NHS Gloucestershire Primary Care & Direct Commissioning Committee Public Session

To be held between 16.00 – 17.10 on 1st February 2024

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

Chair: Ayesha Janjua

No.	Time	Item	Action	Presenter
1	16.00 – 16.05pm	**Introduction & Welcome**	Note	**Chair**
2.		**Apologies for Absence**	Note	**Chair**
3.		**Declarations of Interest**	Note	**Chair**
4.		**Minutes of the Last Meeting held 7th December 2023**	Approval	**Chair**
5.		**Matters Arising & Action Log**	Discussion & Update	**Chair**
6.		**Questions from the Public**	Discussion	**Chair**
		Items for Decision		
7.	16:05- 16:10pm	**Application to merge Coleford Family Doctors and Brunston & Lydbrook Practices**	Decision	**Jeanette Giles**
8.	16:10 – 16:15pm	**Application to merge High Street and Regent Street Practices**	Decision	**Jeanette Giles**
9.	16:15 – 16:20pm	**Application from Brockworth Surgery to change Practice Area**	Decision	**Jeanette Giles**
		Items for Information		
10.	16:20 – 16:25pm	**Highlight Report:** • **PCN** • **General Practice** • **Primary Care Access Recovery Plan (PCARP)** • **Pharmacy, Optometry & Dentistry**	Information	**Jo White**
11.	16:25 – 16:30pm	**Performance Report:** • **PCN** • **General Practice** • **Primary Care Access Recovery Plan (PCARP)** • **Pharmacy, Optometry & Dentistry**	Information	**Jo White**
12.	16:30 – 16:40pm	**Primary Care Quality Report**	Information	**Julie Symonds**
13.	16:40 – 16:50pm	**Financial Report**	Information	**Cath Leech**
14.	16.50 – 17.00pm	**ICS Transformation Programme & ILPs Highlight Report**	Information	**Helen Edwards**
15.	17.00 – 17.10pm	**Any Other Business or Items of Escalation**	Information	**Chair**

Time and date of the next meeting: *Thursday, 4th April 2024*

@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 7th December 2023, 14.00-15.30pm
Board Room & Virtually at Shire Hall, Westgate Street, Gloucester GL1 2TG

Members Present:		
Ayesha Janjua (Chair)	AJ	Non-Executive Director, NHS Gloucestershire
Dr Andy Seymour	AS	Chief Medical Officer, NHS Gloucestershire
Cath Leech	CL	Chief Finance Office, NHS Gloucestershire
Prof Jane Cummings	JC	Non-Executive Director, NHS Gloucestershire
Marion Andrews-Evans	MAE	Chief Nursing Officer, NHS Gloucestershire
Mary Hutton	MH	Chief Executive, NHS Gloucestershire
Participants Present:		
Andrew Hughes	AH	Associate Director, NHS Gloucestershire
Becky Parish	BP	Associate Director Engagement and Experience, NHS Gloucestershire
Carole Alloway-Martin	CAM	Councillor, Gloucestershire County Council
Christina Gradowski	CGi	Associate Director of Corporate Governance, NHS Gloucestershire
Helen Edwards	HE	Associate Director of Primary Care & Place, NHS Gloucestershire
Helen Goodey	HG	Director of Primary Care & Place, NHS Gloucestershire
Jo White	JW	Deputy Director of Primary Care & Place, NHS Gloucestershire
Julie Symonds	JS	Deputy Chief Nursing Officer, NHS Gloucestershire
Nigel Burton	NB	Local Board Member, Healthwatch, Gloucestershire
Olesya Atkinson	OA	GP and Clinical Director of Cheltenham PCN
Ryan Brunsdon	RB	Board Secretary, NHS Gloucestershire
In attendance:		
Cherri Webb	CW	Primary Care Development & Engagement Manager, Primary Care & Place, NHS Gloucestershire
Katrice Redfearn	KR	PCN Service Implementation Manager, NHS Gloucestershire
Charlotte Griffiths	CG	PCN Service Development Manager, NHS Gloucestershire
Meryl Foster	MF	Senior Programme Manager, NHS Gloucestershire
Maniza Rahman	MR	Associate NED, NHS Gloucestershire

