to support the increase in demand within Primary Care and focuses around four areas:
 - i. Empower Patients
 - ii. Implement 'Modern General Practice Access'
 - iii. Build Capacity
 - iv. Cut Bureaucracy
- 1.3. The NHSE Delivery Plan has two central ambitions:
 - To tackle the 8am rush and reduce the number of people struggling to contact their practice.
 - For patients to know on the day they contact their practice how their request will be managed.
- 1.4. ICBs were asked to work with system partners to develop system delivery plans to meet the national objectives for recovering access to Primary Care and the local priorities set by systems. Our local System Delivery Plan follows the same four key areas noted above.

2. Gloucestershire's Priorities for 2023/24

- 2.1. This report outlines the Gloucestershire System Delivery Plan. Following analysis against the nationally published checklist the key Gloucestershire priorities for the System Delivery Plan have been identified as follows:
 - Support practices to improve their 2-week and 4-week appointment wait data;
 - GPAD appointment mapping for practices and PCNs;
 - Establish and expand self-referral routes in Gloucestershire for falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services, are operational and successful, including ensuring the Digital Pathways for self-referrals support patient care;
 - Support the 15 'critical' practices to move from analogue to digital telephony
 - Reduce bureaucracy within the system to establish local mechanisms to facilitate the primary-secondary care interface;
 - Supporting PCNs/practice take up of the national GP Improvement Programme towards implementing the Modern General Practice Access model;
 - Coverage of Patient Participation Groups (PPGs),

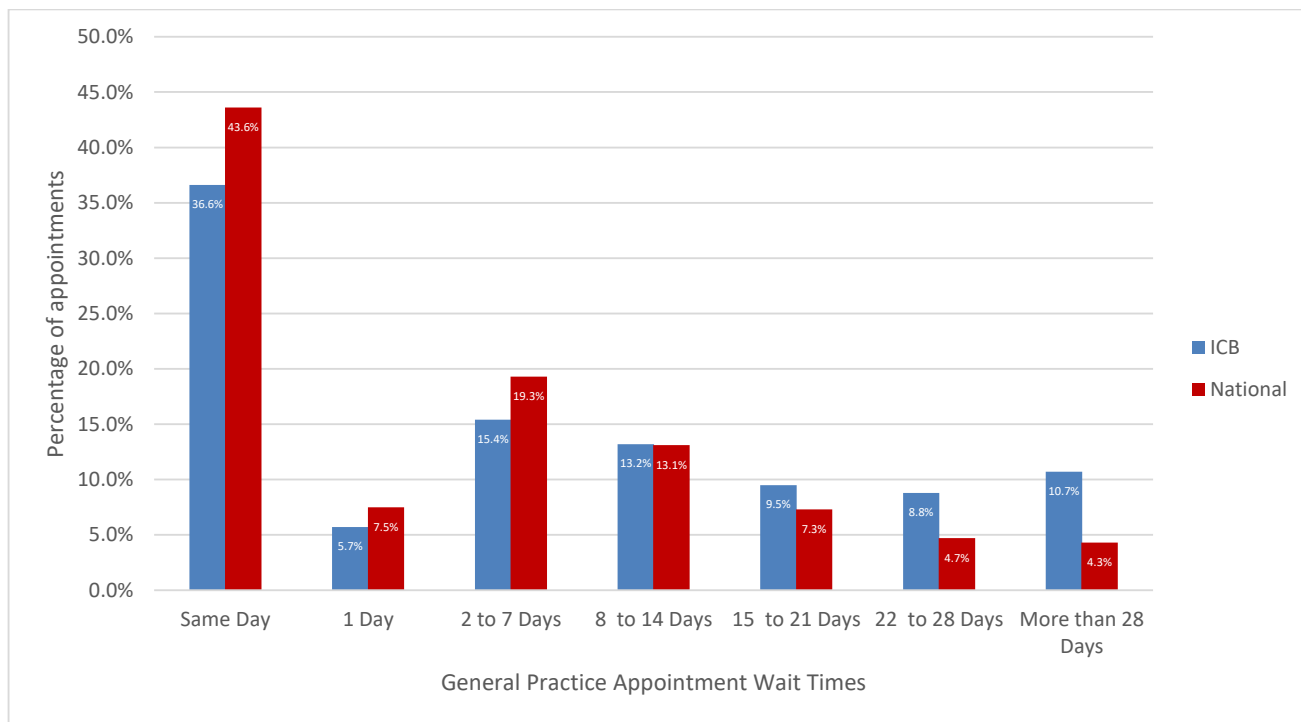
- Support Level Framework conversations
- Expansion of community pharmacy services and;
- Implementation of the local communication plan to support the national communication plan.

3. Local Context

- 3.1. The requirement for ICBs to develop system delivery plans for recovering Access in Primary Care comes at a challenging time and while national GP contract negotiations are under way there is uncertainty for all GP practices and PCNs around future funding for 2024 onwards. Practices generally are experiencing financial challenges which when coupled with workforce issues means capacity is harder to manage with many practices now finding GP locums, for instance, unaffordable. Financial challenges, which as well as threatening the sustainability of practices, impact on the ability of practices to find the time to invest in making change.
- 3.2. Locally we recognise there is even greater impact on practices in areas of deprivation and accordingly there is a focus on supporting the Core20plus5 areas, in particular, with additional funding for practices in these areas to support recruitment, the Health Inequality GP role and the additional time and resource it takes to manage patients from the most deprived areas in our communities. However, reducing Health Inequalities is extremely challenging. We are working to understand from providers on the ground the specific day to day challenges and how we as a system can support solutions. We also recognise the financial gap that is experienced by some providers as a result of health inequalities.
- 3.3. GP practices in Gloucestershire are delivering approximately 27% more appointments post-covid than they were compared to pre-covid pandemic (September 2019 vs September 2023) with a 6 month rolling average of 24%. This is compared to the National position which has seen an increase of 21% for September with a 6 month rolling average of 15% compared to pre-covid activity levels. This increase in demand is having a significant impact on General Practice workload in Gloucestershire. Understanding the drivers of demand in Primary Care is essential and considering whether we are maximising other potential Primary Care pathways is key to help manage demand.
- 3.4. In Gloucestershire, GP practices are delivering considerably more urgent appointments; in September 2023 GP practices in Gloucestershire provided 23% more same-day appointments than in September 2019 (105013 same day appointments in September 2019 and 137330 in September 2023; GPAD). Nationally there has been a 13% increase in same day appointments over the same period.
- 3.5. Overall, 73% of appointments in Gloucestershire are in person (face to face) with a clinician; the remaining 27% are conducted by phone or virtually (GPAD, September 2023) which is back to pre-pandemic levels. Nationally 71% of appointments were face to face in September 2023.
- 3.6. Every practice in Gloucestershire will generally see patients on the same day or next day, for urgent appointments. General Practice prioritise babies and young children, to ensure they are seen in a timely way and according to clinical need. However, we are aware that Gloucestershire General Practice appointment wait times for 15 days and over are higher (worse) than the national average (see [Figure 1](#)).

- 3.7. According to patients, their experience of appointments in Gloucestershire is good with the national GP Patient Survey data for Gloucestershire showing overall patient experience rates that are above the national average, 80% of patients reported good experience in Gloucestershire compared to 71% nationally. There are specific areas, such as Inner City Gloucester and areas of Cheltenham where results are lower than the average, which reflect areas of higher deprivation. Health inequalities are being addressed through various workstreams across Gloucestershire.
- 3.8. General Practice workforce recruitment and retention is still challenging for Gloucestershire, despite some improvement in GP recruitment over Summer 2023 recruiting to other roles remains difficult. Recruitment and retention is being addressed through local and national initiatives.

Figure 1 General Practice Appointment wait times, Gloucestershire ICB and National



Source: GPAD data (September, 2023)

- 3.9. There are considerable financial challenges in many of our GP practices in Gloucestershire, which as well as threatening the sustainability of practices, impacts on the ability of practices to find the time to invest in making change.
- 3.10. The National Delivery Plan for recovering access plan is welcomed, as it will help to address telephony/digital access discrepancies across the County and support practices to move towards the Modern General Practice Access model. There are many local initiatives and work streams linked to the national agenda that compliment this work to support Primary Care access and workload.
- 3.11. While appointment levels in Gloucestershire are clearly much higher than in other areas a survey has been developed for a sample of GPs to complete to identify where this pressure is coming

from to be able to support all practices to understand what is driving the demand in Primary Care and maximise other potential Primary Care pathways.

- 3.12. An example to support Primary Care pathways is work that is progressing to monitor 111 and MIU activity, as part of the Urgent Care pathways review, to identify if there are any trends to help plan best use of in-hours Primary Care provision to support Primary Care access.
- 3.13. This programme is being undertaken in conjunction with recommendations from the [Fuller report](#) which sets out a vision and framework for Primary Care to integrate with the wider health and care system to improve access, experience and outcomes for communities. This work is being led through the Gloucestershire Neighbourhood Transformation Group. Following system direction and support from members of the Gloucestershire Neighbourhood Transformation Group and the ICB Board Development session in October, we are progressing the development of Integrated Neighbourhood Teams in the county. Commencing in neighbourhoods in Cheltenham and Gloucester, the approach will initially focus around frailty and how partnership working can be unleashed to work differently with people in their communities in a proactive way whilst at the same time reducing duplication and fragmentation. It is anticipated that the teams around each neighbourhood will utilise the Personalised Proactive Whiteboard tool in order to identify cohorts of people to be proactively supported, following established use of the tool with some Primary Care teams.
- 3.14. The System delivery Plan also aligns to the current Primary Care strategy (2019-2024) with access being a key theme and this is also reflected in the development and engagement process for the next five-year strategic plan for Primary Care.
- 3.15. The System Delivery plan links to the Prevention Workstream of the Working as One Transformation programme which purpose is to proactively support people's independence to live and thrive in their community for as long as possible, reducing or delaying getting to the point of an urgent need. This programme of work will support Primary Care workload and subsequently relate to the Delivery plan.
- 3.16. The proposed trial/improvement cycle areas of the Working as One Transformation programme are:
- Admissions avoidance Pathways for GPs this winter - To improve navigation and therefore keep people at home/in communities where possible, positive impact on ED attendances and use of GP time.
 - Falls Prevention - Increase referrals to prevention services including and link to Rapid Response and other primary/community services, MSK CPG, Falls Pathway, MECC.
 - Integrated Proactive Neighbourhoods - Integrated teams around neighbourhood populations including and link into Personalised Proactive Whiteboard as an enabler to identifying at risk cohorts, PCN QI, Frailty.
- 3.17. In addition, health inequalities projects are taking place in Inner City Gloucester which has approximately two thirds of patients who meet Core20PLUS5 criteria and two thirds of patients who are in Level 1 deprivation (ICB average 7.8% and 9.7% respectively). This project looks to understand the challenges in delivering effective care to this population across the system and in particular to support the delivery of high-quality Primary Care in order to reduce health inequalities.
- 3.18. NHS Gloucestershire is, with the support of the respective Integrated Locality Partnership, delivering a number of Community Health and Wellbeing hubs in Core20 areas of the county which supports Primary Care. These hubs are intended to be locally appropriate and accessible community health

and wellbeing assets to include health promotion such as health checks and vaccinations. Proposals are being designed alongside local stakeholders to plan for future sustainability.

3.19. An Integrated Locality Project in Cheltenham is targeting support for Health Inequality populations to support Primary Care demand and capacity. Cheltenham has a close to county average life expectancy but shows significant inequality in life expectancy between the most and least deprived residents. This translates to 10 years difference in life expectancy in West Cheltenham. To proactively tackle the root cause of health inequalities and improve health and wellbeing in West Cheltenham we have assembled a collective that includes representatives from the community, VCS, council, health and social care. Nursing and Social Prescribing Link Worker representatives from Central PCN for instance, facilitated a recent Family Fun Day offering health checks, advice and support to families.

3.20. Within Gloucestershire, PCNs have received local funding for Quality Improvement Projects. Five PCNs, have chosen to focus on projects related to frailty, to proactively support their population with the aim to help people to live and thrive in their community for as long as possible and reducing need for GP services.

4. Process

4.1. Summaries of the actions for PCNs/practices and ICB to implement the System Delivery Plan are noted below including status, next steps and any issues.

4.2. By 30 June 2023, PCNs were required to submit local Capacity and Access Improvement Plans (CAIPs) to the ICB which outlined their plan to improve across 3 key areas; patient experience of contact; ease of access and demand management; and accuracy of recording in appointment books. All 15 PCNs in Gloucestershire submitted a plan. These plans reflect the differing starting points for some PCNs/practices, and PCNs and individual practices are now working to implementing these plans during 2023/24 to make a difference to their patient population.

5. Empowering Patients

5.1. The national ambition is to empower patients by rolling out tools they can use to manage their own health, and expand services offered by community pharmacy.

5.2. The national ambition is to help the public do more for themselves, making information and easy-to-use tools available by:

- A. improving information and NHS App functionality
- B. increasing self-directed care where clinically appropriate
- C. expanding community pharmacy services.

5.3. Improving information and NHS App functionality

5.3.1. The national ambition is to enable patients in over 90% of practices to see their prospective records, receive messages, book appointments and order repeat prescriptions using the NHS App by March 2024. Locally the ICB have been working with practices on these requirements, however there are issues including the additional workload initially for practices to implement, the availability of data to

review bookable appointments and repeat medications, and practices data sharing concerns relating to prospective record access.

- 5.3.2. All Gloucestershire practices have Accurx messaging software in place to support practices to communicate with patients via SMS messaging and NHS App notifications. The Digital Team are liaising with NHSE to understand NHS App functionality releases to support practices to improve messaging capabilities.

5.4. **Increasing self-directed care where clinically appropriate**

- 5.4.1. As set out in the 2023/24 Operational Planning Guidance, ICBs are required to expand Self-referral pathways, where clinically appropriate. The ICB have achieved this for 6 out of the 7 areas, however, Audiology services are not currently in place.

- 5.4.2. Self-referral to audiology is not currently in place as whilst there is support for the principle of moving to self-referral for audiology this has to be considered alongside other priorities for the service including delivering the national paediatric quality improvement programme requirements and supporting recovery of the ENT service. Due to these competing priorities the move to self-referral for audiology is currently on hold with a view to reviewing the position at the end of quarter 4.

- 5.4.3. Community equipment services: Service users in Gloucestershire can self-refer to the adult help desk (Gloucestershire County Council) and staff will determine the most appropriate team/service that they can be signposted to. This could include the following:

- We Care and Repair for minor adaptations.
- Where there is a need for an intervention by Social Care and Health, information is shared with the Social Care Team for MDT
- For OT/ Therapy intervention only, information is shared with the Integrated Community Teams who will in turn get in touch with services as needed.
- As part of the conversations at the Helpdesk, we adapt a person-centred approach, if someone rings for example for a low-level piece of equipment such as replacement Ferrule for a walking stick they would be signposted to self-serve options.
- For self-serve option we signpost to our Your Circle directory

Integrated community equipment service (ICES): Run by Gloucestershire Health & Care NHS Foundation Trust (GHC) and is not a patient facing service and hence don't take any referrals. It provides advice, guidance and catalogue updating and clinical governance to the equipment issuing process.

Gloucestershire Industrial Services (GIS) Community equipment: This service manages the operational aspects of equipment provision and therefore do not currently receive any referrals from service users.

- 5.4.4. Digital pathways for self-referrals are being considered by each of the self-referral routes and processes are in place with the ICB Digital Team to ensure practice websites and digital platforms are up to date with the relevant self-referral links for patients to access.

5.5. **Expanding community pharmacy services**

- 5.5.1. System work to expand community pharmacy services (including the oral contraception and blood pressure services) and coordinate local communications is ongoing. A Community Pharmacy

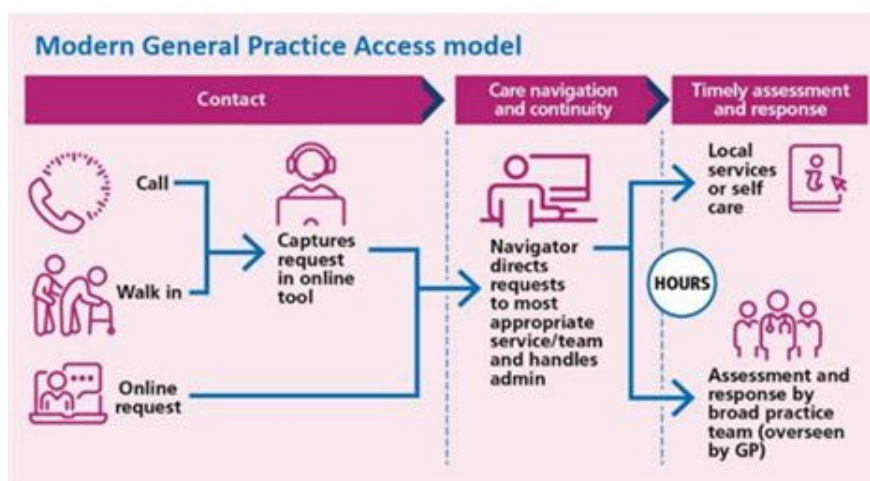
Strategy Group has been established with wide stakeholder involvement, and a focus on utilising the skill-mix of community pharmacy teams to best effect as part of access recovery in Primary Care.

- 5.5.2. The launch of the Pharmacy Contraception Service for which 48% Community Pharmacies in Gloucestershire have registered interest. National Community Pharmacy Contractual Framework (CPCF) negotiations continue and when concluded will enable us to build local service activity.
- 5.5.3. Local communications are coordinated by ICB comms team, and the team are in regular contact with community pharmacy partners around contributions to patient care and system resilience with messages such as Click or Call First and ensuring community pharmacy features in our local winter campaign.
- 5.5.4. There are some gaps such as workforce vacancies, as outlined earlier in this report, but mitigations are in place such as the local pharmacy workforce delivery plan which includes a pipeline for encouraging young people to stay and work in county.
- 5.5.5. There will be better utilisation of staff skill mix through understanding existing workforce and opportunities within digital transformations.

6. Modern General Practice Access

- 6.1. As noted previously, one of the main ambitions of the National Delivery Plan is to reduce the 8am rush. The approach, which NHSE are calling Modern General Practice Access (see [Figure 2](#)), has three components:
 - A. better digital telephony
 - B. simpler online requests
 - C. faster navigation, assessment, and response.
- 6.2. The Modern General Practice Access model means providing equitable access regardless of whether patients contact the practice by telephone, digitally or by walking in. It does need digital tools to be embraced, but also recognising that some patients may struggle with digital access. Patients should have access to the right service and the right clinician, at the right time.

Figure 2 Modern General Practice Access Model



6.3. **Better digital telephony**

- 6.3.1. All Gloucestershire practices telephony has been assessed and 15 practices were identified as 'critical', needing to move from analogue to digital telephony. The ICB is working with these practices and the NHS Procurement Hub to support practices to move from analogue to digital telephony and national funding has been allocated to these 'critical' practices to support this change.
- 6.3.2. Where practices are already on digital telephony, there is a need to ensure call-back and queuing functionality is enabled, where included in the current contract costs. The ICB have gathered data to understand the call back and queuing functionality practices are currently using. The ICB Primary Care Team have shared with all practices the NHSE Better Purchasing Framework and directed practices to the Procurement Hub to ensure that any contract renewal includes the functionality required.

6.4. **Simpler online requests**

- 6.4.1. As of October 2023, the Digital Pathway Framework (DPF), which includes new digital solutions to support implementing the Modern General Practice Access model, is partially live. NHSE have advised this is planned to be fully live by December 2023. Both Accurx and footfall, which are already in place for Gloucestershire practices, are on the DPF. Locally, Footfall websites are partially funded and Accurx fully funded by the ICB, however when the contract is up for renewal (Footfall in 2024-26, Accurx in 2025) a procurement process using the DPF will take place and awarded to the successful supplier.
- 6.4.2. Work is in progress to ensure practice websites meet the NHS standard. In Gloucestershire, 42 practices have moved to Version 6 of Footfall, the remaining Practices using are being contacted to discuss ensuring that their websites meet the NHS standard. Rosebank PCN have volunteered to pilot the new Footfall Foundation website, which will determine, the minimum standard required and define the roll out plan to other practices. There are 11 practices which have expressed an interest in the Foundation Website. We anticipate the roll out will commence in Q4 of 2023/24.
- 6.4.3. The ICB have been reviewing Practice websites to determine availability of booking online appointments and how this relates to POMI Data, which only advises if practices have this functionality enabled which 100% of practices have done. Practices plan to be contacted in Q4 of 2023/24 to discuss adding online booking to their website and support promotion of the NHS App.
- 6.4.4. Reviewing online consultation mapping is a particular focus for many PCNs, as baseline GPAD data from February shows that in Gloucestershire 2 per 1,000 registered patients received an online consultation. PCNs have noted in their CAIP they are planning reviews of GPAD mapping to ensure that appointments are mapped appropriately (supported by discussions at PCN/practice away days). This is an area that requires improvement in Gloucestershire. Practices/PCNs have advised that this is not a true reflection of their online consultations, therefore believe it is a mapping issue. The ICB Digital Team are supporting practices with GPAD mapping and contacting practices where data issues have been identified.

6.5. Faster navigation, assessment, and response

- 6.5.1. The data on two-week and four week waits for GPs appointments shows Gloucestershire practices generally as an outlier compared to nationally, with no PCNs currently achieving the IIF lower or upper threshold for the ACC-08 indicator. As above, PCNs have noted in their CAIP that they are reviewing appointments to ensure mapped appropriately, however, further work is being undertaken to understand the rationale behind this.
- 6.5.2. While appointment levels in Gloucestershire are clearly much higher than in other areas a survey has been developed for a sample of GPs to complete to identify where this pressure is coming from to be able to support all practices to understand what is driving the demand in Primary Care and maximise other potential Primary Care pathways.
- 6.5.3. All Gloucestershire practices and PCNs have been offered and encouraged to participate in the GP Improvement Programme hands-on support, including the Universal offer of webinars, drops in and online resources, Intermediate (practice) consisting of 13 weeks of hands-on support, Intermediate (PCN) consisting of 12 half-days in person facilitated sessions and Intensive (practice) consisting of 26 weeks of hands-on support. PCNs/practices most in need of support were initially given priority for Gloucestershire system allocation of these support offers, this was then widened to all practices and PCNs. [Table 2](#) shows the Gloucestershire uptake of the support offers. However, locally uptake has been slow, this is recognised as a priority to encourage more practices/PCNs to take up these support offers.

Table 2 Gloucestershire Uptake of the NHSE GP Improvement Programme Support Offers

NHSE GPIP Support Offer	Number of Practices / PCNs
Intermediate (practice)	2
Intensive (practice)	4
Intermediate (PCN)	2

- 6.6. All practices and PCNs have received information on the available national Care Navigation training, as well as the local training offer for implementing the Gloucestershire Directory of Services (DoS). To date, 20 practices have engaged with the national care navigation programme and 19 practices have received the full local DoS system, 11 practices are in progress of receiving this and a further 6 practices have demos/training scheduled in the coming weeks.
- 6.7. Currently no Gloucestershire PCNs have been able to sign up to the NHSE Digital and Transformation PCN leads training due to lack of places and access. Further cohorts are being released and the ICB will continue to promote these to PCNs.
- 6.8. Following the national guidance, locally we will be offering practice conversations (lasting approx. 1-2 hours, using the Support Level Framework) to practices who have not signed up to the national offer to help practices to identify areas for improvement to move to the Modern General Practice Access model including workforce, demand and capacity planning, quality, leadership etc. These practice conversations, which are targeted to be completed by end of March 2024, will help to identify wider System priorities and areas for support and improvement. This is alongside regular conversations with PCNs and practices to identify any support needs.

- 6.9. The Transition and Transformation funding (Avg. £13.5k per practice over 2 years) to support practices to implement the Modern General Practice Access model is in the process of being distributed to practices.
- 6.10. Many PCNs are looking to implement local patient surveys in collaboration with Patient Participation Groups (PPGs) to understand the needs of their populations. Practices/PCNs are engaging their PPGs to improve the uptake of Friends and Family Tests and ensure they are compliant with submitting their data, as well as local surveys. The ICB Patient Engagement Team have shared supportive information with practices/PCNs to help with the development of PPGs and local surveys and are working with the 8 practices who do not currently have a PPG in place.
- 6.11. Processes are in place for practices to inform of diversion to 111 and monitor exceptional use when overcapacity. The ICB Primary Care Team work regularly with the practices where there are demand and capacity challenges and practices have been reminded that they must inform the ICB Primary Care team prior to diverting to 111 to ensure this is being used appropriately. This process has been working well with practices.

7. Building Capacity

- 7.1. PCNs are actively supported by the ICB to utilise their full ARRS budget and support is available for PCNs with their recruitment and retention of workforce through the Primary Care Training Hub (PCTH). Conversations which were held with all PCNs over the summer and in advance of August workforce plan submissions, where discussions were held on proposed roles including opportunities and challenges.
- 7.2. The national PCN ARR workforce plans completed by Gloucestershire PCNs shows that majority of Gloucestershire PCNs are planning to utilise their full budget in 2023/24. [Table 3](#) outlines ARRS roles in post as of August 2023, and planned recruitment by March 2024, which shows a 24% growth of FTE between August and March 2024.
- 7.3. However, we note that there are several challenges with ARRS recruitment. ARRS issues for PCNs are noted as a lack of physical space in practices to accommodate ARRS staff and being unable to recruit specific roles due to there not being enough trained healthcare professionals in the system.

Table 3 ARRS Roles, Actual FTE as at August 23 and Planned FTE as at March 24

Job Role	Actual FTE Aug 23	Planned FTE March 24	Variance
Pharmacy Technicians	37.53	46.93	9.40
Clinical Pharmacists	69.15	75.17	6.02
Clinical Pharmacist (Advanced Practitioner)	0.00	0.00	0.00
Dietitians	1.00	1.00	0.00
Dietitian (Advanced Practitioner)	0.00	0.00	0.00
First Contact Physiotherapists	12.65	15.75	3.10
First Contact Physiotherapist (Advanced Practitioner)	0.00	0.00	0.00
Occupational Therapists	0.00	0.00	0.00
Occupational Therapist (Advanced Practitioner)	0.00	0.00	0.00

Paramedics	16.70	17.37	0.67
Paramedic (Advanced Practitioner)	1.00	1.00	0.00
Podiatrists	0.00	0.00	0.00
Podiatrist (Advanced Practitioner)	0.00	0.00	0.00
Clinical Practitioner Nurses (Advanced Practitioner)	4.92	7.28	2.36
Physician Associates	6.21	8.71	2.50
Apprentice Physician Associates	0.00	0.00	0.00
Care Co-ordinators	71.81	91.49	19.68
Health and Wellbeing Coaches	5.91	12.96	7.05
Social Prescribing Link Workers	43.19	48.08	4.89
Nursing Associates	2.75	4.46	1.71
Trainee Nursing Associates	9.91	10.77	0.86
GP Assistants	8.74	15.44	6.70
Digital & Transformation Lead	8.97	10.82	1.85
Adult Mental Health Practitioner (Band 4)	0.00	0.00	0.00
Adult Mental Health Practitioner (Band 5)	0.00	0.00	0.00
Adult Mental Health Practitioner (Band 6)	0.00	2.00	2.00
Adult Mental Health Practitioner (Band 7)	13.05	14.15	1.10
Adult Mental Health Practitioner (Band 8a)	0.00	3.40	3.40
Children and Young Persons Mental Health Practitioner (Band 4)	0.00	0.00	0.00
Children and Young Persons Mental Health Practitioner (Band 5)	0.00	0.00	0.00
Children and Young Persons Mental Health Practitioner (Band 6)	0.00	0.00	0.00
Children and Young Persons Mental Health Practitioner (Band 7)	0.00	1.00	1.00
Children and Young Persons Mental Health Practitioner (Band 8)	0.00	0.00	0.00
Totals	313.48	387.78	74.30

- 7.4. The PCTH prepared an ARRS reference document outlining key 'need to knows' about each ARRS role including training, role support etc. The PCTH have also sent bespoke emails to each PCN with reference document, offering additional conversation to discuss workforce plans.
- 7.5. There is a key focus on 3 ARR roles
- Care Co-ordinators – offering PCN's opportunity to send CC's recruited post May 23 on fully-funded HCA course to support development of Personalised Care skills
 - General Practice Assistants
 - Pharmacy Technicians – working with Pharmacy team to promote apprenticeships, but longer-term objective.
- 7.6. A Mental Health Practitioner (MHP) Evaluation has been undertaken and a business case is being submitted for system funding (50% PCN & 50% system) for further recruitment of MHPs.
- 7.7. Gloucestershire are delivering several GP retention schemes which include:
- GP Support Lead role in place providing confidential support offer, career guidance, mentoring and coaching for GPs who may need additional Support.
 - Local Retainer scheme with additional facilitated peer support group for retainer GPs.

- Mid-late career GP mini-fellowship offer with CPD and project work support offered for priorities aligned to PCN and ICB priorities.
- Partnership support offer in development to replace the NHSE New to Partnership offer, whilst offering a local bespoke partnership fellowship offer, peer support, mentoring and training. The offer will also extend to prospective and current partners, to aid retention.
- Funded GP fellowship offers (outside of the General Practice Fellowship scheme) offering Health Inequalities and Specialism fellowships, targeted at practices within CORE20PLUS5 areas. This scheme has supported the recruitment and retention of 11 GPs to date, with more in progress, in practices where recruitment and retention has been more challenging.
- Partnership exit survey and exit interviews offered to try and understand local reasons for leaving partnership.
- General Practice Fellowship scheme for newly qualified nurses and GPs (and nurses new to Primary Care). This is reported via the PCMS, but Gloucestershire has excellent uptake of this scheme.
- Legacy mentoring scheme for nurses.
- Preceptorship scheme for nurses which is now accredited.
- Communities of Practices established for the majority of role types in General Practice

8. Reducing bureaucracy

- 8.1. Work is progressing with the Chief Medical Officer (CMO) to build on existing local mechanisms to improve the primary-secondary care interface including the established Gloucestershire Medical Council being in place, regular meetings with the LMC between the ICB and other provider organisations, secondary care consultants responding to Advice & Guidance and Cinapsis requests for many conditions. The system has good mechanisms to support clinicians to manage patients across the interface including local guidance via G-care, and a well utilised Advice and Guidance system through eRS and/or Cinapsis for both planned and urgent care.
- 8.2. PCNs/practices to move towards a system wide approach for primary-secondary care interface, utilising Advice & Guidance and Cinapsis where appropriate.
- 8.3. A primary-secondary care interface principles document has been drafted, which is due to be circulated for wider engagement (LMC, Medical Council), and anticipated that this will be published in Q4 of 2023/24. This will detail processes for the four areas ICBs are required to address; onward referrals, complete care (fit notes and discharge letters), call and recall and clear points of contact.
- 8.4. The position on onward referrals by consultants is set out in the GHFT access policy and is consistent with national guidance. This will also be detailed in the primary-secondary care interface principles document to further reinforce the position.
- 8.5. Whilst fit notes can be issued from outpatients there is further work to do to ensure that this becomes standard practice. The expectation that fit notes will be issued from outpatients in line with the guidance is included within the interface principles document and work is underway to develop the capability to issue electronic fit notes within GHFT.
- 8.6. Call and recall processes are already in place, but it is recognised that communication with patients can be improved to avoid patients contacting their GP unnecessarily. The draft interface principles document includes expectations around communication with patients to ensure the patient is always

clear on next steps and who to contact with queries. A Primary Care liaison officer, if in place, is anticipated to support with this area too.

- 8.7. The system is exploring the idea of recruiting a Primary Care Liaison Officer (as recommended in the AoMRC report) to support relationships with secondary care colleagues and help address the four areas noted above. Whilst this has been shown to be effective in other areas further work is required to understand how such a role would work within the Gloucestershire system.
- 8.8. Support and awareness have been provided to practices to sign up to the Register with a GP surgery service including sharing the NHSE webinars.
- 8.9. The ICB Communications Team have developed a Communications Plan outlining the coordinated system communications to support patient understanding of the new ways of working in general practice including digital access, the ARR and multidisciplinary roles, and wider care that is available to the public. It will be important that patient expectations are managed carefully given the level of demand in Primary Care, alongside workforce and financial challenges.
- 8.10. To support the above, the DoS team are working closely with practices to continue to promote the use of the local DoS, to offer training where appropriate, and ensure the information is relevant and up to date to promote a wider care service and ensure the patient sees the right healthcare professional.

9. Finance

- 9.1. A Finance Plan has been produced and includes a clear outline of various national funding streams associated with this plan.
- 9.2. It should be noted that there is some pressure on the SDF funding to support this plan, given the number of commitments already against this budget. This is being worked through with the ICB Director of Finance.

10. Challenges

- 10.1. There are several challenges with this programme of work in General Practice, 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. The key challenges, wider support needs and barriers to highlight are noted below.
 - 10.1.1. The System Delivery Plan has identified that intensive resources in practices, PCNs and the ICB will be required to achieving the plans ambition. The success of implementing the System Delivery Plan is dependent on practices engaging with the support available. Yet, it does not unilaterally address the significant issues facing Primary Care in terms of staffing, patient demand and financial issues. In parallel, the ICB are working with several practices to support their ongoing resilience and sustainability.
 - 10.1.2. Some practices lack the stability to engage in this programme and patient expectations continue to increase through this national commitment.

- 10.1.3. There is not sufficient funding available in the SDF to support the System Delivery Plan, given the number of commitments against this budget.
- 10.1.4. We are aware that there are ongoing issues with GPAD mapping, which the digital team are supporting practices with.

11. Next Steps

- 11.1. The ICB will continue to work with practices and PCNs to deliver the required actions for this programme of work.
- 11.2. Funding associated with the System Delivery Plan will continue to be shared with practices and PCNs where appropriate to support the implementation of the General Practice Access Model.
- 11.3. Support offers, both nationally and locally, will continue to be communicated and discussed with practices and PCNs to ensure the best possible engagement and implementation of the System Delivery Plan.
- 11.4. The Gloucestershire System Delivery Plan will be taken to the public board in November 2023.
- 11.5. Plans are in place to review PCN CAIPs and discuss progress in April 2024, with payments due to PCNs by 31 August 2024.
- 11.6. The digital aspects of the System Delivery Plan are interdependent and part of the wider Primary Care digital programme which are progressing. Timescales for delivery will vary, depending on the starting point for each practice and are dependent on contracts and supplier availability.
- 11.7. As summarised in Section [2.0](#) Gloucestershire has identified key priorities, these are detailed in [Table 1](#) with further details including reasons/barriers that need to be consider and next steps. A system approach is required to address these.

Table 4 Gloucestershire System Delivery Plan Priority Areas, Reasons/Barriers and Next Steps

Priority Area	Reasons / Barriers	Next Steps/Action
Support practices to improve their 2-week and 4-week appointment wait data;	<p>No PCNs are currently achieving the IIF lower or upper threshold for the ACC-08 indicator.</p> <p>In Gloucestershire, same-day and next day appointments are similar to the national average, reflecting that patients may be being prioritised based on need.</p> <p>PCNs have noted in their CAIP that they are reviewing appointments to ensure they are appropriately mapped, which could be an influencing factor on this data.</p> <p>There will be cases where due to patient preference, or clinical advice, the appointment wait is longer than 2 weeks. NHSE is working with IT system suppliers to implement exception categories reflecting this.</p>	Further analysis is being undertaken to understand the rationale behind the higher appointment waits beyond 14 days.
GPAD appointment mapping for practices and PCNs	<p>Practices/PCNs need to map appointments correctly to ensure data is accurate.</p> <p>As above, this may be an influencing factor for appointment wait times. It is also potentially an influencing factor for online appointment data which currently is very low in Gloucestershire.</p> <p>PCN data has been made available via GPAD. PCNs have advised that this is not correct, and does not match the clinical system, NHSE have advised there is a known problem with the data flow which they are working to resolve.</p>	GPAD mapping guidance has been shared with PCNs/Practices and the ICB digital team are continuing to work with practices to ensure appointments are mapped correctly.
Establish and expand self-referral routes in Gloucestershire for falls services, musculoskeletal services, audiology for older people including loss of hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services, are operational and successful, including ensuring the Digital Pathways for self-referrals support patient care	Self-referral to audiology is not currently in place. Whilst there is support for the principle of moving to self-referral for audiology this has to be considered alongside other priorities for the service including delivering the national paediatric quality improvement programme requirements, and supporting recovery of the ENT service.	Due to these competing priorities the move to self-referral for audiology is currently on hold with a view to reviewing the position at the end of quarter 4.
Support the 15 'critical' practices to move from analogue to digital telephony	Practices remained on analogue telephony for several reasons, including: a lack of previous guidance, awareness and cost pressures.	The ICB are continuing to work with these practices and the NHS Procurement Hub to support practices

Priority Area	Reasons / Barriers	Next Steps/Action
		to move from analogue to digital telephony and national funding has been allocated to these 'critical' practices to support this change.
Reduce bureaucracy within the system to establish local mechanisms to facilitate the primary-secondary care interface;	Approval within the system to have a Primary Care liaison officer has yet to be agreed.	Progress with approval for Primary Care liaison officer and finalise Job Description. Interface document to be circulated in Q4 of 23/24
Supporting PCNs/practice take up of the national GP Improvement Programme towards implementing the Modern General Practice Access model	All Gloucestershire practices and PCNs have been offered and encouraged to participate in the GP Improvement Programme. PCNs/practices most in need of support were initially given priority for Gloucestershire system allocation of these support offers, this was then widened to all practices and PCNs. Locally uptake has been slow, which likely is related to many reasons, such as workforce pressures, and limited capacity within General Practice.	ICB Primary Care Team to continue to encourage PCNs/practices participate in the GP Improvement Programme (GPIP), advising of the benefits of taking part in the programme.
Coverage of PPGs	Eight practices do not currently have an established PPG. In Gloucestershire practices without a PPG tend to be inner city and rural practices. This could be due to the patient population engagement and other factors such as language barriers and rurality of practice.	The ICB Patient Engagement Team have shared supportive information with practices/PCNs to help with the development of PPGs and local surveys
SLF conversations	There is limited capacity within both the practices and ICB which has delayed progress with the SLF conversations. There are many conflicting priorities within General Practice, who are already stretched and may also have other support available to them, through ICB resilience conversations and NHSE support offers.	ICB communication is being sent to practices offering Practice conversations (lasting approx. 1-2 hours) to Practices who have not signed up to the national offer to help Practices to identify areas for improvement to move to the modern general practice access model.
Expansion of community pharmacy services	Insufficient links with community pharmacy and General Practice Teams. Existing workload and community pharmacy contractual framework 2019-2024 currently being negotiated restricting progress with the expansion of community pharmacy services.	Working with community pharmacy leads to build communication and relationships across the pharmacy network and member practices within each PCN.

Priority Area	Reasons / Barriers	Next Steps/Action
		Preparing pharmacy teams to create clinical capacity (i.e. teach and treat programme and community pharmacy independent prescribing pathfinder programme).
<p>Implementation of the local communication plan to support the national communication plan.</p>	<p>NHS England have launched a major communications campaign to explain the evolving nature of Primary Care to the public and how they can best use the NHS.</p> <p>Helping patients understand how practices function and how their requests for an appointment will be handled, based on clinical need.</p> <p>Also helping patients to understand that they may not always need to see a GP and other healthcare professionals may be best placed to deal with their concern.</p> <p>Local communications will support the national comms in a more localised and targeted way.</p>	<p>Plans to engage with communities in ways that work best for them.</p>

Appendix B: The System Delivery Plan Assurance

The below areas, suggested by NHSE in their briefing note, have helped to ensure that the System Delivery Plan includes the required actions and considerations. NHSE acknowledge that plans may need to iterate over time, particularly as take-up of support offers and digital tools are confirmed.

The System Delivery Plan assumes a key role for the ICS in the delivery of recovering access in Primary Care, aligning with the Medium-Term Financial Plan and inputting into the Systemwide Planning Group to ensure alignment with the 23/24 Operational Plan and inform the alignment for the upcoming development of the 24/25 Operational Plan.

The *Vision and improvement approach* of the Delivery Plan aligns to the current Primary Care strategy (2019-2024) with access being a key theme and this is reflected in the development and engagement process for the next five-year strategic plan for Primary Care.

The System Delivery Plan supports *health inequalities* including equality and inclusion by identifying areas of most support including the critical digital practices and ensuring the correct support and investment is provided. It also ensures that practices and PCNs in areas of deprivation are locally identified for additional support.

The System Delivery Plan clearly outlines the *PCN/practice actions* in detail, outlining:

- the status of the actions;
- any gaps or mitigations, the most challenging being but not limited to financial pressures, workforce pressures and patient demand and expectations;
- and next steps including continuing to implement their Capacity and Access Plans as well as take-up offers of support and training.

The System Delivery Plan clearly outlines the *ICB actions* in detail, outlining:

- the status of the actions;
- any gaps or mitigations, the most challenging being but not limited to, improving the primary-secondary care interface, support and build the Primary Care workforce, and national details for the Pharmacy services (Common Conditions Service and Pharmacy First service);
- and next steps including continuing to offer digital support to practices, and continuing to encourage practices/PCNs to engage with the support offers including practice engagements conversations.

The delivery of the System Delivery Plan will be *assured* by addressing the improvements required to meet the national delivery milestones. Regular ICB meetings take place to discuss collecting, analysing and sharing of data, such as appointment data, GPAD appointment mapping data and POMI data. Assurance will also be sort by ensuring that all patients are seen by need, prioritising safely and equitably, as well as ensuring that there is clear communication of the change to patients.

This will help improve patient education and subsequently behaviour change i.e., reducing the 8am morning rush.

A detailed *Finance* Plan has been produced and includes a clear outline of national funding associated with the Delivery Plan, how this will be used and maximised, how the funding is being reviewed by the ICB to ensure there is timely funding support to practices/PCNs to move to a Modern General Practice Model. Other funding has been considered via PCNs, include the ARR digital and transformation lead roles could be aligned to the programme of work and utilise the national training on offer.

A detailed *Communications* Plan has been produced by the ICB that focuses on promoting key messages from the Delivery Plan at place level and to local communities. NHS England has recently launched a new campaign to highlight the different health professionals in general practice teams who are helping patients get the right care, more easily, first time.

The Communications Plan that sits behind the Delivery Plan outlines the patient and public involvement and engagement. Alongside this *Co-production and patient voice*, the PCN CAIP plans have utilised patient feedback to support their development, utilising GP Patient Survey (GPPS) and local survey data collected via Patient Participation Groups (PPGs). The CAIP detail how PCNs plan to continue to engage with PPGs for implementation of the plan and ensure they are kept up to date with feedback.



Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 2023

Report Title	Dental Commissioning Plan update report			
Purpose (X)	For Information		For Discussion	
	X			
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	Date	System Partner	Date
	Dental Strategy Group PC&DC	22.11.23 07.12.23		
Executive Summary	This paper provides an update on a number of proposals included within the ICB Dental Commissioning Plan. The plan was developed by Gloucestershire's Dental Strategy Group. This update includes actions completed to date against the priorities of Dental Access, Dental workforce development and Oral Health improvement for Gloucestershire.			
Key Issues to note	<ul style="list-style-type: none"> - According to NHS data, Gloucestershire has the worst access levels for Adult NHS dental care in the South West region. - With the delegated responsibilities of dental commissioning from the 1 April 2023, engagement and support for General Dental Practices is a key priority to ensure the ICB can commission improved access as part of the ICB Dental Commissioning Plan and ultimately improved outcomes for patients. - The Dental Commissioning plan continues to be developed with stakeholders from the Dental Strategy Group. 			
Key Risks:	<ul style="list-style-type: none"> - 3 year contracts for stabilisation being awarded and allocated against the annual underspend budget which will change yearly dependant on the Unit of Dental Activity (UDA) performance of Gloucestershire dental practices. - Where existing contract holders have expressed an interest in providing additional capacity, due diligence has been undertaken on their existing contracts to ensure the new workload is feasible. - Regional procurement of Oral Health promotion programmes outlined below were completed prior to delegated responsibility. 			
Management of Conflicts of Interest	No conflicts of interest identified.			
Resource Impact (X)	Financial	X	Information Management & Technology	
	Human Resource	X	Buildings	
Financial Impact	Included in section four of this report.			
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.			

Impact on Health Inequalities	In relation to Supervised Toothbrushing, schools in Core20plus2 areas will be prioritised in the rollout programme. All schools within the programme are in Indices of Multiple Deprivation (IMD) area 1 to 6.		
Impact on Equality and Diversity	There are no direct equality and diversity implications contained within this report.		
Impact on Sustainable Development			
Patient and Public Involvement	Patients are members of the Dental Strategy Group.		
Recommendation	PC&DC is requested to review the paper and note the information		
Author	Helen Edwards	Role Title	Deputy Director of Primary Care and Place
	Meryl Foster		Senior Programme Manager
Sponsoring Director (if not author)	Helen Goodey – Director of Primary Care and Place		

Amend Glossary as required

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

Thursday 7th December 2023

1. Purpose

This paper provides an update on a number of proposals included within the ICB Dental Commissioning Plan.

2. Background

- 2.1. Gloucestershire ICB is committed to improving the provision of dental services across the county as outlined in the Dental Commissioning Plan (which was shared at July's PCOG and endorsed at August's PC&DC). The three key areas of focus are access to dental services, dental workforce and oral health improvement. The Dental Commissioning Plan is a working document and updated regularly.
- 2.2. The underperformance of practices against contract during 2022/23 accounts for a large proportion of available funding for new short term initiatives and following support from the ICB's Operational Executive team and endorsement from the Chair of PC&DC, a letter seeking expressions of interest was sent to all NHS dental contract holders in Gloucestershire. Three offers were included in the letter namely: out of hours urgent appointments; stabilisation and dental care provision in care homes. A subsequent letter sought in hours urgent appointments. This paper provides an update on the progress of additional access.
- 2.3. The ICB team sought approval from the ICB Operational Executive to appoint a Clinical lead. An update on this appointment is included in this paper.
- 2.4. Prior to the delegated responsibility, two Oral Health Improvement programmes were initiated and agreed by NHSE – SW. This paper provides an update on the implementation of these programmes.

3. Current position

In line with the Dental Commissioning Plan, the updates below are aligned to the three key priority areas.

3.1 Access

- 3.1.1 Over recent years there has been a decrease in the number of patients who are able to access an NHS dentist. Dental care is different from primary medical care. With medical care, a person is registered with a general practice based on their address in a catchment area, but for dental care people are able to be seen at any dental practice with availability.
- 3.1.2 The total number of adults seeing an NHS dentist in Gloucestershire in 2020/21 decreased from 36.5% in December 2020 to 28.6% in December 2021. This was a drop of 21.55% over this period. The access rate for the adult population of Gloucestershire (28.6%) is less than the access rate for England as a whole at 36%. The number of children who saw a dentist in Gloucestershire increased from 30.8% in December 2020 to 43.9% in December 2021. This was an increase of 47.67%. The proportion of children in Gloucestershire accessing a dentist (43.9%) is slightly higher than the access rate for children across the whole of England (42.5%).