1. Introduction & Welcome

1.1 AJ welcomed members and attendees to the Primary Care & Direct Commissioning (PC&DC) Committee.

1.2 AJ welcomed MR to the meeting who had joined the ICB as an Associate Non-Executive Director (NED).

1.3 There were three members of the public in attendance via MS Teams.

2. Apologies for Absence

2.1 Apologies were received from Jeanette Giles (JG).

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

4. Minutes of the Previous Meeting held on Thursday 5th October 2023

4.1 The minutes of the previous meeting held on Thursday 5th October 2023 were approved as a true and accurate record of the meeting, subject to the minor amendment to the title of agenda Item 8 from Improvement, to Infrastructure.

5. Matters Arising and Action Log

5.1 **Action 4 –Tewkesbury, Newent & Staunton (TWNS) Primary Care Network (PCN) Evaluation.** Delayed until the February 2024 meeting. **Action to remain Open.**

Action 10 – Patient Participation Groups: This action was covered and described within the Primary Care Quality Report as found within agenda Items 12.5 and 12.6. **Action closed.**

Action 12 – PCN Support Sessions update. Action for JW to bring to a future meeting with more specific details on timelines and staff involved. **Action to remain Open.**

6. Questions from members of the Public

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

7. Delivery plan for Recovering Access to Primary Care

7.1 JW updated members around the national programme of work for practices and Primary Care Networks (PCNs) which aims to support the increase in demand within Primary Care which has four areas of focus:

- Empowering patients
- Implementing the modern general practice access model,
- Building capacity
- Cutting bureaucracy

Many practices were already using the modern general practice access model by signposting patients and triaging people using a number of different clinicians and non-clinicians to ensure that patients could access services either by calling, walking in or making online requests. This became a contractual requirement from August 2023. This programme was also aiming to support some of the digital elements which sat alongside improving access to general practice.

7.2 JW described how ICBs had been asked to put together a System Delivery Plan, with a national requirement from NHSE for all ICBs to also submit reports to their public Boards in October/November 2023, with an update in February/March 2024. The Gloucestershire ICB report was taken to the Board in November and contained substantial detail about the local context during challenging times. 2024/25 contract negotiations were not yet known and there was still a lot of uncertainty in practices and PCNs, which was an added pressure.

7.3 However, Gloucestershire was averaging 24% more appointments than those pre-Covid including more urgent, and same day appointments. 73% of appointments were face-to-

face, with most patients being seen on the same or following day. or the next day. The overall patient experience in Gloucestershire showed that 80% reported a good experience compared to 71% nationally.

7.4 The System Delivery Plan linked with the Fuller Report, some of the neighbourhood transformation work and with the Primary Care Strategy. The System Delivery Plan was being managed as part of a working group which would report in via the Primary Care Operational Group (PCOG) and this Committee. There were a number of key areas of focus:

- Supporting practices to improve their 2 and 4 week appointment data, and appointment mapping.
- Establishing self-referral routes in Gloucestershire for falls, musculoskeletal, weight management, community podiatry, wheelchair and community equipment services and eventually, audiology.
- Assisting practices to move from analogue to digital telephony to ensure that practices could meet the NHSE criteria.
- Reduce bureaucracy within the system, by establishing local mechanisms to facilitate the Primary Care and Secondary Care interface, led by Chief Medical Officers (CMOs) across all ICBs, whereby a programme of work will be developed.
- There had been a high uptake in the previous GP Improvement Programme in Gloucestershire and GPs did not feel it necessary to enrol again on a national programme so soon, but this is being examined.
- Patient Participation Groups (PPGs) will be looked at to understand where more could be done to build up these groups.
- Community Pharmacy Services needed to be implemented and there are local and national Communication Plans enabling patients to be signposted and to understand the challenges and the roles within general practice.

7.5 AJ said that feedback on the paper had been given by this Committee before being taken to the Board and felt it was a really good document. AJ said progress had been made and was keen to have this shown in more detail. JW informed members that information would be amalgamated and presented at the next meeting via a dashboard showing performance against the actions.