3.1.3 Urgent appointment access

Urgent care appointments are accessed by patients calling 111. Local appointments for urgent dentistry care is historically low. The ICB offered to NHS primary care dental providers the opportunity to carry out weekday additional urgent care appointments and out of hours (weeknights and weekends) clinics, with the aim to increase capacity for patients requiring urgent dental care and treatment. From December 2023 there will be approximately 51 urgent care appointments per week. Due diligence has taken place and contract variations are in place to secure this activity.

3.1.4 Stabilisation sessions

The ICB team adapted an initial pilot that the NHSE South West dental team had offered practices. The ICB extended this offer to 3 years duration to enable providers to establish the resources to carry out this additional activity. The stabilisation service aims to ensure patients that are not known to a local practice, are able to access care that stabilises their oral health and mean that they are less likely to require frequent urgent care support. The first stabilisation appointments started in September in Gloucestershire and from December there is an anticipated increase of approximately 132 appointments a week. These are all additional appointments since delegation.

3.2 Workforce

The ICB requires comprehensive clinical input and advice to further develop our commissioning. The team, with input from Gloucestershire County Council, NHSE and NHS WTE has successfully appointed a part time Clinical Dental Strategy Lead, who will commence in post from December 2023 for a fixed term period of two years,

3.3 Oral Health Improvement

3.3.1 Supervised Toothbrushing

Our colleagues from NHSE - South West procured, on behalf of all Integrated Care Boards in the South West, a provider for Supervised Toothbrushing. The contract award was made to At Home Dental. Mobilisation in Gloucestershire is scheduled to begin in December with the service live from mid January 2024. The aim of the scheme is to enable children in early years education settings to brush their teeth with fluoride toothpaste each day they attend under supervision from staff. This will be achieved by At Home Dental training the staff in each school or nursery and a named member of staff becoming the Oral Health Champion in each setting. The staff will then supervise the children brushing their teeth during the nursery or school day. This new programme is aimed at schools, nurseries attached to schools and special schools for children aged 3-5 years old in the more deprived six IMD deciles. We anticipate this will equate to approximately 172 primary schools across the county of Gloucestershire and 4,070 children in total. Schools in Core20plus5 areas will be prioritised as part of the roll out programme. The ICB works closely with our Public Health colleagues at Gloucestershire County Council, who hold the statutory responsibility for Oral Health Improvement, and is currently liaising with At Home Dental to support the implementation of the programme.

3.3.2 First Dental steps

First Dental Steps is a new offer in Gloucestershire which forms part of each baby's health and development review at 9 to 12 months of age, undertaken by the health visiting team. Language and learning, safety, diet and behaviour are included as part of the review, together with oral health advice and the provision of a dental pack. These packs are currently being distributed to health

visiting teams. The programme also includes a pathway for referral to the Community Dental Service for some specific groups of children (namely for Children in Care, those with a Child Protection Plan, those with Special Educational Needs or for children where an older child in family has had an extraction under General Anaesthetic).

4. Financial information

Additional expenditure for schemes is outlined below. Funding is from dental underspend.

SCHEME	START	23/24	24/25	25/26
ACCESS				
Out of Hours Urgent Care Appointments – 8.5 clinics per week (3 year contract)	Dec' 23	£76,842	£184,800	£184,800
Weekday Urgent Care Appointments -2 clinics per week (Non recurrent)	Dec' 23- March '24	£20,592		
Stabilisation- 25 clinics per week (3 year contract)	Dec' 23	£100,100	£236,600	£236,600
ORAL HEALTH IMPROVEMENT				
Supervised toothbrushing programme (2 years)	Jan'23	£46,380	£133,520	£100,140
	Jan 23	£13,500		
Total annual		£257,414	£554,920	£521,540

5. Recommendation

5.1 PCDC members are asked to note this paper.



Agenda Item 9

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 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	<p>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.</p> <p>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.</p>			
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	<ul style="list-style-type: none"> 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



Generated Date	30 Nov 2023 11:53
Risk Criteria	
Project	Risks
Risk Register (Sensitivity Allocation)	Primary Care and Place

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	Detail	Assignee	Actions Last Update Text	Current Target	Status	Target Priority	Type of Update	Update Date	Summary Description
1122	Owner: Helen Goodey Assignee: Jo White	Primary Care and Direct Commissioning	There is a general risk that the ICEP requirements of providing Primary Medical Services for practices that are being resilience challenges cannot be met	Mostly due to partnership changes or impending partnership changes. Concern in general workforce resilience and retention is increasing. GP Locum shift 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 (3-4/15)	An ongoing action for the ICEP to support practices and provide resilience funding as appropriate. Monthly review of Gloucestershire workforce data Susceptibility updated to PCDD and PCSDC. Extraordinary meetings called as required Monthly review for practices for whom we have resilience concerns.	Extreme (3-4/15)	PCN Additional Reimbursable Rates (ARR) workforce planning 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. All report to be built which will provide a monthly PC dashboard focused on workforce numbers.	Helen Edwards Kate Usher	Still awaiting clarification for funding for 2024/25 from NRISE. ARR underpinned process was run in parallel to PCN Workforce submissions - to enable PCNs to maximise recruitment. PCNs who have bid for underpinned have been informed of outcomes - all PCNs that bid have now received Action ongoing - Update for the last two months New to Partnership Fellowship Programme Launched, with GPs interested in partnership already signing up ARR Rates Packs provided to all PCNs, covering useful ARR information Further Admin and Reception Staff Training courses 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 GPC on the Want Your Programme to support provision 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 Jan 2024	In Progress	Medium (3-2/4)	Monthly Review	24 Nov 2023	Risk reviewed by Primary Care Team in November. Updates to the actions have been provided. Risk remains at a current score of 3x3=15 (H/L)
													In Progress				



NHS
Gloucestershire
Agenda Item 10

PCN, General Practice and POD Highlight Report

November 2023



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Part of the One Gloucestershire Integrated Care System (ICS)

PCN, General Practice and POD

1 of 5

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	24 November 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

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

- To date we have received 65 returns (out of 66) 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

- Due to the ICB being unable to reject or change approved claims on the portal, a manual amendment form has been developed by the PCN Team and shared with PCNs so they can submit this form if there are any amendments to previous claim months. Claim amendments will be made locally, which will mean the ledger and ARRS portal will be different.

PCN Capacity and Access Improvement Plans (CAIP)

- PCNs are continuing to implement their CAIP which forms part of the Recovering Access to Primary Care programme.
- The ICB are continuing to support PCNs with signing up to NHSE GP Improvement Programme PCN support offers available.

Digital Neighbourhood Vanguard Programme

- An event took place on Friday for all selected Digital Neighbourhood Vanguard sites across the South West, which for Gloucestershire is North and South Gloucester (NSG) PCN.
- The project is still in embryonic stages and structure has yet to be agreed.

Health Checks

- Plans to share progress with Practices & PCNs on Learning Disability (LD) Annual Health Checks (AHC) & Severe Mental Illness (SMI) Physical Health Checks are in place; historically, most health checks are completed in Q4.
- As of 1st October 2023, 25.2% of LD AHC aged 14 years+ have been completed (national target is 75%) and 19.0% of SMI HC have been completed (national target is 60%)

PCN Quality Improvement Funding

- All PCNs have submitted their PCN QI funding proposals and MOUs have been put in place for projects which have been approved.
- The PCN Development Team are organising informal meetings with PCNs to have further conversations about their QI projects (dates are currently being finalised). This will initially be done in themes (Frailty, Mental Health and Chronic Disease) and will include relevant ICB commissioning leads for Clinical Programme Groups (CPGs) as well as BI colleagues to support these conversations.
- 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 2nd October 2023.

2022/23

- 3 PCNs have raised disputes with their IIF data and have shared evidence. This has been reviewed and payment calculated using the CQRS ready reckoner. In line with national guidance payments have been made to PCNs who were able to evidence that they met the payment thresholds.

PCN DES Assurance

- All PCNs returned the assurance checklist to ensure they all have the correct governance and funding arrangements in place.
- The PCN Team are in the process of developing an assurance and PPV plan for PCN funding, such as Enhanced Access that has been operation for 1 year and ARRS. This will be staggered over the next 6 months.

PCN, General Practice and POD

2 of 5

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	24 November 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/PCNs to support the increase in demand.
- The digital team and primary care team are continuing to support with the phase 1 telephony and are now implementing phase 2.
- The Primary Care Team are supporting practices to engage with the NHSE GP Improvement Programme offers, with currently 3 Practices signed up to intensive offer and 2 to the intermediate. We are working to maximise Gloucestershire's uptake of these support offers.
- The ICB are required to take the Delivery Plan to ICB public board in November and a Board paper has been submitted.
- System Development Funding for 23/24 use is being discussed to maximise opportunity.

Enhanced Services

- All locally commissioned Enhanced Services are being reviewed for 24/25 by the Primary Care Team, Commissioning and Clinical Leads, and the Enhanced Service Review Group.
- The AQP Vasectomy contract ends 30th June 2024 so a review is currently taking place of the specification and a procurement process will take place in the New Year.

Digital

- The digital team have been working to support practices with the switch on of the prospective record access to all patients. The SW ICB's are working together on an approach for those practices that are yet to fully implement the guidance.
- 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 (September data)

Ramada	67 people	Royal Well and St Georges (Equal split)
Orchard	74 people	Rosebank
Ibis	183 people	Aspen (2/3 patients) and GHAC (1/3 patients)
Prince of Wales (Berkeley)	42 people	Acorn, Walnut, Cam & Uley, Culverhay and Chipping Surgery (Equal split)
Regency Halls, Cheltenham	73 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:

- The Autumn Winter 23 Booster phase of the Covid-19 Vaccination programme has been delivering at pace across Gloucestershire.
- There are approximately 264k people eligible for the vaccine during this phase in Gloucestershire – and whilst expectations are that Uptake may be lower than in previous phases (vaccine fatigue, reduced awareness of circulation rates, lack of National new coverage etc) - we are still targeting an uptake rate of >70% implying the need to deliver around 185,000 vaccines during this phase.
- First priority as ever has been our Care Home Residents and the staff who work in Care Homes. Of the 204 Care Homes registered in Glos. over 140 have already been completed and we are on course to have visited >90% of home and vaccinated over 95% of our Care Home Residents by the end of October. PCNs are reminded that they must have completed the Live Survey by midnight on 29th October for the practice to be eligible for the Care Home supplement.
- The delivery model in use in Gloucestershire – Local Vaccination Sites led by PCNs and Community Pharmacies supported by the Hospital Trusts is the most comprehensive we have ever had for a Covid-19 vaccination phase – last week over 70 separate locations were delivering vaccinations in the county.
- Uptake progress as at 23rd of October shows around 50% of our eligible population have already had Covid boosters (132k doses given).
- Focus for coming weeks is in ensuring that uptake rates across the county equitable and Pop Up clinics in support of the areas with highest deprivation and lowest uptake rates are planned and delivered.

PCN, General Practice and POD

3 of 5

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	24 November 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

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

- CCH 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 includes review of recommendations received from Pharmacy, Optometry and Dental Hub operational groups for onward ICB decision and drive the joint transition plan delegation.
- BDO are progressing the audit of Dental as part of POD in the Primary Care Team, specifically focussing on the transition of POD (dental) Services from April 2023. This will provide a gauge of success thus far and provide pointers for concern and/or improvement.
- Individual POD Service focussed meetings with appropriate NHSE/Collaborative Commissioning Hub personnel continue on a regular basis. These meetings continue to allow appropriate ICB/CCH to 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.
- The Transition Plan – CCH will report in December 2023 on the outcomes and success of the Transition with the expected recommendation that this process be closed. The ICB will check this proposal to ensure that wherever possible and/or practical all of the outcomes of the Transition Plan have been achieved meaning the ICB can sign-off the ICB proposal. However this is out of line with the Board’s request that the transition meeting continues for 12 months.

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 regional Dental event in Taunton on 16th November 2023 was an important opportunity to meet with other ICB colleagues and understand what work is happening around dental transformation in the South West. The ICB presented the work that has been going on to date in Gloucestershire.
- On the 22nd November 2023, the county’s first ICB and Local Dental committee (LDC) engagement event was held. Just over 20 dentists attended and engaged with the ICB team and regional PHE, workforce and clinical colleagues to discuss local solutions for improving NHS access and recruitment and retention of the dental workforce, these ideas and outcomes will be taken forward with the Dental strategy group.

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 including CPCS and pharmacy capacity and further updates will be provided as this group evolves.

Ophthalmic Services is establishing

- The Primary Care Team will continue to meet with the CPG Lead to 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 5

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	24 November 2023
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues. The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31 March 2024.	N/A

Programme Area/ Workstream (as per delivery plan)	Workforce and ARRS
<p>GP Recruitment and Retention Funding</p> <ul style="list-style-type: none"> GP Partnership support offer developed and a draft of intended comms sent to the Primary Care Strategy Group for review. Plan to advertise for expressions of interest for a partnership fellowship and partnership support offer, for prospective, new and current GP Partners. 'Time for you' group sessions and 1:1 support offered for GPs requiring confidential career support and mentoring. Additional Health and Wellbeing support being explored through GP Appraisals, linking in with Devon who have completed a pilot. 6 additional GP retainer applications approved 23/24 – supporting retention of GPs. Monthly Business Intelligence (BI) dashboard in place tracking GP numbers, with further interpretation and review by the workforce team and training hub. Further work to be done on this, noting requirements as set out in the Long-term workforce plan. 	<p>Additional Roles Reimbursement Scheme (ARRS)</p> <ul style="list-style-type: none"> Recruitment support packs sent to all PCN's to support ARRS recruitment before end March 2024, Positive feedback on pack received from a number of 2 PCN's to date. 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 be offered a further opportunity to discuss their recruitment and how they can accelerate their plans. Training hub have offered to fund 2-day Healthcare Academy Personalised Care training, to support role recruitment. Recruitment v PCN's plans is being tracked monthly, to monitor where additional support required. GPA accredited training programme re-launched with comms issued out for expressions of interest. <p>Care Navigation Training</p> <ul style="list-style-type: none"> Further practices now engaged with our local MiDoS Care Navigation offer, post issue of targeted communications to encourage sign-up. Continuing to promote NHSEs Care Navigation training offer (overview of what Care Navigation is rather than individual practice implementation). <p>Non-clinical roles – supporting retention and workforce development</p> <ul style="list-style-type: none"> 10 practices in Gloucestershire have registered for Gloucestershire Skills and Development Hub 50:50 offer to support those aged over 50 back into the workplace – Initial matches taking place between Employment and skills hub customers looking for work experience and practices. Collaborating with careers team on promotion of Primary Care roles to school age children, including school leaver age. Potential programme of work with Princes Trust being explored. Increased number of staff interested in Apprenticeship roles since completion of 3 x Apprenticeship webinars (clinical and business administration/project management). Further Conflict resolution/customer service skills training provided to our Administrative staff with positive feedback received. Additional 'New to practice' Induction sessions being provided by the training hub. <p>Primary Care Flexible Staffing Pool</p> <ul style="list-style-type: none"> 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. Over 100 GPs now registered to work in Gloucestershire's flexible pool, with the county now having one of the largest flexible pools in the South West. Our Admin/receptionist flexible pool will build on this success and is expected to go-live Nov 2023.
<p>Primary Care Nursing Workforce Development</p> <ul style="list-style-type: none"> 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- University West England accredited Level 6/7 course 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 3 legacy mentors in post. Future Proofing your Nursing workforce event – December 6th. An event for GP's CD's Lead Nurses and Student Nurse to attend to find out what support is available when employing Newly Qualified Nurses. Point of Care Testing (POCT) pilot for HBA1c testing to start on Nurse on Tour-Nurses now available to test for diabetes and pre diabetes. Outreach work with Circulatory and Diabetic Clinical Programme with Student Nurses – first outreach work completed HCA Study day planned for February – task and finish group set up following training analysis. Working towards fundamentals for Primary Care Nursing for Newly Qualified Nurses to support Practices 	
<p>Personalised Care</p> <ul style="list-style-type: none"> Survey issued to Social prescribers undertaking reflective supervision to understand more about their experience of the supervision and benefits provided to their role – findings being collated. Procurement exercise undertaken to provide Health Coaching Supervision to PCN Health and Wellbeing Coaches with coaching- launching early 2024 	

PCN, General Practice and POD

5 of 5

Programme SRO	Helen Goodey	Clinical & Care Lead	Dr Andy Seymour	Programme RAG	AMBER	Date of Report	24 November 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) **Primary Care Strategy 2024-29**

The current Primary Care Strategy is due to expire in 2024, therefore a monthly Primary Care Strategy Group has been established to produce a new Primary Care Strategy for the next 5 years (2024-29). This will cover all four elements of Primary Care i.e. including the newly delegated pharmacy, optometry and dental commissioning responsibilities for Gloucestershire ICB from April 2023.

The Primary Care Strategy Group is chaired by Dr Olesya Atkinson (ICB Board member and PCN Clinical Director), with representation from Practices, PCNs, LMC, ILPs, Community Pharmacy, Optometry, Dental, Workforce, Estates, BI, Digital, Finance, Quality, Communications, Engagement, and a Patient Representative.

Community Pharmacy, Optometry and Dental each have their own separate working groups as well, which sit alongside the Primary Care Strategy Group:

- Dental Strategy Group
- Pharmacy Strategy Group
- Eye Health CPG

The Primary Care Strategy Group have agreed the following new draft themes for the Strategy:

Core Overarching Themes for the Whole of Primary Care:

- **Primary Care Sustainability** - Increasing sustainability within Primary Care now and moving towards a safe sustainable model for the future.
- **Access** - Develop appropriate access models for all of Primary Care, to meet the specific needs of the population.
- **Prevention & Proactive Care** – Action taken to keep people healthy & well for longer (and as long as possible). With an aim to reduce the continual increasing demand on services - with an aging, deteriorating population, with increasing long term conditions & complex needs.
- **Health Inequalities** - Addressing & reducing the health inequalities gap in identified cohorts/areas
- **Improving Quality** – Improving the overall quality of care provision in Primary Care (for the public and primary care workforce).
- **Integrated Neighbourhood Teams** – work better together, to provide high quality primary care services in an effective joined up way.

Cross Cutting/ Enabling Themes:

- **Workforce & Integration** (including leadership & culture)
- **Financial Resilience & Resources**
- **Data/BI**
- **Digital**
- **Estates**
- **Partnerships**

These core themes have been progressed through a series of ‘theme conversations’, made up of Primary Care Strategy Group members, to discuss and develop 5 year ambitions for each area, to inform a draft version of the Strategy for engagement.

A Communications and Engagement Plan, alongside a timetable of keys dates, is in place. As part of this; a Primary Care Strategy Reference Group made up of a number of PPG leads from across the county has been established to provide patient engagement and feedback on the development of the strategy, with two meetings held to date. A countywide PPG Network Event was also held in November to discuss draft strategy core themes, to gather views and feedback on the strengths and challenges seen by primary care and priorities for the next five years, another event will be held in January to discuss cross cutting themes.

The monthly Primary Care Strategy Group also has an operational and strategic split to the agenda, so that it can act as a forum for the voice of primary care in Gloucestershire, looking at issues such as future resilience and sustainability. Therefore providing a forum to raise and discuss current urgent operational priorities, that are affecting primary care, enabling these to be aligned to the Primary Care Strategy themes.

Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 2023




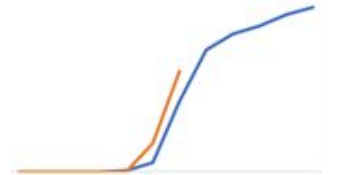







Report Title	Performance Report			
	<ul style="list-style-type: none"> • PCN • General Practice • Pharmacy, Optometry and Dental 			
Purpose (X)	For Information		For Discussion	For Decision
	X			
Route to this meeting				
	ICB Internal	Date	System Partner	Date
Executive Summary	<p>The report aims to give an overview of the performance within Primary Care & PCNs including</p> <ul style="list-style-type: none"> • Investment & Impact Funding (IIF) • Capacity and Access Improvement Plans (CAIP) • PCN Specifications • PCN Additional Roles Reimbursement (ARR) Scheme. • Severe Mental Illness Physical Health Checks • Learning Disability Annual Health Checks • General Practice Appointment Data • Selected POD Performance Data. 			
Key Issues to note	<p>We have not identified any key issues; however, we are regularly reviewing and monitoring performance and offering support to practices and PCNs where appropriate.</p>			
Key Risks: Original Risk (CxL) Residual Risk (CxL)				
Management of Conflicts of Interest	<p>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.</p>			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	<p>None – data information sharing. IIF (including Capacity and Access Improvement Plan) has financial incentives for PCNs.</p>			















Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.		
Impact on Health Inequalities	The primary care performance data can help identify areas that may require additional support.		
Impact on Equality and Diversity	N/A – paper is on primary care performance data.		
Impact on Sustainable Development	N/A – paper is on primary care performance data.		
Patient and Public Involvement	N/A – paper is on primary care performance data.		
Recommendation	The Committee is requested to: <ul style="list-style-type: none"> • Note the information provided. 		
Author	Jo White	Role Title	Deputy Director, Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

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





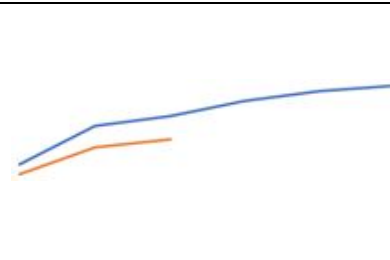

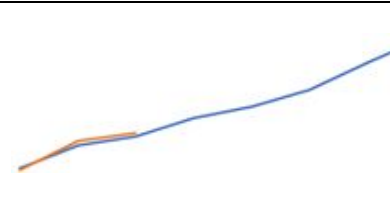





Primary Care Operational Group or Primary

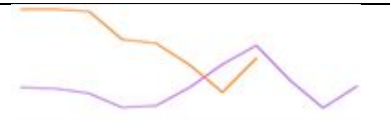

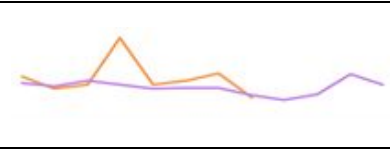

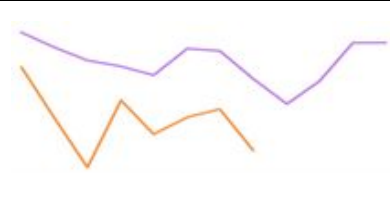

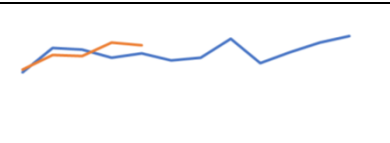

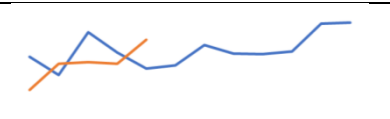

Primary Care & PCN Performance Report

	Indicator	Previous Month	Latest Month	Yearly Trend 	Progression	Comments
Investment and Impact Fund (IIF)	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	10.00% (Sept 23)	58.90% (Oct 23)		 48.90%	Flu vaccinations start end of September
	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	14.90% (Sept 23)	52.10% (Oct 23)		 37.20%	Childrens Flu vaccinations start end of September
	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	23.60% (Sept 23)	27.40% (Oct 23)		 3.80%	In 2022/23 this indicator was split in two HI-01 and HI-02 – 2023/24 sees the indicators merged together.
	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	78.00% (Sept 23)	78.90% (Oct 23)		 0.90%	Gloucestershire is performing higher in Oct 23 than at the same point in 22/23.
	ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less (1st April - 30th Sept 2023) (Data source: GPAD).	80% (Aug 23)	77% (Sept 23)		 2.9%	ACC-08 was a deferred IIF indicator in 22/23. The indicator is cumulative