7.6 OA said it would be easy for GPs to do the work required, referencing the self-referral routes and reducing bureaucracy. It was very difficult for GPs to keep abreast of all the changes around all the different pathways and asked for strong communications to be sent out to put information on their websites which would help.

7.7 Practices felt challenged in a number of areas including financial pressures, patient demand and expectation, the Primary and Secondary Care interface and workforce. There was a proposal in place for a Primary Care Liaison Officer which would help. AS spoke about leadership within the Trust and within Primary Care, with plans to take a Charter forward lead by Dr Ananthakrishnan Raghuram. OA said the Primary Care Interface would translate into a culture for change and hoped that in the future there would be more opportunities for face to face consultant GP interactions. AJ said it would be beneficial to have future progress reports on that culture change.

7.8 CAM referenced the statement about patients understanding how practices would function and asked whether patients would have access to the same level of support with standardised services for individuals. If this was not the case CAM felt the ICB could be open to criticism if this were not the case and there was a need to avoid a postcode lottery,

as some practices were not as developed as others. CAM also asked whether there was a communications plan to help patients to understand how they might access services.

7.9 AJ was concerned about how Primary Care could help patients to understand how practices functioned and where there might be disparities within the services being offered, wondering if anything could be done to mitigate this.

7.10 JW responded that there would be local and national communications campaigns which would be run with, for example, the new Additional Roles Reimbursement Scheme (ARRS) roles being explained. The System Delivery Plan was about understanding General Practice, improving access to those services and being more appropriate in doing so.

7.11 HG praised the significant work on the System Delivery Plan that had been done by JW and the team.
In terms of the targets, there would always be unintended consequences in trying to meet targets when looking at performance. The impact would need to be understood if better performance in appointment data was achieved and what that could mean for access but also patient care.

7.12 HG said that financial resilience and sustainability had been hard for practices who were still suffering the effects of cost of living increases. HG had never previously come across such pressure in general practice from a financial perspective. Implementation of the Plan would have to be done sensitively ensuring there were no unintended consequences to chasing any particular targets and understanding individual practice positions.

7.13 HG was pleased to see that community pharmacies were going to be taking up even more opportunities which could help enormously in terms of picking up some of those minor illnesses from a "pharmacy first" approach.

***Resolution:* The PC&DC noted the contents of the Delivery Plan for Recovering Access to Primary Care report.**

8. Gloucestershire Dental Strategy Update Report

8.1 HE gave a verbal update to members on the three areas of the Commissioning Plan, Access, Workforce and Oral Health Improvement for the Committee. This Commissioning Plan had been seen twice previously by the Committee, most recently in August 2023. A fully costed Plan will be brought to the Committee for the meeting in February 2024. However, the Committee were today updated on a number of developments before that meeting.

8.2 In terms of access, the Committee approved an Expressions of Interest letter in July 2023 which had been sent to all 63 practitioners of general dental services in the county in order to provide additional urgent capacity initially out of hours, weekends or evenings and subsequently in hours and interest in stabilisation.

8.3 There were 51 additional urgent care appointments obtained on average per week which was pleasing in terms of additional capacity. This capacity had been signed off and supported by colleagues from the South West Collaborative Commissioning Hub and also by the NHSE Procurement Team in helping to make some of these changes.

8.4 132 stabilisation appointments had been secured per week and it had been proposed that the capacity will be accessed via NHS 111. The pathway for these appointments is in the process of being finalised so that capacity will be available for members of the public to use.

8.5 In terms of workforce, HE was delighted to inform the Committee that a dental strategy clinical lead, Christina Worle, had been appointed and will initially work on a Friday but will increase her hours towards the end of February 2024 and will continue her work in a clinical capacity for the other three days a week. The recruitment panel had been supported by County Council colleagues - a public health consultant, a public health consultant in dental services from NHSE, and NHSE workforce Training and Education colleagues.

8.6 HE described how in Section 3.3 of the paper on oral health improvement, two developments would be undertaken in conjunction with Gloucestershire County Council colleagues who had a statutory duty for the oral health improvement of their population. Both programmes had been commissioned by NHSE prior to delegation to the ICB and will be coming on stream within the county.

8.7 Regarding the Supervised Toothbrushing contract, this was awarded by NHSE to At Home Dental and will be mobilised mid-December 2023, with a go live date of mid-January 2024. A phased roll-out will service will eventually be available in 172 primary school settings across the county, in nursery schools where they are attached to a school, and in special schools. The majority of the services will be prioritised for Indices of Multiple Deprivation (IMD) areas 1 to 6 and further prioritisation would take place in relation to Core20plus2 areas.

8.8 HE explained that First Dental Steps was a programme for all babies at their universal 9-12 month check with an additional component of oral health improvement and for some children, a pathway into the Community Dental Service. The final part of the paper showed the anticipated costs over the next three years of the costs associated with those programmes.

8.9 HE informed that the first dental engagement event was held on 30th November 2023 and the response was very pleasing and there was a good deal of energy in the room. 21 practices had joined the event which had been a great start given the current position. A survey was handed out to those attending and the response on asking when they would like to meet again was in another six months' time. Feedback was given on retaining associate dentists and increasing the number of training practices in the county, of which there were currently only four that were able to support foundation dentists.

8.10 HG observed that at the event there had been quite a lot of misunderstanding about flexible commissioning before and now and so to dispel the myths there will be a FAQ based on what would need to be done to become a foundation trainer and how rebasing their contracts could be done as well as further work. HG told the Committee that she was so proud of the work her team had done and achieved already, which would definitely pay dividends. The exercise also incorporated the rebuilding and establishing of relationships and the ambitions of the Strategy would not be achievable until trust was there, which can take time.

8.11 MH said she was surprised that capacity had been identified so quickly and this was all credit to the team who had been collaborating with local dentists which had encouraged them to come forward so quickly. It was often difficult to respond to patient complaints but with work like this moving forward this will lead to more capacity for NHS 111 that will meet the immediate needs for people.

8.12 HE believed that the stabilisation appointments would go some way to support people because as well as that initial appointment, the stabilisation period is for 12 months for one

dental issue which gives certainty. Whilst it does not provide a routine dental home for individuals, it does address a particular issue over a period of time.

Resolution: ***The PC&DC noted the contents of the Gloucestershire Dental Strategy Update Report***

9. Primary Care Risk Report

9.1 JW reported that there had been a general Primary Care risk scored at 15 which reflected much of the conversation earlier around resilience and sustainability within Primary Care. This was down to workforce challenges and increased demand around the appointments that practices were offering.

9.2 The risk was listed as being a general risk in that the ICB's requirements of providing Primary Medical Services for practices that were facing resilience challenges, could not be met. It had been identified that there was a risk of harm to patients due to practice staff burnout in particular.

9.3 JW explained that regular Primary Care meetings were held with individual practices to support them when issues were identified. All ICBs did have some resilience funding where non -recurrent support could be given if necessary.

9.4 HE said that the New to Practice programme would help ensure stabilisation of the workforce, not only with recruitment of new partners, but also their retention. The team had supported recruitment into the ARRS roles whilst accepting the financial challenges being faced.

9.5 HG said with the support of Finance the team had been working with a highly qualified Primary Care accountant to really help those practices to understand their financial planning. Feedback about the approach had been resoundingly positive. HG said going forward that there would be a much more pro-active approach around supporting the GP partnership model to become more sustainable and resilient by working out what the best financial budget forecast modelling could be. There was more work to be done but continuing support should not be under-estimated.

9.6 AJ said the Risk Register mentioned addressing the workforce challenges and mentioned a monthly dashboard focus on workforce numbers and AJ asked whether this data could come to this Committee even if it were just a summary showing how numbers were doing. HG added it was hoped that some of the learning and modelling would transfer over into the dental recruitment agenda. **Action: Workforce data from monthly dashboard to come to a future PC&DC meeting to check on numbers.** **HG /HE**

9.7 HE said this would apply around the fellowships and support for under-doctored areas in the county as well as the Health Inequalities fellowships that had been so successful and was something that would definitely be usefully replicated into a programme for foundation dentists to incentivise them to stay within Gloucestershire. HE confirmed that workforce figures could be reported to this Committee in future.