							
Capacity and Access Improvement Plans (CAIP)	GP Patient Survey – Results from 2020 – 2023						
	Q1: Generally, how easy is it to get through to someone at your GP practice on the phone?	Gloucestershire 79% (2020) National 65% (2020)	Gloucestershire 63% (2023) National 50% (2023)			Despite a decrease, Gloucestershire is higher than the national average.	
	Q4: How easy is it to use your GP practice's website to look for information or access services?	Gloucestershire 80% (2020) National 76% (2020)	Gloucestershire 73% (2023) National 65% (2023)			Gloucestershire has not decreased as much as national, and remains higher than the national average.	
	Q16: Were you satisfied with the appointment (or appointments) you were offered?	Gloucestershire 86% (2021) National 82% (2021)	Gloucestershire 75% (2023) National 72% (2023)			Results only available from 2021	
	Q21: Overall, how would you describe your experience of making an appointment?	Gloucestershire 74% (2020) National 65% (2020)	Gloucestershire 63% (2023) National 54% (2023)			Gloucestershire is higher than the national average.	
	Q32: Overall, how would you describe your experience of your GP practice?	Gloucestershire 87% (2020) National 82% (2020)	Gloucestershire 80% (2023) National 71% (2023)			Gloucestershire has decreased, but not as much as national, and remains higher than national.	
PCN DES Service Specifications	Anticipatory Care: AC-02: Standardised number of emergency admissions for specified Ambulatory Care Sensitive Conditions per 1000 registered patients.					Indicator not currently monitored in 2023/24	
	CVD Prevention and Diagnosis: Percentage of patients aged 18 or over with an elevated blood pressure reading (≥140/90mmHg) and not on the QOF Hypertension Register (as of 31 March 2023), for whom there is evidence of clinically	20.2% (July 23)	26.92% (September 23)		 6.7%	This indicator is no longer part of the IIF, CVD is one of the PCN DES Service specifications.	

appropriate follow-up to confirm or exclude a diagnosis of hypertension.					
Early Cancer Diagnosis: % of suspected/recurrent cancer with safety netting in last 12 months	73.9% (Jul 23)	74.3% (Sept 23)		0.4% 	PCN DES Service Specifications are run quarterly.
Enhanced Health in Care Homes (EHCH)					
EHCH-01: recorded in care home as % of CQC beds	78.8% (Jul 23)	79.4% (Sept 23)		0.6% 	This indicator is no longer part of the IIF, EHCH is one of the PCN DES Service specifications.
EHCH-02: % 18+ care home residents with PCSP agreed/reviewed	9.2% (Jul 23)	13.3% (Sept 23)		4.1% 	This indicator is no longer part of the IIF, EHCH is one of the PCN DES Service specifications.
Medication Review and Medicines Optimisation: % of patients in any of the 7 cohorts who HAVE HAD an SMR between 1st April 23 and 31st March 24					SMR indicators are not part of IIF for 23/24, however, is one of the PCN DES Service specifications.
Personalised Care PC-01: % registered patients referred to a social prescribing service	0.47% (Jul 23)	0.71% (Sept 23)		0.24% 	This indicator is no longer part of the IIF, Personalised care and SPLW service is part of the PCN DES.
Tackling Neighbourhood Health Inequalities: SMI Prevalence (%)	0.65% (Jul 23)	0.65% (Sept 23)			Please see HI-03 and SMI Physical Health Checks indicators in this table for further Tackling Neighbourhood Health Inequalities

PCN Additional Roles Reimbursement Scheme (ARRS)	ARRS WTE increase by month	323.75 (Sept 23)	331.77 (Oct 23)		 8.02	This shows the difference between September claims and October claims.
	ARRS WTE increase by year	240.29 (Oct 22)	331.77 (Oct 23)		 91.48	This shows the difference between October 2022 claims and October 2023 claims.
Severe Mental Illness (SMI)	Physical Health Checks	22.0% (Oct 23)	26.0% (Oct 23)		 4.0%	Most SMI HC are completed in Q4. Individual communications have been sent to practices advising of current figures and offers of support.
Learning Disability (LD)	Annual Health Checks	25.2% (Sept 23)	29.5% (Oct 23)		 4.3%	Most LD AHC are completed in Q4. Individual communications have been sent to practices advising of current figures and offers of support.
General Practice Appointment Data (GPAD)						
Orange – Feb to Sep 23	Total Appointments Gloucestershire	294,707 (Sep 19)	375,067 (Sep 23)		 27.3%	Compared to a national increase of 20.7%.
	Purple Feb 19 – Jan 20	Number of GP Appointments Gloucestershire	145,195 (Sep 19)	162,632 (Sep 23)		 17,437

						to a national drop of 7.1%.
	% F2F Appointments Gloucestershire	72.8% (Sep 19)	73.1% (Sept 23)		0.3% 	Compared to a national drop of 9.8%
	% Appointments which are same day Gloucestershire	35.6% (Sep 19)	35% (Sept 23)		0.6% 	Compared to a national drop of 1.6%
	%Appointments up to 14 days Gloucestershire	76.3% (Sep 19)	72% (Sept 23)		4.3% 	Compared to a national drop of 3.4% However Gloucestershire appointments increase is much higher than the national average.
POD Performance Data	Units of Dental Activity (UDAs)	72% (Jul 23)	70% (Aug 23)		2.0% 	South west average is currently at 71%
	Units of Oral Activity (UOAs)	80% (Jul 23)	108% (Aug 23)		28% 	South west average is currently at 109%

Performance Report Appendix

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 23/24 IIF Indicators by each PCN (based on local PCN dashboard) in table below.

PCN Performance against 2023/24 IIF Indicators as at 1st November 2023 based on data from the Local PCN Dashboard –

PCN Performance against IIF Indicators																				
IIF indicators 2023/24	Maximum Points available		Lower Threshold	Upper Threshold	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	113	% Achievement	72%	90%	58.90%	51.40%	60.20%	63.80%	61.50%	45.90%	45.80%	35.80%	68.90%	81.10%	93.90%	41.70%	46.70%	75.50%	74.80%	94.30%
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	% Achievement	64%	82%	52.10%	55.60%	53.50%	64.80%	42.90%	54.50%	34.90%	45.40%	49.90%	46.70%	90.90%	66.70%	33.50%	77.80%	24.40%	98.10%
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	% Achievement	60%	80%	27.4%	15.0%	27.9%	38.5%	38.5%	19.7%	44.0%	9.7%	34.6%	16.4%	33.0%	19.1%	16.9%	20.1%	12.9%	38.5%
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	% Achievement	65%	80%	78.9%	84.8%	78.4%	74.2%	81.3%	91.1%	82.4%	77.6%	75.6%	82.6%	80.0%	74.2%	73.0%	72.3%	86.4%	71.4%
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	71	% Achievement	85%	90%	77.0%	75.2%	78.5%	83.4%	73.9%	76.9%	81.4%	84.8%	75.7%	80.2%	74.9%	69.7%	78.0%	70.8%	72.4%	79.9%

3.2. PCN Capacity and Access Improvement Plans

- 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% (easy)
	o Q4. How easy is it to use your GP practice’s website to look for information or access services?	75% (easy)
	o Q16. Were you satisfied with the appointment (or appointments) you were offered?	76% (satisfied)
	o Q21. Overall, how would you describe your experience of making an appointment?	66% (good)
	o Q32. Overall, how would you describe your experience of your GP practice?	81% (good)
	Friends and Family Test submissions	18 practices outstanding
2.Ease of access and demand management	Online consultation usage per 1,000 registered patients GPAD Data (February 2023)	2 per 1000 registered patients
3. Accuracy of recording in appointment books	<i>Current GP appointment data (see below and in appendix 1 for IIF indicator ACC-08)</i>	

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

- 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

- Based on ARRS Claims submitted by Gloucestershire PCNs, ARRS headcount has increased from 411 in September 2023 to 424 in October 2023 which is an increase of 8.02 WTE. The following PCNs have recruited additional ARRS roles in October:
 - Cheltenham Peripheral PCN recruited an additional Care Coordinators and Pharmacy Technician (total 2.8 WTE)
 - HQ PCN recruited an additional Care Coordinators and 1 Pharmacy Technician (total 0.8 WTE)
 - NSG PCN recruited an additional 3 Care Coordinators and 1 General Practice Assistant (total 2.92 WTE)

- A summary table for the number of and type of ARR staff across the 15 PCNs based on October 2023 claims is 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						1	1				3		1	1		7
Care Coordinator	11	13	4	3	15	11	9	10	4	8	6	6	5	5	1	111
Clinical Pharmacist	4	3	9	5	9	7	2	7	5	4	6	6	11	5	8	91
Dietician					1											1
Digital and Transformation Lead	1		2	1	2	1	1	1		1	2	1		6	2	21
First Contact Physiotherapist			2		3		1	2		1		2			3	14
General Practice Assistant		2		3	6			1				2		2		16
Health and Wellbeing Coach		6	1						2						2	11
Mental Health Practitioner Band 7	1		1	1	1	2	2	1	1	1	1		1		1	14
Nursing associate	1	1								1						3
Paramedic		3	4					3				7	2		2	21
Pharmacy Technician	1	5	3	1	5	1	3	3	2	1	4	4	5	3	3	44
Physician Associate	2	1		2	1					1					1	8
Social Prescribing Link Worker	4	1	6	5	3	2	4	7	1	4	4		2	4	4	51
Trainee nursing associate		1	1		2			1		1		2		1	1	10
Total	25	36	33	21	48	25	23	36	15	23	26	31	27	27	28	424

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						1	0.88				3		0.64	0.4		5.92
Care Coordinator	8.24	9.559	4	2.6	11.532	7.521	5.146	7.574	3.44	6.839	4.106	4.908	3.347	3.3	0.64	82.75
Clinical Pharmacist	3.6	2.273	7.174	4.6	8.107	5.253	1.427	6.34	3.787	2.39	4.173	4.38	8.947	4.573	6.273	73.30
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	0.8	1	0.613	0.98	0.287	0.8	0	1	1	0.32	0	1	1	9.27
First Contact Physiotherapist	0	0	1.47	0	3	0	0.747	2	0	1	0	1.12	0	0	2.48	11.82
General Practice Assistant	0	1.926	0	2.066	3.512	0	0	0.693	0	0	0	1.24	0	1.693	0	11.13
Health and Wellbeing Coach	0	3	1			0	0	0	2	0	0	0	0	0	1.907	7.91
Mental Health Practitioner Band 7	1	0	1	1	1	1.706	1.6	1	1	0.747	1	0	1	0	1	13.05
Nursing associate	0.747	1	0	0	0	0	0	0	0	1	0		0	0	0	2.75
Paramedic	0	2.4	3.853	0	0	0	0	1	0	0	0	6.013	1.5	0	1.5	16.27
Pharmacy Technician	1	4.453	2.8	1	4.653	1	2.387	3	1.8	1	3.4	3.2	4.173	2.627	2.08	38.57
Physician Associate	2	0.213	0	2	1	0	0	0	0	1	0	0	0	0	1	7.21
Social Prescribing Link Worker	3.28	0.987	5.654	5	2.587	1.747	2.86	4.84	1	2.88	2.741	0	1.387	2.76	3.4	41.12
Trainee nursing associate		1	1	0	1.6	0	0	0.8	0	0.8	0	1.707	0	0.8	1	8.71
Total	20.33	26.81	28.75	19.27	38.60	19.21	15.33	28.05	13.03	18.66	19.42	23.89	20.99	17.15	22.28	331.77

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. The ICB average for SMI physical health checks was 19.03% (as at 25 Sept 23) which is an improvement on the same time point for the previous year (17.98% as at 4 Oct 22).

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.

The ICB average for LD AHC with a Health Action Plan and Ethnicity recorded was 27.42% (as at 25 Sept 23) which is an improvement on the same time point for the previous year (20.78% as at 4 Oct 22).

6. General Practice Appointment Data

6.1 GP Appointment Highlights

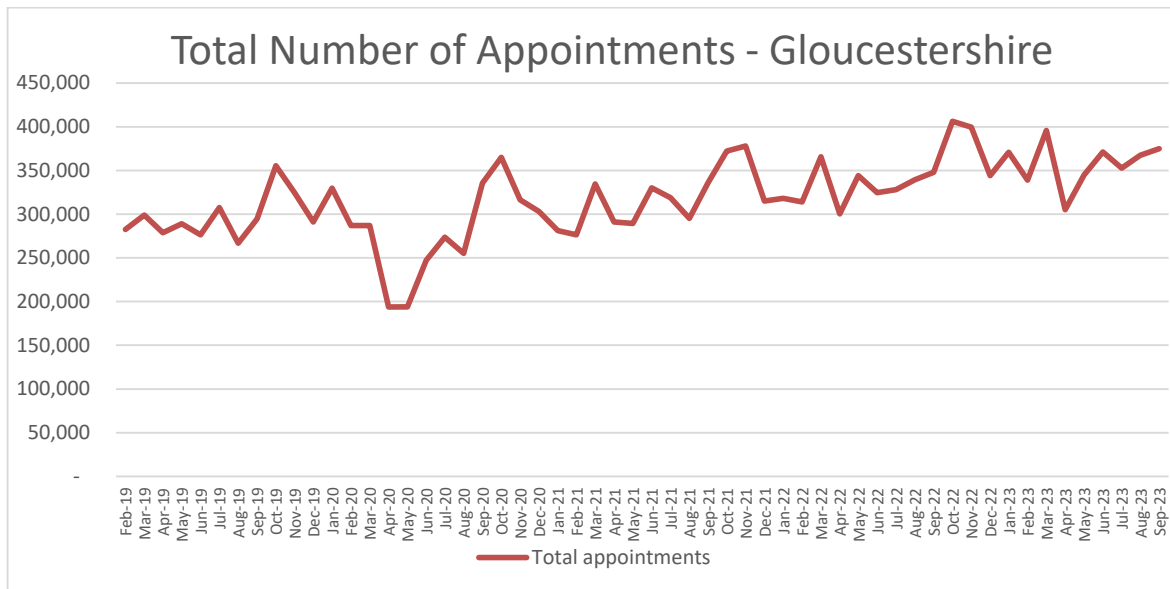
Please note there are known issues nationally with the GP Appointment Data that is extracted from Practice Clinical Systems. The Primary Care and Digital Teams are working with practices where data does not look consistent to ensure that individual appointment types are mapped correctly to a set of nationally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

Over 352,646 appointments are delivered on average each month (past 6 months) by GP practices across Gloucestershire, an increase of 24.32% on pre-COVID pandemic levels in 2019. In September 2023, Gloucestershire practices provided 30.7% more same-day appointments than in September 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

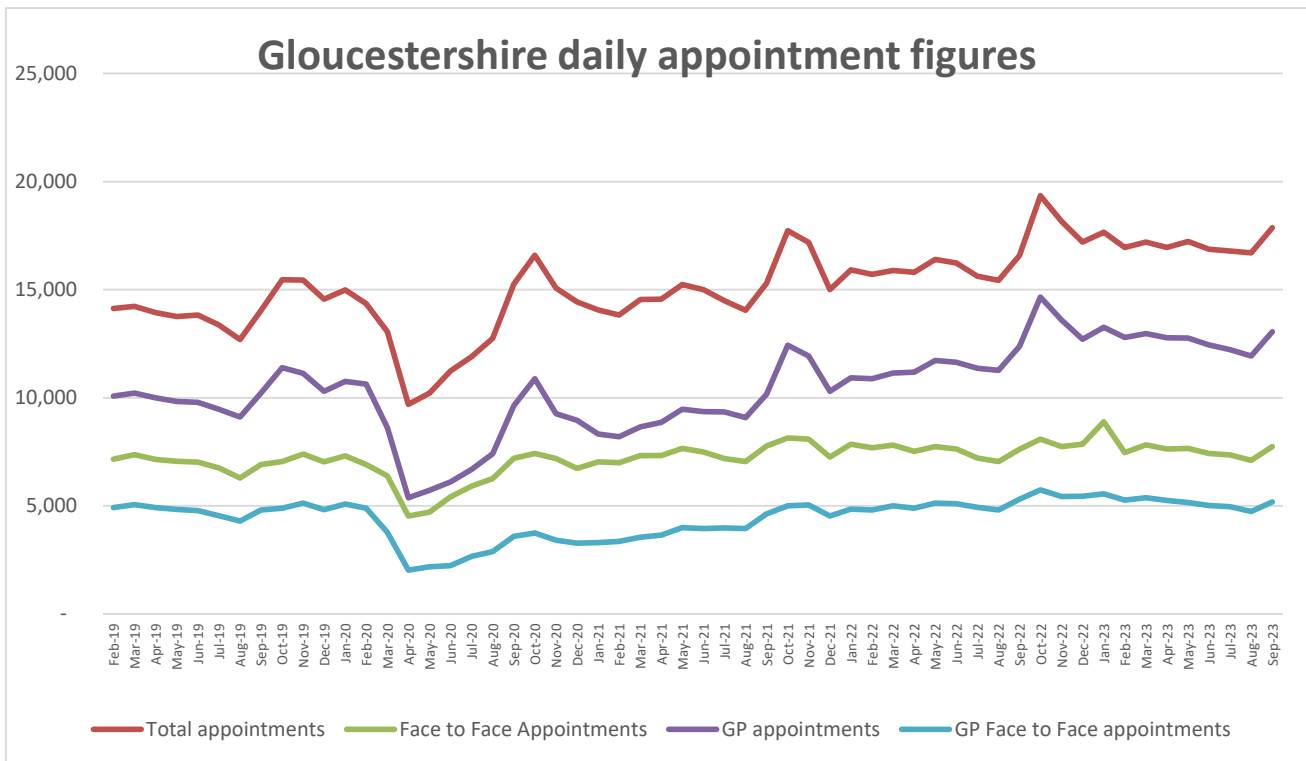
For the month of September 2023, data from NHS Digital shows the number of appointments in Gloucestershire was 375,067, this is a slight increase in the number of appointments provided from the previous month and equates to a 27% increase on September 2019.



Appointment data for Gloucestershire in July shows:

- 43% of all appointments were with a GP.
- 37% 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

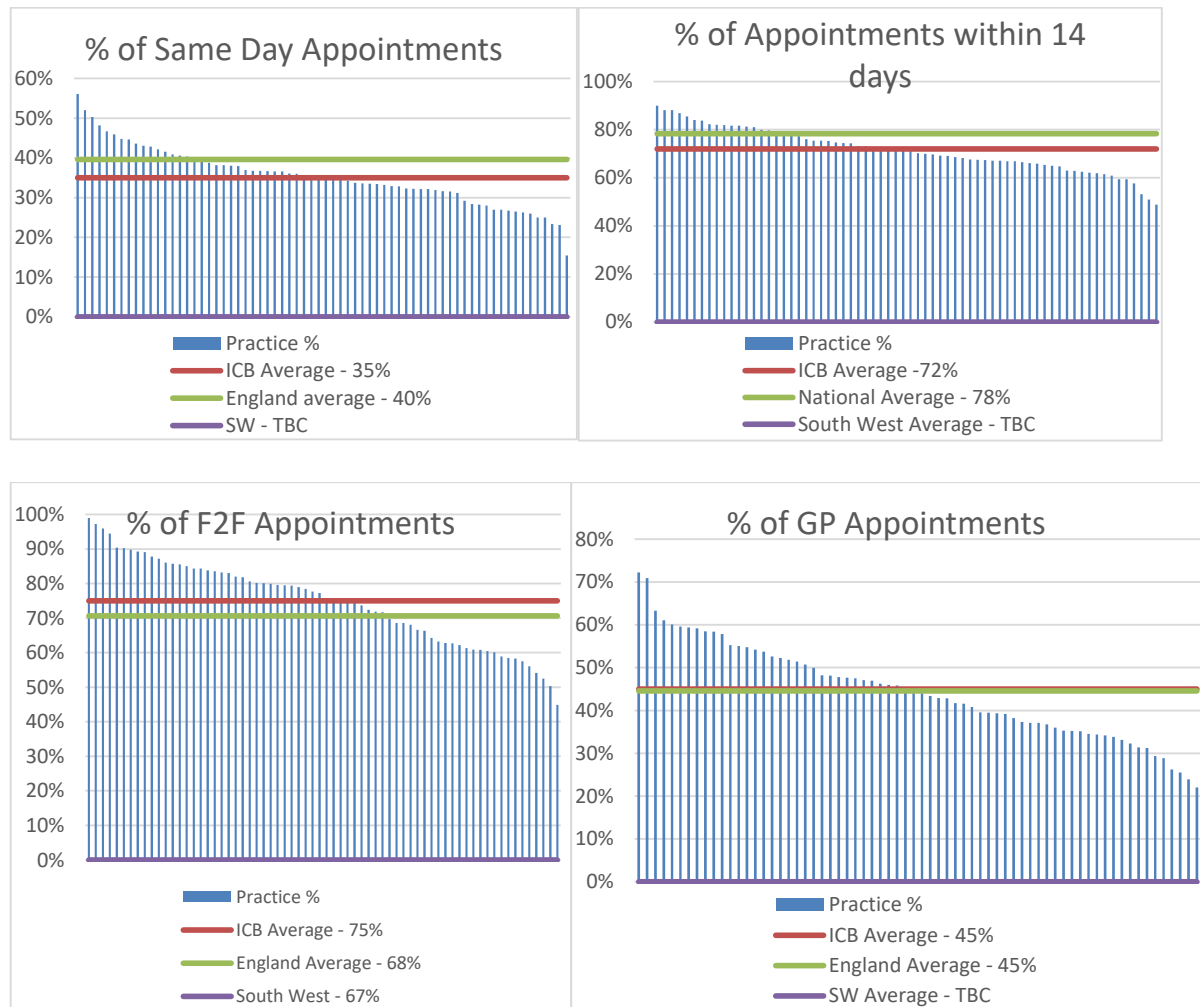
The graphs below show at practice level for September 2023:

- 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 375,067 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	274,198
Telephone	75,673
Unknown	16,619
*Video/Online	6,068
Home Visit	2,509

* 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 September 2023.