Resolution: ***The Committee noted the content of the PC&DC Risk Report.***

10. Highlight Reports

10.1 General Practice

10.1.1 JW said the Highlight Report, which is shared as regular reporting with ICB Board, gave an overview of all the programmes of work to develop and sustain practices and includes all delegated services around Pharmacy, Optometry and Dentistry.

- All locally commissioned GP Enhanced Services are being reviewed for 2024/2025. A vasectomy contract will be ending in June and a review is underway of the specification and a procurement process which will take place in the new year.
- There was a lot of work going on around digital some of which was linked with the Recovering Access to Primary Care Programme and included the switch on of prospective record access to all patients.
- A Footfall website pilot was taking place and practices are to be contacted with further information on rollout.
- This phase of the Covid vaccination programme was ending and there will be an Evergreen offer. Gloucestershire is one of the top few counties in the country in terms of the amount of vaccinations that had been completed.

10.2 Pharmacy, Optometry & Dentistry (POD)

10.2.1

- The NHSE South West Team continue to work on the transition items identified at the point of delegation. There were statutory groups for Primary care but also for each of the POD groups. The Ophthalmology group tended to link in with the ICB Clinical Programme Group (CPG) and this was working well.
- Work continues around workforce, and HE said that a locum event had taken place recently which had been well attended and supported by around 60 locums. This is an annual event and the locums help to design the agenda.
- Locums were reporting that they had not been able to obtain as much work as they had done previously. However, a review of the Primary Care Flexible Staffing pool revealed that locums worked over 1,800 hours for practices in the county during November 2023. There is 100% sign up from all the practices to the pool and 112 GPs working in it.

AS said that the event had been successful and praised the team for organising it. AS said that there seemed to be less locums this year with the bulk of them being long serving GPs which was good.

10.3 Primary Care Strategy

10.3.1 JW said that work continued on the Primary Care Strategy which was a significant piece of work, and the team were grateful to have a variety of roles across Primary Care and the ICB to support as part of the group which was chaired by Dr. Olesya Atkinson. OA said that a summary was presented today to the PCN Clinical Directors and Business Managers and there was good discussion. The Strategy is expected in April 2024. JW said there is an engagement plan being followed and there would be further engagement from others before anything is finalised.

***Resolution:* The Committee noted the content of the Highlight Reports.**

11. Performance Report

11.1 JW said a new look was being trialled with the Performance Report by looking at all of the Primary Care key indicators which the practices and PCNs were focused on, and those that were coming through as part of the system challenges as well. This would include the IIF and would look at the capacity and access improvement plans which linked with the Recovering Access in Primary Care actions ,.

The report aimed to give an overview of the performance within Primary Care & PCNs including

- 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.

Overall trends rather than changes month by month would be highlighted. The report will continue to be refined.

11.2 AJ said she had found the report extremely helpful both visually and descriptively. AS said, he had concerns around appointment targets which did not necessarily reflect quality in Primary Care. AJ said she had a comment around IIF indicators and asked whether this was expected performance. . OA said the reason this was still red was due to being only half way into the year.

Resolution: ***The Committee noted the content of the Performance Reports.***

12. Primary Care Quality Report

12.1 MAE updated on the report around safeguarding and was pleased to say that there was a new designated nurse for Children which was a new role and the additional input had been welcomed. This new role will support Primary Care. MAE said that the ICB were working under the guidance of Working Together 18. This was under review and had been out for consultation. It was hoped that in the New Year Working Together 24 would be visible and would reveal changes. MAE said that having education brought in as a statutory partner was a good idea, considering how much time children spent in education. A more informative briefing would follow once this paper had been issued.

12.2 The Executive Partnership for Children's Safeguarding had published their Annual Report which could be found on the Gloucestershire County Council (GCC) website. The ICB Annual Report covered Children and Adults.