National Appointment Category	No of Appts	% of Total Appts
General Consultation Routine	103,020	27.47%
General Consultation Acute	65,967	17.59%
Planned Clinics	59,204	15.78%
Planned Clinical Procedure	47,056	12.55%
Clinical Triage	37,156	9.91%
Inconsistent Mapping	28,531	7.61%
Unmapped	12,775	3.41%
Unplanned Clinical Activity	6,803	1.81%
Patient Contact During Care Home Round	3,470	0.93%
Social Prescribing Service	2,319	0.62%
Care Related Encounter but does not fit into any other category	2,082	0.56%
Home Visit	2,036	0.54%
Structured Medication Review	1,721	0.46%
Service Provided By Organisation External to The Practice	712	0.19%
Walk In	389	0.10%
Care Home Needs Assessment & Personalised Care And Support Planning	264	0.07%
Non-contractual chargeable work	130	0.03%
Group Consultation And Group Education	90	0.02%
Care Home Visit	1,333	0.36%

* 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	August	September	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	27,761,361	28,194,025	31,091,178	
Total Appts - Glos	344,128	370,840	339,045	395,686	300,335	344,695	371,040	352,531	367,337	375,067	
Glos Data											
% of Same Day Appts	44	40	40	38	42	40	39	40	41	37	
% Appts within 14 Days	79	78	77	74	78	73	73	74	75	71	
% Face to Face Appts	75	76	75	75	71	74	74	73	71	73	
% GP Appts	46	46	44	45	47	44	44	44	43	45	
No of Appts per 1,000 Patient	502	585	494	496	439	504	541	513	532	548	

7. Selected POD Performance Data

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

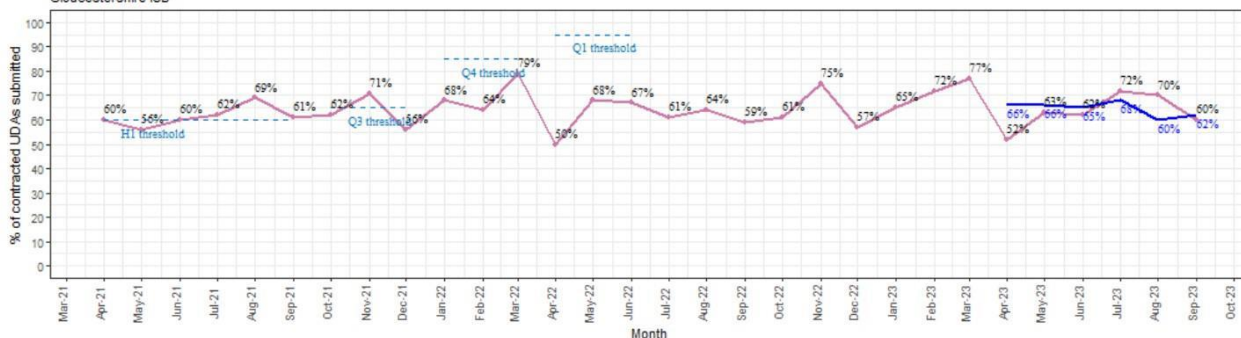
Dental

UDAs (Units of Dental Activity)

Activity performance for 21/22 and 23/24 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 59%. The value for Gloucestershire was 60%.

The value for Gloucestershire fell to 60% in September 2023 compared against 70% for August 2023, although this representative of the region as a whole.

Scheduled monthly percentage of usual annual contracted UDAs submitted across all contracts* scaled up to 12 months**
Gloucestershire ICB



*Excluding contracts with annual contracted UDA < 100. Excluding prototype contracts up until April 2022.
**These are scheduled months and April data is for the reporting period 1st April - 21st April therefore the April data has been scaled up by 18 instead of 12.

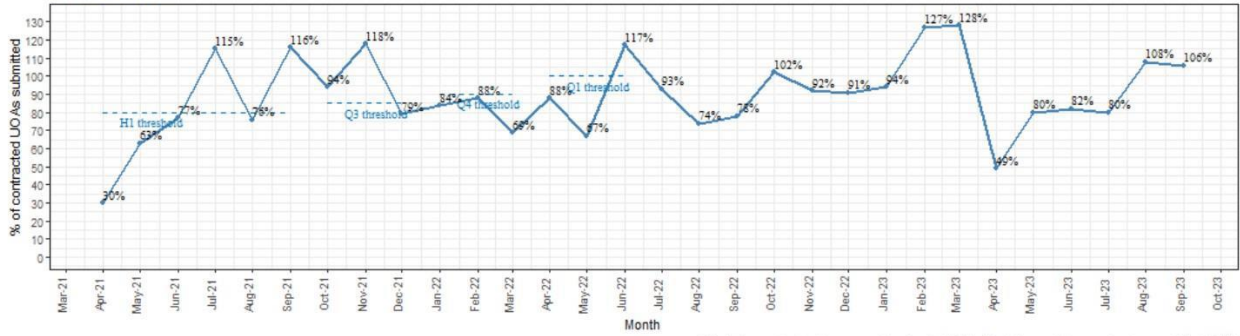
- This graph shows the average monthly performance of the 71 GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).
- The blue line in the graph shows an alternative method of calculating the denominator for contracted UDAs expected each month. Here the denominator is annual contracted UDAs * monthly working days/annual working days. The usual denominator is annual contracted UDAs/12.

Unverified NHS management information – not for sharing outside of NHS

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 92%. The value for Gloucestershire was 106%.

Scheduled monthly percentage of usual annual contracted UOAs submitted across all contracts* scaled up to 12 months**
Gloucestershire ICB



*Excluding contracts with no annual contracted UOAs. Excluding prototype contracts up until April 2022.
**These are scheduled months and April data is for the reporting period 1st April - 21st April therefore the April data has been scaled up by 18 instead of 12.

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 for April to July 2023. Devon is the highest area for dispensed items at 23% with Gloucestershire recording 12%.

NHS South West Collaborative Commissioning Hub
Number of Items Dispensed
Last Updated: October 2023 Reporting April to July 2023 -



	BNSSG	BSW	Cornwall & IOS	Devon	Dorset	Gloucestershire	Somerset	Total
Apr-23	1243609	1198845	820964	1803187	1132330	894497	709029	7802461
May-23	1317389	1281321	836247	1883968	1178128	976636	748222	8221911
Jun-23	1360441	1309173	864799	1936190	1228908	987103	752201	8438815
Jul-23	1332695	1253156	862771	1896132	1167230	963789	724963	8200736
	5254134	5042495	3384781	7519477	4706596	3822025	2934415	32663923
	16%	15%	10%	23%	14%	12%	9%	

8. Recommendations

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



Agenda Item 12 NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 2023

Report Title	Quality Report			
Purpose (X)	For Information	For Discussion	For Decision	
	X			
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	Date	System Partner	Date
	PCOG	Nov 2023	ICB	Dec 2023
Key Issues to note	ICB Quality updates			
Key Risks:	N/A			
Original Risk (CxL) Residual Risk (CxL)				
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.			
Resource Impact (X)	Financial	Information Management & Technology		
	Human Resource	Buildings		
Financial Impact				
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.			
Impact on Health Inequalities	N/A – for information only			
Impact on Equality and Diversity	N/A – for information only			
Impact on Sustainable Development	N/A – for information only			
Patient and Public Involvement	N/A – for information only			
Recommendation	The Committee is requested to: review for information and update.			
Author	J Zatman-Symonds	Role Title	Deputy CNO	
Sponsoring Director (if not author)	Marion Andrews-Evans			

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

Agenda Item 12

NHS Gloucestershire Primary Care & Direct Commissioning Committee

Thursday 7th December 2023

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
 - System Clinical Effectiveness Group
 - Prescribing and Medicines Optimisation updates
 - Vaccination and Immunisations
 - Patient Safety
 - Primary Care education and workforce updates
 - POD delegation
 - Provider updates
 - Update on Serious Incidents.
 - Migrant Health update

2.0 Safeguarding

- From 1st November the ICB safeguarding team has been joined by a new member of staff. Liz Emmerson will be the designated nurse for safeguarding children and will work closely with the Named GP for safeguarding in supporting primary care.
- The Named GP and safeguarding Nurse Specialist continue to run update forums for GPs, practice staff which includes locums. These are held virtually and are always well attended. The forums usually consider recent safeguarding case reviews and what lessons can be learnt by primary care, as well as general updates on safeguarding practice and policy developments. Its an opportunity for primary care staff to ask questions from the experts. Once the revised 'Working Together 2018' guidance is published early next year, there will be a specific session so that primary care are fully conversant with the new guidance.
- In addition to these events the safeguarding team have supported several practices with individual safeguarding issues. It is pleasing to see the involvement of primary care in case reviews as they often provide a unique insight into an individual and their family circumstances.
- Practice Annual Safeguarding Assurance - As part of this year's Local Enhanced Service agreement with GP practices, there is a requirement to undertake a safeguarding audit of the practice's policies and procedures. This audit satisfies the NHSE requirements that the ICB is assured of the safeguarding arrangements in the practices. It would also provide a similar assurance to the practice

which they can demonstrate to CQC when they are inspected. Regrettably the Local Medical Committee have expressed concerns about the time commitment to undertake this audit and are currently not supportive of using the proposed documentation. The Named GP and Designated Doctor for child safeguarding are working with the LMC to understand their concerns and consider how the audit can be undertaken.

- Safeguarding Annual Report. - The Gloucestershire_Children’s Safeguarding Partnership has published its annual report available via this link:
- [Gloucestershire Safeguarding Children Partnership Yearly Report](#)
- The ICB annual Safeguarding report has also been received by the ICB Quality Committee at its meeting in October and is attached to this report for information. Appendix 1.

3.0 Patient Experience & Engagement

Complaints and Patient Advice and Liaison Service (PALS)

- PALS is a confidential service that provides information advice and support for patients, families, and carers. PALS seek to promote the importance of listening to patient enquiries and concerns. To support this, the PALS team work closely with staff who have direct contact with patients, their families and carers, providing help and information regarding enquiries or concerns raised by those receiving care or treatment.

PALS activity Q2 2023/24

- The second quarter of 2023/24 saw a significant increase in PALS activity.

• Quarter	• Total
• Q4 2022/23	• 239
• Q1 2023/24	• 248
• Q2 2023/24	• 321 (47 currently unlogged: total = 368)

PALS feedback theme Q2 2023/24: NHS Dental Provision in Gloucestershire

- NHS Gloucestershire became responsible for commissioning (purchasing) local dentistry services in April 2023 when NHS England delegated this responsibility (applies also to community pharmacy and optometry a.k.a. POD).
- Complaints relating to NHS Dentistry are investigated by colleagues in the Commissioning Hub and processed by our PALS Team (9 in Q2). However, enquiries into the PALS team have significantly increased, with concerns which are NHS Dentistry related remain high on our radar (32 + 8 unlogged in Q2). The PALS team meet monthly with the Primary Care and Place Team to agree the most up-to-date information to share with enquirers and to use on the NHS Gloucestershire website. Below is the current message and the link to the website:
- *Demand for Dental care outweighs the available appointments being currently provided. The Primary Care team are actively working with dentists in Gloucestershire in securing additional appointments for patients with urgent needs with review to long term planning.*
<https://www.nhsglos.nhs.uk/news/nhs-dentistry-briefing/>
- The contact for all POD enquiries is PALS on Freephone 0800 0151 548 or email glicb.pals@nhs.net

4.0 Engagement: Working with People and Communities

NHS Gloucestershire ICB Annual Engagement Assessment for 2022/23

- ICBs have a statutory duty to make arrangements to involve the public as set out in section 14Z45 the National Health Services Act 2006, as amended by the Health and Care Act 2022. An ICB that is meeting its legal duties on public involvement and is building effective partnerships with its communities in line with the statutory guidance should be able to demonstrate how it is delivering the 10 principles of good engagement¹ which are set out below:
- Ensure people and communities have an active role in decision-making and governance.
- Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions.
- Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working.
- Build relationships based on trust, especially with marginalised groups and those affected by inequalities.
- Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
- Provide clear and accessible public information.
- Use community-centred approaches that empower people and communities, making connections to what works already.
- Have a range of ways for people and communities to take part in health and care services
- Tackle system priorities and service reconfiguration in partnership with people and communities
- Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places.
- The commitment of NHS Gloucestershire to working in partnership with people and communities is demonstrated by the very positive key findings from the NHSE Assessment review for NHS Gloucestershire as summarised below:
- *clear evidence the ICB is delivering the 10 principles of Engagement (above). This has been brought to life with examples and highlights from the past year, such as the ICB's engagement with the Healthy Lifestyles South Asian Women's Group.*
- *commendation for the ICB on its use of different and targeted approaches towards public engagement including but not limited to the 'Get Involved in Gloucestershire' online participation platform, NHS information Bus, use of online and print engagement booklets or surveys, use of social media, and attendance at PPG Network Events, intent to capture the outcomes of some of this engagement work via a new online 'Insight Hub'.*
- *commendation for the ICB's efforts to ensure that information about its services is clear and accessible to the public through the promotion of the NHS 'Accessible Information Standard'.*
- *recognition that the ICB 'Insight manager' has been working hard to map and then reach out to underserved communities across the ICS.*
- *recognition of the proactive approach the ICB is taking towards engagement of the Health Overview and Scrutiny Committees (HOSC), including the agreement of a Memorandum of Understanding with the local HOSC.*

NHS Gloucestershire Engagement Team supporting GP practices and Patient Participation Groups (PPG)

- We work with practices and PPGs in a range of ways:
- Supporting the recruitment of new PPG members

- Supporting individual PPGs with information and advice
- Running a Gloucestershire PPG Network of PPG representatives
- Involving PPG representatives in shaping and developing strategies and services
- **Supporting the recruitment of PPG members:** So far this year we have supported three practices to recruit members to establish a PPG, and there are others in the pipeline. In each case, lots of people registered with the practices expressed their interest in getting involved given practice teams lots of choice.
- During PPG Awareness week (31 May–6 June) we made a short film with representatives from PPGs around Gloucestershire. We asked them to describe how they became involved in the PPG at their practice and share their views on some of the benefits such involvement brings. PPGs and practices are now using this film to promote recruitment. It can be viewed here: [Patient Participation Group Network | Get Involved In Gloucestershire \(glos.nhs.uk\)](https://www.glos.nhs.uk/patient-participation-group-network-get-involved-in-gloucestershire)
- **Supporting individual PPGs with information and advice:** We respond to a wide range of enquiries from practices and PPGs, offering information and advice on engaging effectively with the wider community, and sharing good practice in PPG management and activity.
- **Gloucestershire PPG Network:** The PPG Network brings together representatives from PPGs across the county. Members
 - hear about new initiatives and developments.
 - share their experiences and views with NHS teams, to shape and influence the development of strategies and services.
 - seek guidance from, or offer support to, other PPGs.
- There are six meetings a year, which are hybrid so people can attend virtually or in person. We typically have 25-30 people attending. Since April 2023, the agendas have included.
 - Community Mental Health Transformation
 - Support for Veterans
 - Living Well, Ageing Well Week
 - Cancer and Health Inequalities
 - NHS Gloucestershire ICB Values and Behaviours
 - National GP Survey results
 - Office of the Police and Crime Commissioner Domestic Abuse and Sexual Violence Consultation
 - Recruitment, selection and retention of staff
 - Involvement in the procurement panel for a digital Patient Portal at GHFT
 - Healthwatch Gloucestershire project on access to GP services
 - Friends and Family Test Quality Improvement project at GHC

Involving PPG representatives in shaping and developing strategies and services

- We regularly share involvement opportunities, surveys, and details of other engagement activities and initiatives with PPG Network members and invite them to get involved and/or to share these opportunities in their communities.
- In September 2023, a group of PPG representatives were involved as informal evaluators in the procurement panel for the digital patient portal at GHFT. We have recently recruited a group of PPG representatives to form a Primary Care Strategy Reference Group; which will provide a voice for people who use primary care, and their families and carers, to inform and influence the Primary Care Strategy Group. Since April 2023, members have also taken part in the following surveys:
 - NHS Gloucestershire: Eye health - Community Ophthalmic Link
 - GCC: Technology Enabled Care
 - GCC: Minor Adaptations
 - Healthwatch Gloucestershire: GP access
 - Healthwatch Gloucestershire: Social care assessments

- One Gloucestershire: Living well/ageing well survey.

Sharing the Power: *Get Involved* in Research in Gloucestershire

- The Sharing the Power: *Get Involved* in Research in Gloucestershire Steering Group, made up of representatives from NHS Gloucestershire ICB, Gloucestershire County Council, National Institute Health Research (NIHR) and VCSE partners: Friendship Café, Inclusion Gloucestershire and Music Works, has successfully bid for up to £100k funding to increase diversity in health research. The funding will be held by NHSG ICB, with the majority allocated to the VCSE Partners over the period of the project (October 2023 – April 2024).
- Below is the summary of One Gloucestershire's project presented at a national meeting of ICS researchers in October 2023:

Through promoting joint learning, skill-sharing and capacity building amongst research partners*, people and communities across the One Gloucestershire Integrated Care System ...

...our aim is to build upon existing involvement activities about what is important to people most impacted by health inequalities about their health and wellbeing and increase their involvement in health and care research.

Acknowledging that communities have previously had mixed experiences of involvement in research...

...our goal is to build a sustainable and evolving research network reaching all people and communities in Gloucestershire who want to be involved in health and care research.

Such a network would...

...facilitate the codesign of inclusive, creative, research informed, codesigned and delivered within local communities, to enable understanding of how health and care services can become more accessible and responsive to underserved communities across all protected characteristic groups.

- The Project has been set up in three phases:
- **Phase 1 (Oct/Nov 2023)**
- Set up the Get Involved in Research in Gloucestershire Steering group and select a Project Coordinator
- Support and participate in the evaluation and roll out of Gloucestershire Community Participatory Research (CPAR) Mental Health Project
- Undertake stocktake of current involvement amongst underserved communities
- **Phase 2 (Dec 2023/Jan 2024)**
- Enhance Get Involved in Gloucestershire (GIG: NHS Gloucestershire online participation platform) and test <https://getinvolved.glos.nhs.uk/>
- Through the GIG Get Involved in Research in Gloucestershire registration process (and other accessible sign-up processes) we will be able to monitor demographics of participants in the research network. We will particularly be looking to see whether we are reaching individuals from underserved communities.
- Coproduce Resources including training (VCSE Partners and communities) to facilitate community involvement and engagement in research.
- **Phase 3 (Feb – April 2024)**
- Coproduce Project evaluation
- Develop Strategy to influence future sustainable inclusive research.

5.0 System Clinical Effectiveness Group

- The System Clinical Effectiveness Group (SCEG) will meet on Monday 13th November. The ICB Chief Medical Officer (CMO) is consulting with the CMO's at Gloucestershire Health Care and Gloucestershire Hospital Trust to extend an invitation and encourage representation for senior medical leadership at the meeting.
- The plan is to move Clinical Effectiveness under the new CMO in order to encourage wider participation and to widen the scope of the meeting. From a governance perspective, the System Mortality Group will report into the SCEG, which will report in the Quality Committee.

6.0 Vaccination Update

- The teams are currently busy delivering Covid-19 vaccines across the county. Most of the care homes have now been completed and other sites have made good progress so far. From November the eligible children aged 5-11 will be offered vaccines and children aged 6 months-4 years will be due their second dose later in November. The high-risk vaccination clinics are also running well. Once staff clinics have finished, the outreach team will once again provide pop up clinics to those areas with poorer uptake.
- Access for All Gloucestershire have recently completed a pilot of offering the Fluenz vaccine to 2- and 3-year-old children in nursery settings to promote uptake. The pilot targeted 5 practices and vaccinated 91 children in this way. The pilot was a success, demonstrating that this is a cost-effective way to provide this vaccine also making it more convenient to working parents.
- Once most Covid-19 vaccinations have been completed the team will return the attention to increasing uptake of MMR vaccinations in 17–30-year-olds across the county.

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

- Patient Safety Incident Response Framework (PSIRF) will be replacing the Serious Incident Framework over the next few months. Providers operating NHS commissioned services under the NHS Standard Contract need to create a response plan which must be agreed by the ICB and will be ratified by the ICB Quality Committee.
- 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.
- System training has now been organised through GHC with a variety of dates.

Learn from Patient Safety Events (LFPSE)

- To support PSIRF NHSE have launched the new LFPSE system.
- 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.
- NHSE are yet to progress the BI module which will allow us to view incidents at ICB level.
- There has recently been discussion around the ICB Quality Alert system and how this will work with LFPSE; It is expected that once the NHSE reporting tool is further developed, we aim to switch off Quality Alert and focus on LFPSE.
- An information session was hosted on 1 November to help debunk PSIRF, LFPSE and Quality Alert myths. Further sessions can be stood up as needed.
- There has also been some discussion around current recording systems and the internal Quality Alert system.

8.0 Primary Care Nursing Education and Workforce Updates

- The Nurse on Tour initiative to launch the first Learning Disability Health check in collaboration with the this has been delayed but is still planned to go ahead later in the year. The Nurse on Tour team have worked with the Diabetes CPG and offered 6 spoke placements to students working in CORE20 plus 5 areas to provide health checks and healthy lifestyle advice. This provides students with the opportunity to see patients and ask about career opportunities in Primary Care.
- The Practice Nurse Conference took place on 27th September 2023. Small numbers in attendance highlighted the pressures being felt across practices to release nurses for training with many not able to join on the day due to having to cover colleagues at the last minute. Feedback from the event was positive with 100% saying that they felt valued and that the content of the day met expectation, although some felt they needed longer for some of the topics.
- The 2 new legacy mentors for Primary Care are now seeing mentees, gathering data, and feeding back to the lead legacy mentor. Early feedback is positive from both legacy mentors and mentees. The team have now filled the final legacy mentor for Primary Care
- Future Proofing your Nursing Workforce event to take place at Oxstalls campus on 6th December. This is primarily for PM's GP's and Lead Nurses to attend. We will also be welcoming students to the event. The day is not a careers event but an event for PM's and GP's to find out more about the support that is offered when employing newly qualified nurses as it is known that 31% of Primary Care Nurses in Gloucestershire are due to retire in the next 3-5 years.
- 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. The team are waiting date from Derbyshire to get this group set up.
- Primary Care Nursing Strategy due to be published with KPI's end of November/beginning of December.

9.0 POD Delegation

- The Clinical and Quality Directorate have not yet received the Q2 POD Integrated Quality Report. NHSE SW have advised that the report will be incorporated into the monthly information pack on a quarterly basis and therefore we expect data for Q2 to be available with the October pack - due to be received by the ICB in November.
- A second POD delegation workshop event was held in Taunton on the 12th of October. The Clinical and Quality Directorate attended along with primary care commissioning, pharmacy and finance colleagues and gave opportunity for networking with SW ICB and CCH colleagues. The day commenced with the presentation of 5 case study deep dives to celebrate success stories and learning followed by subgroup discussions focussing on ways of working. Discussions centred on CCH and ICB priorities, decision making, risk register, monthly activity packs and complaints processes.

10 Updates:

PPG

- The ICB continue 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, there are no outstanding actions. Despite both PPG and the ICB contacting CQC to request feedback from their recent follow up visit, no further updates have been received and offers to meet with the new CQC designated inspector for PPG have not been taken up as yet.
- PPG have now established good links with the Migrant Health team and have worked together to support OOH requests within the contingency hotels, to avoid admissions to secondary care at weekends.
- PPG have also set up links for Mental Health support with the Crisis Team, who have now been given direct access to the clinical teams to avoid delays through 111.

- PPG are running a Carers Engagement Session on the 15th November 2023 to support public and community engagement.
- Productivity remains the main focus for the Medical Clinical Lead, working on efficiencies and rota requirements.

Leg Ulcer Services

- A paper asking the Executive team for advice, guidance and resource to support the system wide transformation of complex wound management pathways was presented to the executive board by the Deputy CNO and CNO on the 31st of October 2023.
- Following discussions which included the background of current services, pathway confusion for both patients and staff, ongoing concerns raised by the LMC and the role of the provider organisations, it was agreed that the review of leg ulcer services was a priority area for the ICB and commitment was given to the provision of project management resource for 23/24 to support this work. Further discussions are required to determine which directorate team this piece of work will sit with.

Radiology reporting backlogs

- Concerns are being raised by Primary Care clinicians around the significant delays and backlog of radiology reports. The ICB planned care leads have been asked by Executives to gain a fuller understanding of the problems with radiology reporting backlogs, specifically relating to GP urgent reporting times.
- Data presented at the Diagnostic Programme Board, initial findings suggests that CT/MRI capacity is being prioritised to ED and some inpatient areas which could be at expense of GP urgent and 2ww requests. Work is planned to better understand the situation and also the actions/timescales for recovery.