12.3 Part of the Enhanced Service for GPs will be to undertake an annual practice Safeguarding assurance process which was also evidence that everything was in place should a CQC inspection occur. The Local Medical Council (LMC) had expressed concerns in that it was onerous for GPs to complete and so the named GP for Safeguarding was working with the LMC to obtain an audit that would deliver that assurance without it being too problematic for Primary Care to complete.

12.4 BP gave some highlights on the Patient Experience and Engagement element of the report. Data had been included in the report around the number of people who were coming through the Complaints and PALS Team. Feedback from NHSE was that Gloucestershire had delivered the best performance in resolving local dental queries which had prevented some formal complaints. The team had been able to resolve a number of these enquiries very effectively and BP thanked the Primary Care team who had provided regular updates.

12.5 An update on Patient Participation Groups (PPGs) had been provided in the report. There were four main ways in which the ICB worked with PPGs. They would often ask for advice and support in the recruitment of new members for their groups and a short recruitment

survey had been developed which had proven incredibly successful. Two practices recently had put out Expressions of Interest to which they had received hundreds of applicants in the region of approximately 300. Part of the role of the team had been to sift the applications that had been sent in and where this level of interest is seen, these people can also be added to a virtual Patient Group.

12.6 The team were also helping PPGs with information and advice about how to manage their PPG such as Terms of Reference and the development of workplans for which good progress had been made.

12.7 The Countywide PPG Network's last meeting focused on the Primary Care Strategy. HG thought the meeting was so good and was the most positive and productive discussion she had ever had at PPG level. HG congratulated BP on this brilliant meeting. The next meeting will examine the cross-cutting themes identified in the Primary Care Strategy.

12.8 Sharing the Power: Get *Involved* in Research to increase diversity in Gloucestershire was going from strength to strength with great work going on with community voluntary organisations and Gloucestershire University with particular focus around mental health amongst people from minority communities. NHSE had provided some funding to support that work.

12.9 MAE had attended the last Research meeting and there had been real energy and enthusiasm in the room with people wanting to become involved and share their ideas. A forthcoming workshop was likely to be beneficial. The first Community Primary Care and Research Group is to take place next week which would hopefully drive forward the research agenda in the Primary Care community.

12.10 JZS said that since writing the Patient Safety update, GHC had finished their part of the policy and had written their plan. A task and finish group will be set up including Primary Care, so that the system investigation and learning could be considered. This will be cascaded to Primary Care colleagues and updates given as this work progressed.

12.11 Work continued with colleagues at Highnam with PPG on Out of Hours and NHS 111. Feedback from patients regarding the signage in the Emergency Department (ED) and the Out of Hours (OOH) GP had led to improvements which had not been previously flagged as an issue, so this collaboration had proved productive.

12.12 The Leg Ulcer Service had now had project management support agreed with the work now sitting under the team of Jane Haros. It was the aim to incorporate some of the good work of Herefordshire colleagues into some of that done locally. The support of designated management support meant this would progress in the New Year.

12.13 Concerns were being raised by Primary Care clinicians around the significant delays and backlog of radiology reports. The ICB planned care leads had 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, suggested that CT/MRI capacity was being prioritised to ED and some inpatient areas, which could be at expense of GP urgent and 2ww requests. A working group is to examine this to understand the situation and JW thought it was important for this to remain under the Quality agenda.

12.14 MH commented that Gloucestershire ICB had the most capacity in the country for CT, MRI and non-maternity ultrasound scans and thought that this needed to be an accelerated review and addressed immediately. There should be no problem around 2ww for diagnostics. AS said, tests were done on time, but the problem was the reporting which

took 5-6 weeks. The reporting therefore had been outsourced due to this problem. MH asked about the programme of work and Christian Hamilton had been heavily involved with this with Kerry O'Hara. **Action: JZS to follow up radiology reporting backlogs and report back to the Committee.** **JZS**

12.15 Migrant Health Update – JZS reminded the Committee that the Ramada Hotel would be closing on 11th December 2023 and the Prince of Wales Hotel was closing in the third week in January 2024. The Orchard and The Ibis were still full and remained static with no plans to close them. Beachley Barracks in Chepstow will house eligible Afghanistan nationals and their families. They will be flown from Pakistan to four sites in the UK which were Ministry of Defence (MOD) bases that had capacity for residents to live. 4500 nationals were expected before Christmas.