Serious Incidents update Primary Care:

- Since the last report the ICB has been made aware of two Serious Incident declarations in Primary Care as follow:
 1. Incident relating to a receptionist and implications for patient safety.
 2. Incident relating to a patient death OOH following request for repeat prescription.
- Both incidents have been investigated thoroughly with the support of the ICB Deputy CNO. Immediate action has been taken as required and ongoing actions identified and will be monitored as part of the ICB Quality support.
- A larger piece of work to review and understand system wide issues and impacts of repeat prescription requests is also about to commence with the Medicines Optimisation and Clinical & Quality Teams. Learning from which will be shared at PCDC and Quality Committee in due course.

11.0 CHIP Team

- The Care Home Infection Prevention (CHIP Team) has 4 key outcomes, namely, to build a resilient IPC Team, reduce communicable infections, carry out Point of Care Testing (POCT) for influenza in winter and outbreak management.

Development of the CHIP team

- The team continue to develop individual team members. In October three team members received training in water management with a focus on preventing and managing positive water results for Legionella. A team member presented our UTI reduction project at the National Infection Prevention Society conference which was well received. One team member commenced training towards his IPC post-graduate certificate.

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 as well as an annual update. In response to requests from care homes this training is onsite and face to face. In this year we have provided IPC training to 400 staff members working in social care. The team are also facilitating the second cohort of IPC Champions training and 14 care homes are participating.
- The team are also continuing to provide monthly webinars to care homes. In October the main topic was Thinking Flu encouraging vaccination, early identification of flu, POCT for flu, use of antivirals as well as promoting safe discharges from the hospital to care homes for residents with flu.

Infection Prevention and Control Support to Social Care Providers

- Over the past year the CHIP Team has made approx. 500 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 1 care homes with a scabies outbreak.
- They are also undertaking proactive work to prevent infections. In October the project requiring the most visits was Mouth Care. The project includes 157 residents across 4 providers and work included an assessment of each resident's mouth. For this purpose, during August 2023 the team has made 22 onsite visits. The number of visits appears low however many were long due to the time required to assess the mouth of all the residents within a care home.

POCT for flu and managing outbreaks.

- From the start of November, the focus for the team has turned to winter IPC planning and prevention. They are working with providers to help prevent infection when possible but also to be prepared for outbreaks of respiratory viruses.

Migrant Health

- The Home Office has announced the closures of 2 of the county's contingency hotels. This has been scheduled for January 2024, as yet it is unclear whether service users will still be temporarily moved into these hotels prior to closure. Occupancy optimisation work in the 3 other hotels is still ongoing – the potential increase in capacity could well cover the numbers that will be moved out from the 2 closing hotels. The hotels closing are the smallest numerically in the county. Several single male service users in the closing hotels have received notice letters that they are to be moved to the Bibby Stockholm barge.
- Personalised care notes are being commenced in all hotels with the focus on the 2 closing hotels. This will help ease the transition into other areas for those service users and for the receiving Primary Care teams.
- Service users in all hotels are seeing a much-increased rate of positive decisions being made allowing them the right to remain in this country. Although this is good news in the long term, in the short term it is causing issues for District Councils and GARAS as often they are given 7 days in which to vacate the hotels. It is challenging in this time frame for district councils to allocate alternative dispersed accommodation and therefore GARAS is seeing a rise in those leaving the hotels becoming homeless. Whilst this is a temporary problem while benefits are applied for, there is concern at the rapid spike in numbers. 74 positive decisions were granted in September which was the same total for GARAS as all the months of the preceding year combined. These concerns are being escalated up to Executive level throughout the districts.
- From a health perspective GICB is trying to ensure that Migrant Help and the Home Office are aware of all those who have health concerns when dispersal decisions are being made.

The Committee is asked to note this report.

Safeguarding Annual Report 2022-23



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Part of the One Gloucestershire Integrated Care System (ICS)

CONTENTS

1. Introduction	3
2. Achievements and Challenges	3
3. Statutory Requirements	4
4. ICB Safeguarding Governance Arrangements	5
5. Safeguarding Assurance for services we commission	10
6. The Safeguarding Integration Group	11
7. Primary Care – GP	12
8. Safeguarding Training Compliance	14
9. Safeguarding Children	15
10. Safeguarding Adults	17
11. Domestic Abuse and Sexual Violence (DA/SV)	22
12. Focus work areas for 2023/24	24
13. Conclusion	25

1. Introduction

This is the Annual Safeguarding Report for NHS Gloucestershire Integrated Care Board (GICB). It includes both Children and Adult Safeguarding and covers the period from 1st April 2022 to the end of March 2023. The report aims to provide a national and local context to safeguarding developments during this period and outlines how GICB is meeting its statutory responsibilities for safeguarding.

2022-23 has been a time of significant change for the ICB Safeguarding team. We welcomed the following new team members:

- Associate Director Integrated Safeguarding/ Designated Nurse Safeguarding Children (revised post) August 2022
- Safeguarding Adult Lead nurse (new full-time post) October 2022
- Designated Dr Safeguarding Children (retirement of previous post holder) February 2023 (3 sessions)
- Children in care and safeguarding team administrator (part time)

At the time of writing this report the team are further developing proposals for a Primary Care Safeguarding Nurse post and a standalone Designated Nurse Safeguarding Children to help meet statutory requirements for these important roles, some of which are under resourced currently.

We currently also have vacancies for the Designated Dr Children in Care and Designated Dr Child Death (following retirement and have been difficult to recruit to). We are currently exploring alternative ways to fill these statutory roles.

GICB is asked to note the contents of this report and accept this report as assurance that as an organisation we are meeting the minimum statutory requirements for safeguarding children and adults.

2. Achievements and Challenges

The ICB Safeguarding Team can provide assurance on the progression of priority work areas, from a health perspective and as a key member of the wider safeguarding adult and children partnerships. These will be explored in further detail throughout the report.

- ✓ Strategic Health Safeguarding groups meeting regularly with providers to seek assurance on safeguarding activity, share best practice and a forum for professional development.
- ✓ Gloucestershire's Safeguarding Integration Group: development of integrated processes and a formal Integration Strategy as we continue to work collaboratively across health safeguarding.
- ✓ Safeguarding Supervision now integral practice for ICB and Continuing Health Care (CHC) Team. Regular drop-in GP supervision sessions in place as well as 1-1's/support sessions for Named Professionals by ICB team. Safeguarding supervision course undertaken by 16 safeguarding leads across the ICS (costs met by NHSE CPD funding) and subsequent Integration work progress in this area.

- ✓ Safeguarding Statutory reviews – providing leadership, oversight and assurance for all health contributions as strategic leads for the safeguarding health system.
- ✓ Prevent- Safeguarding Adult Lead Nurse now ICB Prevent lead and attends regional Prevent meetings. Attendance at regional NHSE led multi agency Prevent conference.
- ✓ Safeguarding training successfully continues via virtual platforms; e-learning provision, access to multi-agency training, GP Safeguarding Forums.
- ✓ Paediatric child protection medical assessments, commissioning, and pathway development ongoing.
- ✓ Further development and streamlining of the unscheduled care health dataset for safeguarding children which reports to both health trusts and to Gloucestershire Safeguarding Children Partnership – including deep dives into risk areas.
- ✓ Primary Care work area: the inclusion of Safeguarding within the Primary Care Offer including an annual safeguarding audit and quality assurance visits.
- ✓ Refugees and Asylum Seekers – working with our ICB migrant health nurses to provide safeguarding oversight.
- ✓ Safeguarding team away day held in January 2023. Safeguarding work plan developed and agreed with an increased focus on safeguarding assurance e.g., ensuring safeguarding is explicit in contracts and commissioning across the ICB.
- ✓ Domestic Abuse- Safeguarding Adult Nurse leads on Domestic Abuse and attends Sexual Violence and DA Partnership Boards

Challenges

In April 2023, NHS Gloucestershire will take on delegated responsibility for primary care dental, ophthalmic, and pharmaceutical services (POD). Currently, the impact of this on the team and safeguarding are unknown. The team will work closely with the regional Collaborative Commissioning Hub to support the design and delivery of safeguarding in POD services.

ICB increasing statutory responsibilities for Serious Violence Duty/Domestic Abuse Act (see section 11 for details)

3. Statutory Requirements

ICBs have a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk. This includes:

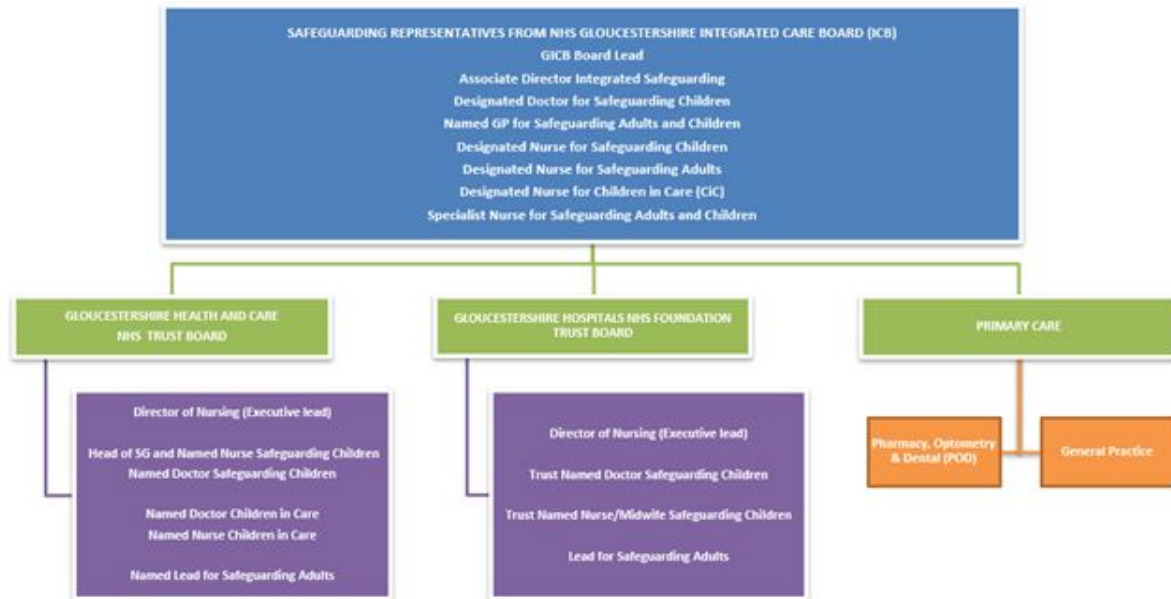
- ensuring that ICB internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice.
- being assured that the safeguarding arrangements of all commissioned services are appropriate.
- co-operating with local safeguarding arrangements.
- securing the expertise of Designated and Named Professionals on behalf of the local health system.

Focused work area:

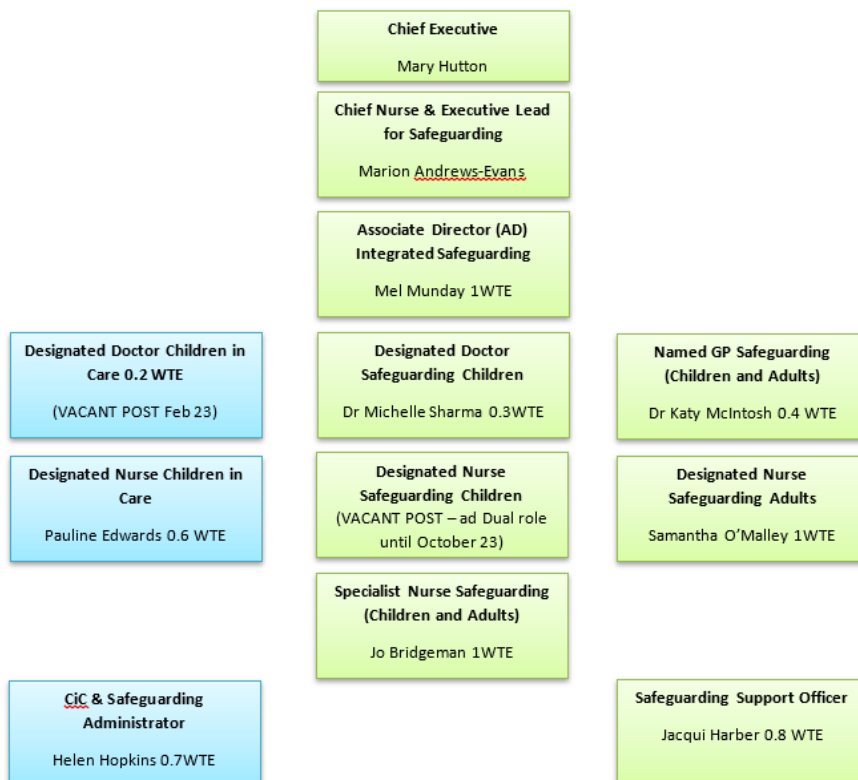
- Recommence a rolling programme of safeguarding visits to all of our large, commissioned health providers, including GP practices.

4. ICB Safeguarding Governance Arrangements

Safeguarding & Children in Care Health Structure



ICB Safeguarding & Children in Care Team Structure (including WTE)



Overview of Gloucestershire ICB Compliance

As per the “Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework” (SAAF) revised August 2022, ICBs are responsible in law for the safeguarding elements of the services they commission.

The table below illustrates our compliance against the SAAF Framework as submitted to NHSE in September 2022.

[NHSE Safeguarding children, young people and adults at risk in the NHS - Safeguarding accountability and assurance framework](#)

AREA	STANDARD	RAG RATING
Leadership and Organisational Accountability	A clear line of accountability for safeguarding, reflected in the ICB governance arrangements, i.e., a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements. In addition, a team made up of Designated Professionals for safeguarding children, looked after children, care leavers and safeguarding adults.	Roles in place but all roles the capacity is not in line with Intercollegiate Documents guidance for WTE per population.
Training	Training all ICB staff to recognise and report safeguarding issues supported by a training strategy and compliance percentage in line with Intercollegiate Documents and national guidance for Prevent.	We are developing a mandatory safeguarding training reporting system and a training needs analysis (see training section)
Safer Recruitment	Clear policies describing the commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults, as appropriate. The ICB support staff to follow the GCSB Escalation Policy and Allegations Against Staff Policy as appropriate (as outlined in our internal safeguarding children policy). This is explicit in safeguarding training and both formal and informal supervision.	Human Resources are responsible for ensuring the safe recruitment of staff at the ICB, including undertaking DBS and identification checks. All

		pre-employment checks are undertaken in accordance with NHS Employment Check Standards.
Inter-agency working	<p>Effective inter-agency working; GCCG, Local Authority, Police and key partners, including within the operation of Gloucestershire Safeguarding Children Partnership and Gloucestershire Adult Safeguarding Board</p> <p>The Section 11 audit for GSCP is completed each year and there was evidence of improved interagency working.</p> <p>The GSAB Self- Assessment is completed yearly to evaluate how the ICB is performing.</p> <p>GICB is a key partner of the Local Safeguarding Boards; representation is undertaken by the CCG Executive Nurse and Associate Director Integrated Safeguarding. The Executive Nurse has continued as Chair of the GSCP and therefore takes an active role in safeguarding work in Gloucestershire.</p> <p>GICB Safeguarding team are now also key members of the Domestic Abuse Strategic Board, Sexual Violence Partnership Board and Safer Gloucestershire.</p> <p>Capacity for CCG to attend all sub-groups has never been wholly possible; the collaborative work of the Safeguarding Strategic Health Groups has supported a ‘federated’ approach to informing meeting updates and analysis of collective health impact.</p>	
Implementation	Appropriately engaged with all safeguarding investigations, multi-agency case reviews or safeguarding practice reviews and that the evidence of learning has been embedded into practice.	We have developed combined health action plans across GICB/GHT

	<p>As the strategic health partner of GSCP and GSAB we are engaged in all statutory and non-statutory reviews and lead the health response.</p> <p>We are working on improved consistency for embedding learning as lead across large and complex multiple health organisations which is the challenge for all. Learning is shared and review action plans monitored to ensure learning is embedded as effectively as possible.</p>	<p>and GHC to monitor actions from reviews.</p>
<p>Patient Engagement</p>	<p>Ensures appropriate and accessible information is provided for its population in relation to how it discharges its duties for safeguarding.</p> <p>Our Safeguarding annual report is published on the ICB website (public facing) which outlines how we discharge our duties alongside information and helpful links. As partners of the GSCP and GSAB the publicly available information for our population is jointly owned by the ICB.</p>	
<p>Supervision</p>	<p>Safeguarding supervision is available to staff in line with Intercollegiate Guidance</p> <p>The GICB commissioned a Safeguarding Supervision programme from In Trac in early 2023, utilising NHS England Continuing Professional Development funding for ICS Safeguarding professionals. 16 practitioners completed this and the ICB Safeguarding Specialist Nurse has developed a peer support forum to continue to develop the learning from the programme and support us to work better together in the delivery of safeguarding supervision in line with our Integration ethos.</p> <p>Virtual Safeguarding Supervision is provided regularly (as capacity allows) to Gloucestershire GPs by the ICB Named GP for Safeguarding Adults and Children. This is a popular means of accessing support and guidance and GP's (and internal staff and commissioned other providers) can contact the safeguarding team at other times to obtain more spontaneous advice if required.</p> <p>Safeguarding supervision is established at the ICB for the Continuing Health Care Nurses by the Safeguarding Specialist Nurse, who is also a Professional Nurse Advocate (PNA) and Freedom to</p>	

	<p>Speak Up Guardian and is available to all staff on an ad hoc basis.</p> <p>The Associate Director provides supervision to the Named Nurses and Named Midwife for Safeguarding Children as part of her dual role as Designated Nurse and the Designated Dr Safeguarding Children provides supervision to the Named Doctors for Safeguarding Children in both Trusts. The new Safeguarding Adult Lead Nurse (October 2022) provides support and supervision to the Named Adult Safeguarding Professionals in both Trusts.</p>	
<p>Assurance</p>	<p>As a commissioner of local health services, the ICB must be assured that there are effective safeguarding arrangements in place in the services and gain assurance throughout the year to ensure continuous improvement.</p> <p>GLCB safeguarding team during 23/24 will set up a rolling programme of quality assurance visits to services we commission utilising a standard template, including GP practices requiring support with supervision. The format will be based upon the SAAF as above. These visits were in place pre pandemic, and we aim to start these once again, capacity allowing.</p> <p>GP Safeguarding Self-assessment audit agreed by ICB and shared with ICB Primary Care team / Local Medical Committee. Safeguarding Assurance visit planning in place for 2023.</p>	

NHS England Regional Safeguarding engagement

Various health safeguarding professionals across the ICS have utilised NHSE Continued Professional Development (CPD) funding to undertake Level 4 safeguarding conferences/training or University modules (Safeguarding Adults module at University of the West of England). As we were later in receiving this funding that is to be used in 2022-2023 communications have regularly been shared to encourage requests (which are flexible for individuals or for safeguarding team CPD) and funding is ring fenced.

We commissioned a 3 day Safeguarding Supervision Programme run by In-Trak during March 23 from the CPD safeguarding supervision funding. It was well attended by 16 safeguarding specialists from across the ICS with positive feedback. As part of our ongoing

Integration work, we will use this programme to work together in delivering safeguarding supervision to support the health workforce.

We were visited in March 2023 by the NHSE regional safeguarding team as part of ongoing ICB safeguarding assurance support visits in preparation for the move to an ICB. This was a face-to-face visit attended by the entire safeguarding and children in care team, the Executive Chief Nurse, and safeguarding leads from our two trusts. Key lines of enquiry were leadership, delegation and accountability, multi-agency priorities and internal governance as per the SAAF summary in section 4 outlined above, reviewing any amber areas we require additional regional support with. A follow up visit is planned for March 2024.

Policies for Safeguarding

During 2022-2023 we have updated the following policies which are ratified by the System Quality Committee and available on the ICB intranet.

- Safeguarding Adult Policy
- Domestic Abuse Staff Policy (to be ratified July 2023)

Focused work area:

- *To consider joint ICS health safeguarding policies as part of the ongoing Integration Safeguarding work across the ICB, GHFT and GHC.*

5. Safeguarding Assurance for services we commission

Safeguarding Assurance of Providers

Our main NHS Trust health providers across Gloucestershire are:



Strategic leadership and partnership working are key elements to proactively support the effectiveness of Gloucestershire's Safeguarding System. We work with health providers and partners to ensure the ICB and our commissioned services comply with the NHSE Safeguarding Assurance and Accountability Framework and have regard for our duty to protect and safeguard against abuse.

GICB as commissioners of these services have sought assurance in the following ways:

- Associate Director attends Trust Safeguarding Governance Committee/Group and receives quarterly assurance reports via this membership.

- Updates provided at the GICB Health Strategic Safeguarding Groups led by the ICB Safeguarding Team
- Supervision and support to Named Professionals in each Trust by GICB team.
- Regular Named and Designated Drop-in support session offered by GICB.
- Safeguarding Quality visits – to be re commenced in 2023-2024 using a standardised audit template.

6. The Safeguarding Integration Group

There is a commitment to continue with the integration of core functions within the current three safeguarding services of the Integrated Care Board (ICB), Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Health and Care Trust (GHC), in line with the national mandate set by NHS England as part of the NHS Long Term Plan development of Integrated Care Systems. This will include continued implementation of the common function pathways, identified via the Gloucestershire ICS Integrated Safeguarding Group with leadership from the Executive Chief Nurse and Associate Director.

During 2021-2022 the Gloucestershire Integrated Safeguarding Project initially sought to create an integrated service, improving the current provision through reducing duplication in service provision, providing increased levels of robustness and resilience, ensuring a greater ability to succession plan, and ensuring more efficient use of available resources. In recognition of current inequities in service provision, it also sought to achieve parity across adults and children, and acute and community settings. During 2022 the collective decision was made for this project to become a service improvement initiative, focused upon implementing those elements of service integration which are possible without full integration. This was partly due to the challenges of each organisation having statutory requirements for specialist roles that can't be delegated (e.g., strategic Designated Nurse and Dr roles and operational Named Nurse and Dr functions).

Key Principles

The following key principles aim to shape and underpin development of the Safeguarding Integration Group:

- Support organisations and individuals to fulfil their defined statutory safeguarding requirements and roles.
- Demonstrate equal commitment and parity to both adult and children's safeguarding, maintaining a 'Think Family' ethos and with the local population needs at its core.
- Work effectively and efficiently together with external partners and partnerships, offering, when appropriate a collective voice across health-related safeguarding in Gloucestershire.
- Work towards inter-connected processes and systems, including IT where possible, which facilitate effective communication and information flow between health organisations and with safeguarding partners.
- Investment in safeguarding specialist staff across the ICS, demonstrating commitment to their Continuing Professional Development and supervision, with clear succession plans in place to enable them to effectively fulfil these distinct individual roles.

- Have a continuous service improvement ethos, promptly sharing lessons learned and embedding learning within the NHS organisations and with all relevant partners.

7. Primary Care – GP

The work undertaken by the ICB Named GP for Safeguarding Children and Adults, supported by the ICB Safeguarding Team is collated here, evidencing impact and progress across Primary Care. The Named GP was allocated an extra session in December 22 therefore has 2 sessions each for children and adult safeguarding. This is under recommended resource per population therefore work undertaken is dependent on capacity.

GICB facilitate GP Safeguarding Forums (currently held on Microsoft teams) that are well attended by Primary Care. These meetings are recorded and kept on G-Care within the education section for future access and learning [G-Care-Education&Training-SGChildren](#) and [G-Care-Education&Training-SGAdults](#). Each Practice Safeguarding Lead GP is invited to attend and thus provide a venue to disseminate learning, sharing good practice and facilitating discussion on pertinent safeguarding issues. We have also continued with safeguarding forums for Practice Managers.