12.16 96 people were on site at Beachley, about 42% of the capacity for the base. The people coming in had complex needs and had very different health needs to those residing in contingency hotels. This would result in a big impact at a Primary Care level. There were a variety of clinical issues that needed to be addressed. From a vaccination perspective the ICB were working jointly with the vaccination team with the biggest issue being MMR and DVT vaccines.

12.17 No notification had been given to the ICB about this and MH had spoken to the Police and Crime Commissioner who had said that there would be no need for any input from health and issues would all go to ED. That obviously was not the case and never would be and MH said it was wrong that this should happen and the ICB not be informed. This would need to be raised formally. JZS said she would be attending a formal MOD meeting and site visit at Beachley. GICB is trying to ensure that Migrant Help and the Home Office were aware of all those who had health concerns when dispersal decisions were being made. MH was clear that the ICB wished to support people whilst also considering those health needs and potential risks around Primary Care of the local population.

12.18 CAM said as two hotels were going to be closing, these people would become homeless and emergency accommodation would need to be found. Four of six districts had responded positively with offers of housing, but this would not be enough capacity. Other options were being examined for those migrants arriving.

12.19 JZS said that as the Forest of Dean was an area of deprivation there could well be a risk for the local population. AJ said this Committee would be able to keep an eye on things if migration were to be placed on the Risk Register. This was a topic that needed to be regularly reviewed. JZS and colleagues were working closely with Public Health colleagues as medicines needed for the migrants would not be the day to day kind normally needed.

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

13. Delegated Primary Care Financial Report – September 2023

13.1 CL explained that at the end of September 2023 the Integrated Care Board's (ICB) Delegated Primary Care co-commissioning budgets were showing a £773k overspend position on a £59,575k year to date budget. The month six forecast position was breakeven, although this position could change as the year progressed and issues were highlighted. One overspend was the IIF of £400k along with a number of other smaller items but these were manageable within the ICB position. Recurrent and non-recurrent funding would need to be examined so that next year's position was understood.

13.2 In terms of POD, there were reported underspends on one of the budgets – Other GP did not have any commitments but in Months 7 and 9 with the national letter and further flexibilities, the dental underspend had now been brought into the ICB and ICS overall financial position which will be shown in future months. There had been some underspend on secondary dental contracts of which some were on a cost per case basis. The underspend for dental was on a non-recurrent basis so was for this year only.

13.3 There was a question about the confidence of underspending on dental in consecutive years. CL said that a range of scenarios were being modelled but based on the trends that had been seen, the strategy had finance from the ICB, and the dental hub had done some modelling and they were very experienced around this so it was with some confidence, predicted that finances will be fine. Obviously, there was more work to do, and HG's team were working closely with the Hub and ICB Finance to ensure that over-commitments were not made recurrently.

***Resolution:* The Committee noted the content of the Delegated Primary Care Financial Report for September 2023.**

14. ICS Transformation Programme & ILPs Highlight Report

14.1 HG drew the Committee's attention to an event held in mid-November on the Locality Work Programme, attended by MH and CAM. HG had found it inspirational, and it was an opportunity for localities and neighbourhoods to demonstrate their Quality Improvement and partnership projects. There was an opportunity for the ICB to submit three case studies, all of which had been moving and inspiring. CAM and AJ said this event had been amazingly vibrant with obvious passion. This will be joined up with the Integration agenda.