Topics covered in Safeguarding Forums

SG Children Forum – June 22, October 22 & March 23	SG Adult GP Forum – May 22 & November 22	Practice Manager SG Forum – September 22 & February 23
Rosebank Audit	Safeguarding vs safeguarding	Prevent Update
Commissioners	Change, Grow, Live referrals	Sharing information
Teens in Crisis	Child on parent abuse	Online Access SG Records
System changes for all practices using TPP and EMIS	Government expectations on domestic abuse	GP online services toolkit
Parental information for children who have been adopted	Suicide Prevention	Safeguarding read codes
Impact of Parental Mental Health	Recommendations from DHRS	Safe and Well Checks & Safeguarding in the Fire and Rescue Service
NAI	Domestic Abuse Policy	Case Conference Audit
Hidden Harm – Gloucestershire Young Carers		Training provision
Private Fostering		Children in Care process discussion
Children in Care		Safer recruitment
Perplexing presentations		
Case Conference Audit		

Feedback from Safeguarding Forums

"I have more confidence in referring adults who are experiencing abuse by their adult children. Great topics, helps to be pointed to where we can download help/resources"

"All round very useful session thank you"

"This was one of the best sessions I've had for a long time, on any subject. Thank you"

"I will take back idea of making sure we have flags on notes of any prospective care givers as well as children in care and care leavers"

"I will feedback to colleagues about perplexing presentation pathway"

"Very useful end presentation regarding notes and always recording who attends with the patient even if for nurses etc"

"I am aware of the perplexing presentation terminology and referral"

"I will remember about our statutory duty to respond to case conference requests"

"I will feed back information on care leavers to the team and check we are flagging them"

"I will look into how adoption medicals recorded and stress importance of feeding back relevant information about changes to Social Services"

Additional advice and activity as required includes:

- Safeguarding supervision "drop in" sessions for GPs on Microsoft Teams
- Safeguarding [Newsletters](#) accessible on G-Care
- Multi-agency adult and children Safeguarding training accessible through accredited Gloucestershire Safeguarding Adult Board and Gloucestershire Safeguarding Children Partnership platforms and trainers.

Our Named GP is an active member of the Regional SW Named GP Network, with connections to Named GPs across the country, ensuring that safeguarding GP related information is shared both regionally and locally.

The Primary Care Offer is a block contract which is in place with all GP surgeries and includes all safeguarding information sharing requirements, quality assurance visits, completion of an annual safeguarding assurance audit, attendance at safeguarding adult and children training and other safeguarding statutory duties.

The ICB is exploring the impact of potential additional responsibilities following the delegation of Pharmacy, Dental and Optometry services from NHSE in April 2023

Focused work area: Primary Care

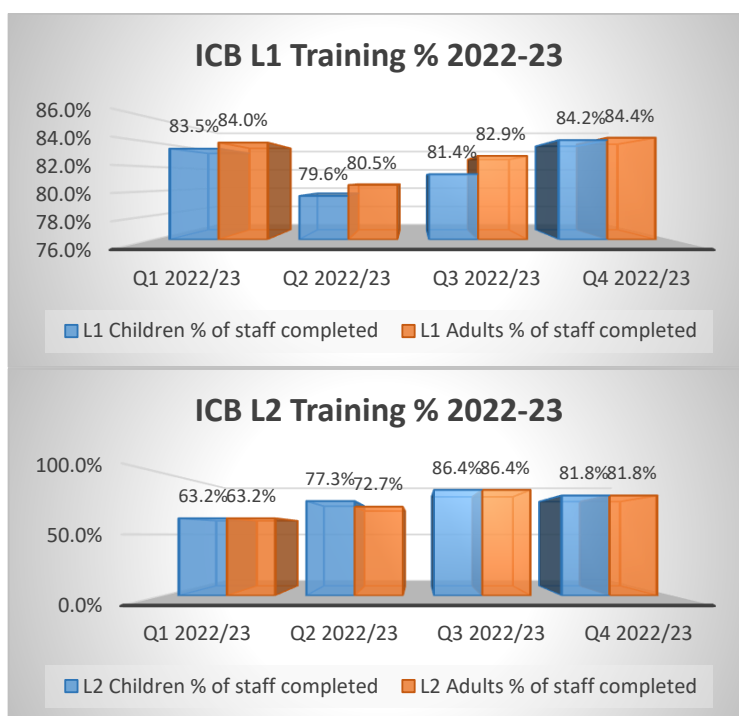
- *The ICB needs to maintain the focus on gaining assurances of Safeguarding practice through the Primary Care Offer and annual safeguarding audit*
- *The ICB needs to ensure that GPs engage with and meet their statutory safeguarding responsibilities.*
- *Safeguarding visits to practices to be recommenced*

8. Safeguarding Training Compliance

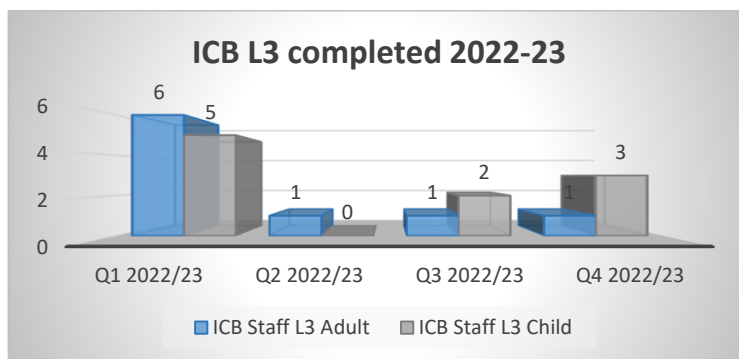
In January 2023 the safeguarding team undertook a training needs analysis with the help of NHS South, Central and West (Consult OD), we wanted to ensure all staff had access to the appropriate level of training for their role.

A new process of identifying levels of safeguarding training (1, 2 or 3) for ICB staff was created, managers are now expected to review and clarify their staff level of safeguarding training upon appointment and as part of their annual appraisals. ICB Named and Designated Safeguarding Professionals at Level 4 and 5 will also be able to record compliancy on this new system.

We will shortly be able to monitor the compliance for level 3 safeguarding training, this information was not previously collected or available.



Following the training needs analysis, we expect to initially see a drop in compliance for level 2 in Q1 of 2023-24, this is due to an increase in colleagues requiring to do this level of training, we anticipate that by the end of the year the figures will be back within the normal range (85-90%).



9. Safeguarding Children

GICB has a duty to ensure that all statutory requirements as defined in the Safeguarding Children, Young People and Adults at Risk in the NHS; Accountability and Assurance Framework (2022), Working Together to Safeguard Children (2018) and Children’s Act (2004) are in place. This section provides an overview of activity for Children Safeguarding Partnerships throughout the reporting period.

Gloucestershire Safeguarding Children Partnership (GSCP)

Section 11 Children Act audit:

Gloucestershire Safeguarding Children Executive (GSCP) have continued with their annual Section 11 audit process. The themed audit (using the four areas below) is designed to check compliance with these Section 11 standards previously agreed by the partnership and chosen due to the overlap with key recommendations arising from Rapid Reviews and Local Children’s Safeguarding Practice Reviews.

Focused work areas from the audit:

- Capacity of ICB safeguarding team in line with Intercollegiate requirements.
- Combined statutory roles. (Currently identified on ICB Risk Register).
- Explicit job descriptions for each role required.
- Safeguarding team to promote our service/responsibilities across the wider ICB including commissioners e.g., through training/networking/lunch and learn sessions.
- Develop a shared adults and children safeguarding policy.

1-Leadership and accountability	2-Staff safe recruitment, induction, training and development	3-Safeguarding policies and procedures	3-Listening to children and young people
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This audit confirms that the partnership is making progress towards being a good safeguarding partnership. There was evidence of improved interagency working in several areas and some areas for improvement summarised below.

The Designated and Named Professionals continue to lead and represent the ICB at the following GSCP subgroups:

- Quality & improvement in Practice (QiiP)
- Multiagency Safeguarding Hub Subgroup
- Child Exploitation & Missing (CE & M)
- Management Group
- Executive – ICB Chief Nurse continues as Chair.
- Serious Incident Notification (SIN Group)

Rapid Reviews (RR) and Local Child Safeguarding Practice Reviews (LCSPR)

Together the partnership has undertaken 6 Rapid Reviews between April 2022 and March 2023 and commissioned 2 [Local Child Safeguarding Practice Reviews](#) (summarised below) . Rapid reviews are undertaken by the partnership within 15 working days of the incident being notified to the National Panel. The purpose is to decide if a local or national child safeguarding practice review is required.

The Strategic Health Safeguarding Group led by the ICB continue to meet regularly and actions are monitored via this group and a combined health action plan and there currently no outstanding health actions.

Rapid review multi agency themes:

- Information Sharing
- Voice of the Child
- Professional Curiosity
- Mental Health Awareness for families
- Non accidental Injury
- Trauma Informed Services
- Contextual Safeguarding-looking at the risks of a wider environment.
- Thresholds for referral
- Foster Carers - Risk Assessment and Safety Planning
- Drift & Delay

[LCSPR – Child ASH- Joint Surrey and Gloucestershire Safeguarding Practice Review](#)

Ash took his own life in 2021. In a search of ASH’s room, police found his mobile phone, a burner phone and two BB guns which may support the concerns he was engaged in criminal activity as a victim of criminal exploitation.

RECOMMENDATIONS		
<p>More awareness on the impact that parental acrimony and conflict needed on a child's wellbeing.</p>	<p>Where parents are separated and there are concerns about the wellbeing of a child, all adults with parental responsibility are consulted at the point of referral and during ongoing assessments and interventions.</p>	<p>Ensure that a patient’s GP is copied into all private consultations for all children under 18 and to mandate this.</p>
<p>Better access to supervision, it promotes professional curiosity and critical reflection.</p>	<p><i>Ash is described by his family as a happy young boy, loved by everyone and loving and caring towards others. He was able to do well at school, enjoyed sport and joined local rugby and football clubs. Although he lacked self-confidence, he would always “give things a go” with the right support behind him</i></p>	<p>understand the need to enquire about a child’s education, including elective home education, and where a child is educated at home consideration is given as to whether the appropriate notifications have taken place.</p>
<p>Where there are concerns risk assessments are based on the full facts of the case and the voice of the child is obtained.</p>		<p>Practitioners can recognise signs and indicators of child criminal exploitation.</p>

Child C (Published February 2023)

Child C was placed in long term foster care at aged 13 having experienced neglect, sexual, emotional and physical abuse with her birth family. She was sexually abused by her foster carer.

RECOMMENDATIONS		
<p>Whilst it should not be the child's responsibility to report abuse there must be confidence that our Children in Care have a voice and are empowered to use it.</p> <p>We must talk to children about healthy relationships, to support Children in Care to understand appropriate treatment and behaviours in their foster placement.</p>	<p>We must ensure that Children in Care have a trusted professional or adult to talk to. This should never be seen as being undertaken solely by a Foster Carer.</p>	<p>There is a need to improve worker stability and the role of the trusted professional /adult</p>
<p>Reinforce with professionals the importance of listening to the child's voice and enabling the child and professionals to develop trusted relationships.</p>	<p><i>"My full understanding of what has happened to me has only gotten clearer as I have grown older. My life and feelings are worse now and it hurts knowing my innocence as a child and young person and how it was taken away from me by someone who was in a position of trust and power."</i></p> <p><i>The Voice of Child C</i></p>	<p>We should review all Single Agency Training to provide assurance that the voice of the child is present and provide evidence of impact on practice.</p>
<p>Professionals need to be confident and competent in being always alert to the potential for, identifying and responding to signs and symptoms of Child Sexual Abuse</p>		<p>The Local Authority should undertake a review of its Allegations Management Processes to explore and address concerns relating to the adult focus within statutory functions.</p>

10. Safeguarding Adults

Gloucestershire Safeguarding Adult Board (GSAB)

Gloucestershire Safeguarding Adult Board (GSAB) is a partnership of statutory and non-statutory organisations.

The aim of the Board is to “safeguard and promote the welfare of adults at risk to enable them to retain independence, wellbeing and choice and choice to access their human right to live a life that is free from abuse and harm”.

The core purpose of the GSAB is to protect adults who are at risk, with a key responsibility to promote the wider agendas of safeguarding and prevention. GSAB endeavor to ensure that safeguarding is a seen as responsibility for all organisations and communities.

GSAB sub-groups

The ICB is predominantly represented by the Safeguarding Adult Nurse Lead, facilitating good participation and contribution to the subgroups.

The sub-groups are:

- SAR (Safeguarding Adults Review)

- Audit
- Policy and Procedures
- Workforce Development
- Comms and Engagement
- Fire Safety Development

The GSAB board is supported in fulfilling its responsibilities through the work undertaken by multi-agency sub-groups. All the work of the sub-groups informs the strategic direction of the GSAB Board and enables priorities to be identified and to have multi-agency oversight.

The GSAB main priorities are:

- Transitions (child to adult)
- Complex Needs/Multiple Disadvantage
- Hearing the voice of individuals who have been safeguarded (to better understand what difference it made and how to improve for the future)
- Ensuring a robust and sustainable quality assurance regime (including multi-agency data)
- Working more closely with the voluntary, community and social enterprise sector within Gloucestershire

Additionally, GSAB has a 3-year strategic plan 2022-25.

Some of the current 3-year strategic priorities that the ICB Adult lead is focused on are:

- “We will benchmark how we conduct SARs against the learning from the National SAR analysis and develop a comprehensive action plan to ensure that we implement all the recommendations”.
- “SAR action plans and responses to recommendations are supported by evidence from partner agencies”.
- “GSAB will work closely with Regional partners to identify potential learning”.
- “GSAB will work closely with National partners to identify potential learning”.

In response to these priorities, ICB Adult lead nurse has initiated a ‘health’ working group which is working together to ensure that all health actions for SARs and DHRs are jointly held and worked on by ICB, GHT and GHC Adult Safeguarding Leads.

Furthermore, there is adult lead safeguarding representation on the Safeguarding Adult National Network (SANN) and the regional Designated Professionals Network, where learning can be gained and identified for dissemination within Gloucestershire.

In December we gave an ICB update on our safeguarding adult priorities which was followed up with a self-assurance assessment (Feb 23).

The Safeguarding priorities were:

- To raise the profile of Adult safeguarding in Gloucestershire through improving parity. This will be achieved through continued close working with Gloucestershire partner

agencies, attendance at GSAB meetings and gaining a clear understanding of the training needs of ICB staff.

- Learning from DHR and SAR reviews
- Consider transition plans for (CIC) and those with additional needs.

The Self-Assurance Assessment

The GSAB self- assessment is completed every two years. It is a valuable assessment, RAG (red/amber/green) rated, to evaluate how the ICB is performing and then a peer challenge 'session' takes place with the provider organisations, to gain a clear understand of how the RAG rating was concluded and where required plans to address the Amber and Red rated areas.

The assessment comprises of 23 questions, the results were; 14 green, 7 amber, 2 not applicable and no red rated.

Areas in which we are performing well are (Green areas):

- “How does your organisation ensure there are effective processes in place to manage concerns and allegations for people who are in a position of trust?”
- “Is your organisation able to demonstrate a clear working understanding, and competence, in applying the Mental Capacity Act and of the core principles within it?”
- “Your organisation has a whistle-blowing policy and a culture that enables issues about safeguarding, and the promotion of the wellbeing of adults at risk, to be highlighted and robustly addressed”.
- “Please give examples of how learning from local SARs and local reviews has driven change and improvement in your organisation?”

Focused work area:

- Identifying what works well in for those transitioning into adult services
- Systems to ensure that professional curiosity is demonstrated.
- Gain the understanding of those with lived experience
- Safeguarding Adults to be embedded in corporate and service strategies.
- Ensure that Adult safeguarding is a priority in contracts and the management of contracts.

Safeguarding Adult Reviews

Safeguarding Adult Boards must undertake a Safeguarding Adult Review (SAR) when an adult in its area has died as a result of abuse or neglect, whether known or suspected, and there is reasonable concern about the way that agencies worked together to safeguard the individual (S.44: Care Act, 2014).

During 2022-23 there has been one SAR (MM) which is due to be published Summer 2023; report is in its final stage, Jasmine joint learning review with GSAB and GCSP (Published July 2022) and awaiting a decision on whether to commence a further 2 SARs.

Learning and any ICB health recommendations from 'Jasmine' Report

- The quality of service provided to Jasmine delivered the expected local and national standards.
- The need for a multi-agency care leavers pathway for complex young people like Jasmine. Jasmynes GP recognised that Jasmine required a bespoke response because of her complexity. However, the way service pathways were designed meant that Jasmine and her needs did not fit with existing service routes.
- A comprehensive map of housing provision for young people transitioning from children to adults services, that can support complex care leavers.
- Effective multi-agency working- getting an understanding of “who else is involved with this person.”

In relation to SAR and DHR recommendations- relevant information is disseminated to ICB and GP colleagues through GP forums, staff meeting, ICB updates and training.

Links to the GSAB published reports: [Safeguarding Adult Reviews](#)

Domestic Homicide Reviews (DHR's)

Domestic Homicide Review is undertaken when the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by:

- a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- b) a member of the same household as himself.

held with a view to identifying the lessons to be learnt from the death.

This work requires a high level of ICB safeguarding team contribution and leadership, both in providing analytical information and in panel meetings as the strategic health safeguarding lead, to maintain oversight of draft and final reports and subsequent action plan scrutiny.

The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.

- Prevent domestic violence and homicide and improve service responses for all the domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic violence and abuse.
- Highlight good practice.

Reviews are expected to not just simply examine the conduct of professionals and agencies but should '*illuminate the past to make the future safer*'; encourage professional curiosity, understanding the trail of abuse and seeing life through the eyes of the victim.

In addition, it is important to note that DHRs are not inquiries into how the victim died or into who is culpable; that is a matter for coroners and criminal courts, respectively, to determine as appropriate.

There are 11 DHRs currently in Gloucestershire, 4 currently with the home office awaiting to be finalised and the remaining in various stages of progressing. From these DHR's there are themes:

- A number are related to adult to parent abuse that resulted in the parent being killed by the adult child.
- A number of women who experienced Domestic abuse and took their own life, had also had their children removed from their care.
- Childhood trauma and/or unstable mental health was a feature in all cases.

Key themes arising from recent DHR's:

- Experience of Coercive and Controlling Behaviour
- Complex presenting needs: DA (both current and previous), Ill Mental Health, Substance misuse, alcohol misuse, children being taken into care and previous childhood trauma.
- Difficulty in identifying DA when presented with multiple and complex needs. In particular, mental health needs can overshadow the experience of domestic abuse.
- A need to ensure adequate training is in place across the county: review of training pathway ongoing.
- Ensure that professionals work in a trauma informed way.

There is a National DHR consultation during 2023 to review the process which the ICB safeguarding team will contribute towards.

Mental Capacity Act update

The MCA Governance Group continues to meet quarterly. All organisations within the ICB are represented on the MCAGG.

Liberty Protection Safeguards – Delay

The LPS was intended to provide protection for people aged 16 and above who need to be deprived of their liberty in order to receive their care or treatment and who lack mental capacity to consent to their arrangements.

Announcement by the Department of Health and Social Care - 5th April 2023:

the Government has set out its plans for adult social care reform in its publication of the [Next steps to put People at the Heart of Care](#). To enable us to focus on these critical priorities, the Government has taken the difficult decision to delay the implementation of the Liberty Protection Safeguards beyond the life of this Parliament.

Although implementation of LPS has been delayed at this time, we plan to publish a summary of responses to the consultation in due course, which will set out further information about the feedback we received at consultation. We will update you via the LPS newsletter when the summary of responses is published.

In the meantime, the Deprivation of Liberty Safeguards remain an important system for authorising deprivations of liberty, and it is vital that health and social care providers continue to make applications in line with the Mental Capacity Act 2005 to ensure that the rights of those who may lack the relevant capacity are protected.

It is estimated that to delay LPS “beyond the life of this Parliament” will in effect mean a delay to the introductions of changes to the current DoLS system until 2026 or beyond. This significant delay means that the work on LPS taking place across Health and Social Care in Gloucestershire has ceased. The government also consulted on a revised Mental Capacity Act code of practice in 2022. The intention was to have a single code that incorporated guidance on how the LPS should be implemented. The government has not confirmed whether it will proceed to update the existing Mental Capacity Act Code in the light of that consultation.

Focus instead will be on the Deprivation of Liberty Safeguards processes and looking at processes for those in community settings who may be deprived of their liberty (deprivation of liberty in the community settings require direct authorisation from the Court of Protection). In addition, the Gloucestershire Multi Agency MCA Policy will be updated (revision was delayed awaiting the LPS announcement), the Primary Care MCA Policy will also now be reviewed. The MCA Governance Group is also undertaking an analysis of MCA Training needs across the County. Your input into the Policy and Training strategy is welcomed as we would like to look at how we can best support you. Further details of consultation on the revised Policy will be released in the near future.

Whilst the delay to LPS will a disappointment to many, we have the opportunity to refocus our work around mental capacity in Gloucestershire.

11. Domestic Abuse and Sexual Violence (DA/SV)

The Domestic Abuse Act became law in 2021 therefore widening the legal definition beyond physical violence to include emotional, coercive, and controlling behavior and economic abuse. The Act also recognises, for the first time, children witnessing domestic abuse or living within the home with Domestic Abuse as victims themselves. The DA Act also helpfully builds upon the legal statute to share health information.

GICB recognises domestic abuse as high risk and a safeguarding priority, alongside the detrimental impact on health and wellbeing for all ages. As such, the safeguarding team recognise DA/SV as a high priority area and are members of the Sexual Violence Strategic Board and are signed up to the overarching Delivery Plan and Strategy. The Gloucestershire Sexual Violence (SV) Strategy 2022-2025 aims to ensure that the reduction in experienced SV and sexual harassment and increased support for those who experience it, continues to be a priority within Gloucestershire. This Strategy builds on the work of the Sexual Violence Partnership (SVP) and works in conjunction with the County Domestic Abuse Local Partnership Board (DA LPB) and Strategy (2021-2024). In addition, the ICB will continue to support the work of the child exploitation subgroup with our ICS partners, and further work on the transition between child and adult health services for those with vulnerabilities.

Serious Violence Duty 2022

The Serious Violence Duty places a duty on specified authorities to work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance¹). ICBs are one of the specified authorities; the Duty came into force on 31 January. The definition of 'serious violence' now includes domestic abuse and sexual offences.

The Duty requires the specified authorities; Police, Local authority, **ICB**, Criminal Justice system and Fire and Rescue Services to work collaboratively together to develop a Strategic Needs Plan which will inform the locality delivery of the SVD "Duty" and to work together to share information, analyse the situation locally and come up with solutions, to prevent and reduce serious violence on a local basis.

The ICB will consider the Serious Violence Duty and Domestic Abuse as a focus within its [Joint Forward Plan 2023](#)

Focused work area:

Continue to work closely with the OPCC on implementing the Serious Violence Duty by 2024.

- *Agreeing a definition of how we define SV in Gloucestershire.*
- *Developing a strategic needs assessment to understand the local problem*
- *Consider how best to utilise Home Office funding allocated to health*

¹ <https://www.gov.uk/government/publications/serious-violence-duty>

12. Focus work areas for 2023/24

We have developed a refreshed team work plan in 22-23 to reflect our local, regional, and national safeguarding priorities as outlined throughout this report. This includes our continued work with primary care (including POD), Children in care and care leavers, Integration of health safeguarding, Transition (child to adult services and support), asylum seekers and further work to support adults who have children removed from their care.

We have also contributed to the ICB Joint Forward Plan and outlined our areas of focus for the next 5 years:

- Continued commitment to the integration of core functions within the current three safeguarding services of the Integrated Care Board (ICB), Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Health and Care Trust (GHC). This will include continued implementation of the common function pathways, identified via the Gloucestershire ICS Integrated Safeguarding Group.
- We will further embed integrated safeguarding supervision across the ICS and monitoring compliancy of mandatory safeguarding and children in care training at all levels across the ICB.
- In 5 years, we will have in place a well embedded rolling programme of safeguarding assurance visits to all commissioned providers.
- Embedding learning from adult and children's statutory safeguarding reviews to ensure we prevent further harm to our most vulnerable.
- Establish a local safeguarding webspace/interactive forum for health professionals interested in safeguarding.
- A review of the Unscheduled Care Dataset for safeguarding children captured in the 2021/22 annual report (as an appendix) to ensure it is focused, not onerous to collect by stretched services and meets our collective needs. The Designated Dr Safeguarding Children will lead this work to ensure we capture selective key metrics to inform our work going forwards across all health services. The aim is to utilise wider health safeguarding children and adults' data and as appropriate.
- Effective succession planning to ensure the ICB meets the statutory requirements for key safeguarding and children in care roles now and in the future.
- The continued commitment of the ICB and its Safeguarding team as members of our Partnerships and Boards will support the people of Gloucestershire who use our health services, to live in safety and prevent harm experienced through abuse and neglect. We endeavour to work towards a health system that provides trauma informed person-centered care.

13. Conclusion

During 2022-23 with the long term continued impact and recovery of services following the pandemic, the ICB Safeguarding Team have continued to deliver our statutory duties. This has been achieved despite the challenges of system pressures, increased demand on safeguarding services. Embedding virtual working has become business as usual as we adapt going forwards. This annual report outlines how we have sustained, and enhanced partnership working and strengthened safeguarding collaboration within health despite capacity challenges.

The formation of the new ICB from July 2022 and the work we have undertaken to prepare for this transition provides an opportunity to further embed safeguarding in all elements of strategic planning and provision of health care for those who access our services across Gloucestershire. We are embracing our journey within the Integrated Care System and will strive, as capacity allows to keep safeguarding as a focal point during this transition and beyond.

Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee
Thursday 7th December 2023

Report Title	Finance Reports for Delegated Primary Care and Pharmacy, Optometry and Dental (POD) – Month 6			
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	<p>At the end of the September 2023 the ICB's Delegated Primary Care co-commissioning budgets are showing a £0.773m overspend position on £59.6m budget. The budgets have been reviewed and realigned based on planned expenditure.</p> <p>The summary for M7 early view is a £0.674 overspend, on a £69.7m budget.</p> <p>The YTD POD position is £1,670k underspend with a breakeven forecast.</p>			
Key Issues to note	<p>The Month 6 position is £0.773m overspend, with a current year end forecast of breakeven.</p> <p>The early view for month 7 is £0.674 overspend with a year end forecast of £0.750m. This is being further reviewed.</p> <p>POD has an underlying run-rate underspend of £458k.</p>			
Key Risks:	Risk of overspend against the delegated budget:			
Original Risk (CxL)	Original Risk: 3 x 3 = 9			
Residual Risk (CxL)	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 <ul style="list-style-type: none"> • 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



Delegated Primary Care Financial Report

September 2023

Delegated Primary Care Financial Report

Summary (M6)

- At the end of September 2023 the Integrated Care Board's (ICB) Delegated Primary Care co-commissioning budgets are showing a £773k overspend position on a £59,575k year to date budget.
- The month six forecast position is breakeven, although this position may change as the year progresses and issues are highlighted.
- The table below shows the month 6 position.

Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
960211	DELEGATED GP	59,574,726	60,347,924	(773,198)	116,633,913	116,633,913	-

Summary (M7 – Early View)

- The October 2023 position has closed with a forecast variance of £750k adverse, work to date has not identified any underspends to mitigate pressures, the forecast has therefore now been adjusted.
- This is driven by £416k IIF prior year cost pressure, along with GP Access Fees overspends as well as pressures on rates and sickness. These issues have increased the risk of an adverse forecast position.
- Further work is being undertaken to review all expenditure areas with a view to managing the position.

Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
960211	DELEGATED GP	69,660,853	70,334,423	(673,570)	116,633,913	117,383,913	(750,000)

Delegated Primary Care Financial Report

Financial Position

- The end of Month 6 financial position as at 30th September 2023 for delegated primary care budgets is a £773k overspend with a current year end forecast of breakeven. The key variances are:
 - General Practice £185k underspent.
This is driven by an underspend on the Global sum payments to practices. This is reducing monthly.
 - Prescribing and Dispensing underspend £196k.
Expenditure on Prescribing and dispensing is lower than the current budget, but this is reducing, as we are moving into the year. This budget will need re-profiling to match the anticipated expenditure. This budget is not expected to continue to be underspent.
 - Premises £526k overspend
This overspend is due increases rent, rates and expenditure on the waste contracts. The assumptions within the position and prior year accruals are being reviewed which may lead to an improved financial position.
 - Enhanced Services £276k overspent.
This is due to Enhanced access which is a set fee and has increased in 2023/24.
 - Other GP services £154k
This is mostly around the a Maternity and Sickness reimbursements, sickness rates are increasing.
 - PCN are £216k overspent.
This is due the IIF payments in 2022/23, which are paid in 2023/24, being higher than budgeted creating an overspend in year. This will not reduce in year.

Gloucestershire ICB						
2023/24 Delegated Primary Care Co-Commissioning Budget						
September - 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	2,825	3,001	(176)	5,650	0
General Practice	69,473	34,737	34,552	185	69,473	0
Other GP Services	2,144	1,072	1,226	(154)	2,144	0
PCN	15,166	8,841	9,123	(282)	15,166	0
Premises	10,699	5,349	5,875	(526)	10,699	0
Prescribing and Dispensing	3,587	1,793	1,597	196	3,587	0
QOF	9,915	4,957	4,974	(16)	9,915	0
Totals	116,634	59,575	60,348	(773)	116,634	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 in comparison 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 have increased. Schemes are being prioritised with review by directors.
- Fellowships and supporting mentors have received their Quarter 2 funding.

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	44		44	44
Transformational Support	853		853	853
PCN Leadership and Management funding	461		461	461
ICB Infrastructure	50		188	188
Fellowships	247	144	391	391
Supporting Mentors	61	31	92	92
GPIT - Infrastructure and Resilience	142		120	120
Totals	2,239	175	2,403	2,403

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. As the year is progressing this £450k risk is reducing.
Investment Impact Fund (IIF) 2022/23 expenditure is approximately £400k higher than the budget from 2022/23.	No funding has been found to cover this expenditure. Further work is required to identify the risk of IIF overspend in 2023/24 and factor this into budget-setting for 2024/25.
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. This is still ongoing, but is closer to resolution.
Delegated budget is potentially going to be overspent in 2023/24, there are additional pressures on the budget.	Review of all payments, accruals and prior year accruals to ensure the position is correct. Reviewing to see if there is any slippage or accruals that can be released to cover the potential overspend.

Pharmacy, Optometry, Dental (POD)

Month 6 Finance Report for Gloucestershire

POD Summary

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Dental	15,697	14,359	1,338	31,312	31,312	0	31,312	31,394	(82)
Pharmacy	6,743	6,744	(1)	13,508	13,536	(28)	13,536	13,487	49
Optometry	2,964	2,865	99	5,928	5,928	0	5,928	5,928	0
Other GP	245	12	233	516	23	493	516	25	491
GP Dispensing	0	0	0	0	0	0	0	0	0
Total POD	25,650	23,980	1,670	51,264	50,799	465	51,292	50,834	458

- At the end of September 2023 the Integrated Care Board's (ICB) Delegated POD budgets are showing a £1,670k underspend position on a £25,650k year to date budget.
- The month six forecast position is a £465k underspend which is primarily the release of an unrequired reserve.
- The majority of the YTD underspend relates to Primary Care Dental. As at M6 this was a ringfenced budget. Additionally investments in Dental access initiatives were being worked up leading to a forecast breakeven position.

Dental – Month 6

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Secondary Care Dental									
NHS	3,959	3,959	0	7,918	8,067	(149)	7,918	7,918	(0)
Non NHS	173	173	(0)	427	112	314	427	346	81
Reserves	0	0	0	(166)	0	(166)	(166)	0	(166)
Secondary Care Dental Total	4,132	4,132	0	8,179	8,179	0	8,179	8,264	(85)
Community Dental									
Community Dental activity	1,875	1,875	(0)	3,752	3,752	0	3,752	3,749	2
Community Dental Income	0	0	0	0	0	0	0	0	0
Community Dental Total	1,875	1,875	(0)	3,752	3,752	0	3,752	3,749	2
Primary Care Dental									
Patient Charge Revenue	(3,312)	(2,831)	(481)	(6,624)	(6,624)	0	(6,624)	(5,661)	(963)
Contract costs	13,246	13,056	190	26,492	26,492	0	26,492	26,112	381
Contract Reserve	1,448	0	1,448	2,896	0	2,896	2,896	0	2,896
Other Contract Costs	577	446	131	1,154	1,154	0	1,154	892	262
Clawback	(2,315)	(3,780)	1,465	(4,631)	(4,631)	0	(4,631)	(7,561)	2,930
Referral systems	0	0	0	0	0	0	0	0	0
Toothbrushing	46	0	46	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	1,461	(1,460)	2	2,898	(2,896)	2	2,922	(2,920)
Primary Care Dental Total	9,691	8,352	1,338	19,381	19,381	0	19,381	16,705	2,677
Total Dental	15,697	14,359	1,338	31,312	31,312	0	31,312	28,718	2,594

Dental Commentary

Secondary Care

Secondary Care is currently on budget and is forecast to deliver a balanced budget at year end. ERF is expected to be funded in full this year

Community Care

Community Care is currently on budget and is forecast to deliver a balanced budget at year end.

Primary Care

Contract Changes

A number of contract changes have occurred in the first 6 months of the year resulting in a YTD underspend of £0.32m and an underlying forecast underspend of £0.6m. Of these changes £0.48m have been recurrent changes with £0.12m non-recurrent changes. Included in the non-recurrent changes is expenditure of £0.12m for stabilisation

Patient Charge Revenue

Due to the lower than anticipated performance there has been a reduction of PCR against plan with £0.9m less revenue expected at year end.

Clawback

This is higher than budget due to low performance against target. Target was 71% at month 6 it is 64.8% resulting in an expected underlying £2.3m additional clawback at year end.

Primary Care Dental – Underlying position & Investments

Primary Care Dental				Scheme	23/24 Full year impact	
Patient Charge Revenue	(6,624)	(5,688)	(936)	Primary Care Access	100	500
Contract costs	26,492	26,131	361	Reprocurement of lost activity	185	740
Contract Reserve	2,896	0	2,896	Stabilisation	386	1,544
Other Contract Costs	1,154	935	219	Digital	2	2
Clawback	(4,631)	(6,975)	2,344	Urgent care		806
Referral systems	0	0	0	Care homes		859
Toothbrushing	91	91	0	Centre for Dental Excellence		766
Dental School	0	0	0	Centre for Dental Excellence training and working opportunities		976
Other Surgery	0	0	0	Clinical Dental Lead		166
Other costs	2	582	(579)	Two part time dental advisors		67
Primary Care Dental Total	19,381	15,076	4,305	Oral health		130
				Total	673	6,556

Investments

Initial planned investments are £0.67m, however, due to delays and capacity issues there is a risk that some of these will not materialise until 24/25. They will continue to be monitored and reported on.

Primary Care Dental

- Baseline contract payments continue to be reasonably consistent. They have gone up slightly this month, mostly in relation to an increased payment to a single practice.
- Patient Charge Revenue went down slightly in September, however a correction in relation to prior year amounts has increased the figure in the ledger.
- Performance Adjustments (the contract clawbacks) have reduced from a peak last month. The position YTD is £1.5m better than budget. This is due to lower performance than expected, with budgets based on planned performance of 71% to target, whilst actual performance has only been 64.8%.
- Pension contributions are below budget YTD by £88k. This is driven by contracts closing and reduced activity.
- Commercial Sector spend is £46k underspent year to date. This is due to slippage in the start date for the supervised toothbrushing programme.
- The forecast remains at breakeven despite a large reserve and underspend year to date (£1.3m underspend). This is because there is the possibility of a national review and reapportionment of allocations. The regional hub are trying to get confirmation about whether this will happen, and if so, on what basis.

Level 4 name	Cost Centre	Cost Centre Description (Internal)	PAY/NON-PAY/IN	Subjective Description	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
DELEGATED DC	960215	DELEGATED PRIMARY DENTAL	BALSHT	AI-Non Pay General Reserves	1,447,932	-	1,447,932	2,895,864	-	2,895,864
			BALSHT Total		1,447,932	-	1,447,932	2,895,864	-	2,895,864
			INCOME	Dental - Patient Charge Revenue	(3,312,000)	(2,830,504)	(481,496)	(6,624,000)	(6,624,000)	-
			INCOME Total		(3,312,000)	(2,830,504)	(481,496)	(6,624,000)	(6,624,000)	-
			NONPAY	legal fees	-	224	(224)	-	-	-
				Clinical&Medical-Commercial Sector	45,618	-	45,618	91,239	91,239	-
				C&M-Dental-Baseline Contract Pymnts	13,246,129	13,055,824	190,305	26,492,267	26,492,267	0
				C&M-Dental-Performance Adjustments	(2,315,269)	(3,780,268)	1,464,999	(4,630,543)	(4,630,543)	0
				C&M-Dental-Business Rates	81,840	39,348	42,492	163,686	163,686	(0)
				C&M-Dental-Administered Funds	47,988	47,988	-	95,981	95,981	0
				C&M-Dental Pension Cont(ERs Share)	447,144	358,769	88,375	894,288	894,288	0
				Other Gen Supplies & Srv	1,248	1,461,000	(1,459,752)	2,500	2,898,364	(2,895,864)
			NONPAY Total		11,554,698	11,182,886	371,812	23,109,419	26,005,282	(2,895,863)
	960215 Total				9,690,630	8,352,382	1,338,248	19,381,283	19,381,282	1
Grand Total					9,690,630	8,352,382	1,338,248	19,381,283	19,381,282	1

Pharmacy – Month 6

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Patient Charge Revenue	(3,648)	(3,754)	106	(7,296)	(7,296)	0	(7,296)	(7,509)	213
Prescription dispensing charges	8,342	8,331	11	16,684	16,684	0	16,684	16,662	22
Essential services charges	441	640	(199)	883	883	0	883	1,280	(397)
Advanced services charges	856	844	12	1,712	1,712	0	1,712	1,688	24
Quality Schemes	402	402	0	804	804	0	804	804	0
Local fees and charges	56	21	35	111	111	0	111	42	69
Commercial Waste charges	285	285	(0)	570	628	(58)	570	570	(0)
Other charges	9	(24)	34	40	10	30	40	(49)	89
Total Pharmacy	6,743	6,744	(1)	13,508	13,536	(28)	13,508	13,488	20

Pharmacy

Pharmacy has now moved to a forecast overspend due to a change in the clinical waste contract, which is now expected to overspend by a little under £30k in Gloucestershire.

Prof Fees have continued to drop after their peak in July. However, as this figure relates to the “per item fee” paid to pharmacies, it is likely that seasonal peaks that we usually see in ICB Prescribing costs, will also start to feed through in these figures in coming months. Transactions for Advanced Services continued to increase slightly in September. This is in line with expectations, with claims often taking a few months to start flowing properly. As such, we are still showing a forecast breakeven in this area despite the YTD underspend.

Optometry – Month 6

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
Domiciliary Visists	182	246	(65)	363	363	0	363	493	(130)
Sight tests and glasses	2,468	2,568	(100)	4,936	4,936	0	4,936	5,135	(199)
Professional training	41	49	(8)	82	82	0	82	99	(17)
Other charges	0	0	0	1	547	(546)	1	0	1
Reserves	273	1	272	546	0	546	546	3	543
Total Optometry	2,964	2,865	99	5,928	5,928	0	5,928	5,730	198

Optometry

Sight tests are overspending however this is more than offset by reserves. The forecast is breakeven however there is likely to be a small underspend at year end

Other – Month 6

£000's	Year to date			Forecast outturn			Runrate		
	Budget	Actual	Variance	Budget	Forecast	Variance	Forecast	Runrate	Variance
GPIT Service	12	12	0	25	23	2	25	25	0
Contingency	233	0	233	491	0	491	491	0	491
GP Dispensing	0	0	0	0	0	0	0	0	0
Total Other GP	245	12	233	516	23	493	516	25	491

Primary IT & Reserves

Though described as Primary Care IT, this is mostly a non-ringfenced reserve. The contingency remains unused within the year to date position.

There will be an annual spend of £25k of IT which relates to a central contract, with this being our contribution towards it. With no current commitments against this non-ringfenced reserve, we have now brought the underspend into the forecast position. All schemes currently under consideration relate to Primary Dental, and would be funded from the ringfenced reserve in that cost centre.

Financial Summary

Level 4 name	Cost Centre	Cost Centre Description (Internal)	PAY/NON-PAY	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
DELEGATED DC	960212	DELEGATED OPHTHALMIC	BALSHT	273,000	-	273,000	546,000	-	546,000
			NONPAY	2,690,989	2,864,911	(173,922)	5,382,000	5,928,000	(546,000)
	960212 Total			2,963,989	2,864,911	99,078	5,928,000	5,928,000	-
	960213	DELEGATED PHARMACY	INCOME	(3,648,000)	(3,754,475)	106,475	(7,296,000)	(7,296,000)	-
			NONPAY	10,391,336	10,498,445	(107,109)	20,804,116	20,832,116	(28,000)
	960213 Total			6,743,336	6,743,970	(634)	13,508,116	13,536,116	(28,000)
	960214	DELEGATED COMMUNITY DENTAL	NONPAY	1,874,713	1,874,719	(6)	3,751,777	3,751,777	-
	960214 Total			1,874,713	1,874,719	(6)	3,751,777	3,751,777	-
	960215	DELEGATED PRIMARY DENTAL	BALSHT	1,447,932	-	1,447,932	2,895,864	-	2,895,864
			INCOME	(3,312,000)	(2,830,504)	(481,496)	(6,624,000)	(6,624,000)	-
			NONPAY	11,554,698	11,182,886	371,812	23,109,419	26,005,282	(2,895,863)
	960215 Total			9,690,630	8,352,382	1,338,248	19,381,283	19,381,282	1
	960216	DELEGATED SECONDARY DENTAL	BALSHT	-	-	-	(165,555)	-	(165,555)
			NONPAY	4,131,803	4,131,771	32	8,344,494	8,178,938	165,555
	960216 Total			4,131,803	4,131,771	32	8,178,938	8,178,938	0
	960218	DELEGATED PRIMARY CARE IT	BALSHT	232,939	-	232,939	490,885	-	490,885
			NONPAY	12,498	12,498	-	25,000	22,917	2,083
	960218 Total			245,437	12,498	232,939	515,885	22,917	492,968
Grand Total				25,649,908	23,980,251	1,669,657	51,264,000	50,799,031	464,969

The above table is the Delegated POD budgets I&E as per the GICB ledger at M6.

The values align to the NHSE figures in part 1 of the report.



ICS Transformation Programme Highlight Report

November 2023



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Part of the One Gloucestershire Integrated Care System (ICS)

7.1 Integrated Locality Partnerships

Programme SRO	Mary Hutton	Clinical & Care Lead	Clinical Directors & ILP Chairs	Programme RAG	GREEN	Date of Report	24 Nov 2023
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

Programme Aim <small>(from delivery plan)</small>	Decisions / Actions Required of Board
The aim of the Place Based model is to improve the health, well-being and independence of people living in Gloucestershire through delivering a step change in more accessible, sustainable and higher quality out of hospital care. It is focused on supporting partnership working between PCNs and other key stakeholders. 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	<ul style="list-style-type: none"> An inspiring showcase event took place mid November with around 80 people from across the county hearing presentations on work underway in our localities and neighbourhoods. The event was structured with presentations under three themes of; Children and young people's mental health and wellbeing, Gloucestershire Health and Wellbeing Partnership Exemplar themes and proactive care. The event also included a key note from Dr Niamh Lennox-Chhugani, Chief Executive of the International Foundation for Integrated Care on the topic of integrated care. There were opportunities for attendees to ask questions of presenters and for networking. Progress made in proposals for Strengthening Local Communities funding including a process in the Forest of Dean with projects aligned with the overarching themes agreed by the ILP including CYP, frailty and diabetes prevention but developed as a partnership process which allowed for innovation approaches to be explored and funding for agreed projects is in progress. 	<ul style="list-style-type: none"> The Gloucestershire Neighbourhood Transformation Steering Group has agreed the next steps for integrated working at Neighbourhood level, which were endorsed by the ICB Board in October. ILPs across the county are planning to deliver proactive interventions to targeted cohorts of pre frail and mildly frail people, drawing on expertise from the Ageing Well team and wrapping around Neighbourhoods with ILP work aligned to the Working as One Programme Prevention workstream. Finalise Strengthening Local Communities grant funded schemes in each ILP for 2023/24 and commence delivery. As a result of the Locality and Neighbourhood showcase, submit extracts to the International Foundation of Integrated Care for consideration for their conference next year. Finalise scoping of remaining three Community Health and Wellbeing hubs to meet delivery ambitions. Consideration of a further hub/s to utilise any underspend.

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	24 Nov 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)
Place Based Model	<ul style="list-style-type: none"> • Neighbourhood and locality specific achievements: • Contribution to NHS Charities Together networking event with delivery partner colleagues presenting impact made by the funded projects in localities supporting community capacity building including: <ul style="list-style-type: none"> • A Community Engagement programme, run by Altogether Better in Gloucester City which has now been completed with the final session on 8th November 2023. The programme consisted of five half day sessions, working with 16 primary care staff from GP Practices across and pharmacies across Gloucester City. The aim of the programme was to develop engagement and leadership skills to enable staff to think differently and work closer with their communities. • The Young Gloucestershire Youth Voices Project in Tewkesbury has been able to forge improved links with major schools in the Area and sessions are well established and supported. Members of Tewkesbury ILP are supportive of utilising Strengthening Local Communities funding to continue this scheme for a further 12 months, given it's positive feedback to date and to allow all schools in the area equitable access to the support it offers. • Building on the work in Inner City PCN, Gloucester ILP Smoking Cessation Working Group, has set up training for front line VCSE staff in the Matson, White City, Robinswood and Coney Hill areas, this will start in the new year with 10 people being trained by HLS, with a plan to roll this out in target areas of the city. • In Stroud and Berkely Vale five practices with the highest number of mildly frail people have been identified. Using the Strengthening Local Communities Grant, the District Council will fund 2 additional trainers to deliver strength and balance classes in the areas. • The social isolation and frailty project continues across the Cotswolds. This month letters have been sent by GRCC to a targeted group of patients from Cirencester Health Group. • A geographically focussed project is being explored in support of digital inclusion recognising the linkage with access to healthcare in the Badgeworth/Shurdington area as part of Tewkesbury ILP. • Uptake of Healthy Start (a targeted scheme providing financial support in pregnancy and for children under the age of 4 to purchase healthy food and milk through use of a pre-paid card and provision of vitamin supplements) is lower in the Forest of Dean at 61% than the national average of 64.8%. A wide range of partners led by Feeding Gloucestershire are working together to improve uptake.