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

15. Any Other Business (AOB)

15.1 There were no items of any other business.

The meeting closed at 15.30pm

Date and Time of next meeting: Thursday 1st February 2024 - 14.00-16.00pm, Shire Hall Gloucester GL1 2TG

Withdrawal of the press and public

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

(Commercial in confidence discussions)

Minutes Approved by:
Signed (Chair):_____________________ Date:_____________

Agenda Item 5

NHS Gloucestershire Primary Care and Direct Commissioning Committee, Part 1

Actions & Matters Arising February 2024

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	**June:** CG explained to the Committee that this item had been pulled from the agenda to support the PCN and would be presented at a future meeting. HG agreed to arrange this for the Committee. HG said this would be brought back to the next (August) meeting or subsequent one (October). She would confirm this at a later stage. **Action: Item to remain open.** **August:** To be brought back to the October 2023 meeting. **Item to remain Open.** **October:** Delayed now until the December 2023 meeting. **Item to remain Open.** **December:** Item to be brought to Feb 24 meeting.. **Item to remain Open.** **February 2024:**	~~October 2023~~ February 2024	**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	Jo White	**December:** Action for JW to bring to a future meeting with more specific details on timelines and staff involved**.** **February 2024:**	February 2024	**Open**
13	07/12/2023	Min 9.6: *Monthly dashboard workforce numbers.*	Workforce data from monthly dashboard to come to PCDC to check on numbers.	Helen Goodey/ Jo White	**February 2024:** GP and General Practice Nurse numbers and trends are now included in the Performance Report.	February 2024	**Action to be Closed**

Primary Care & Direct Commissioning Action Log – February 2024

14	07/12/2023	Min 12.14: *Radiology reporting backlogs*	JZS to follow up radiology reporting backlogs and report back to the Committee.	Julie Symonds	**February 2024**: This issue is now largely resolved with fewer than 100 people now waiting over 6 weeks in total and the longest patient as of the 10/01/24 was 8 weeks. A business case has also gone to GHT Exec's for two additional Radiologists, this is in addition to a fourth outsourcing company commencing in January.	February 2024	**Action to be Closed**

Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

<table>
<tr><td>Report Title</td><td colspan="6">Application to merge from Coleford Family Doctors (L84069) and Brunston & Lydbrook Surgery (L84071)</td></tr>
<tr><td>Purpose (X)</td><td colspan="2">For Information</td><td>For Discussion</td><td></td><td colspan="2">For Decision
x</td></tr>
<tr><td rowspan="3">Route to this meeting</td><td colspan="6">On receipt of application neighbouring practices were invited to send in their comments with regard to the potential merger.</td></tr>
<tr><td>ICB Internal</td><td>Date</td><td colspan="3">System Partner</td><td>Date</td></tr>
<tr><td>PCOG meeting</td><td>9.1.24</td><td colspan="3"></td><td></td></tr>
<tr><td>Executive Summary</td><td colspan="6">An application for merger has been received from two practices in Forest of Dean PCN</td></tr>
<tr><td>Key Issues to note</td><td colspan="6">The merged practice will have 13,416 patients.
The practices wish to merge on 1.4.2024.</td></tr>
<tr><td>Key Risks:

Original Risk (CxL)
Residual Risk (CxL)</td><td colspan="6"></td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="6">If the below information is shared at meetings, it is ensured that the data is treated in confidence.</td></tr>
<tr><td rowspan="2">Resource Impact (X)</td><td>Financial</td><td></td><td colspan="3">Information Management & Technology</td><td></td></tr>
<tr><td>Human Resource</td><td></td><td colspan="3">Buildings</td><td></td></tr>
<tr><td>Financial Impact</td><td colspan="6">The ICB should consider costs/value for money as this contract merger will merge two contracts and leads to an ‘averaging’ effect.

In this instance, following analysis there appears to be no cost pressure on the ICB if the merger is approved.

The merger will have a positive impact on the practices as they will be more efficient and resilient.</td></tr>
</table>

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

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

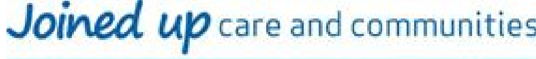
PCOG APPROVAL

Date discussed at PCOG: **9.1.24**	PCOG attendees: Helen Goodey (HG) - Director of Primary Care and Place (Chair) Dr Tom Yerburgh (TY) – GP / Chair of Gloucestershire LMC Andrew Hughes (AH) – Associate Director, Commissioning Adele Jones (AJ) – Chief Pharmacist Primary Care and Associate Director Dr Ananthakrishnan Raghuram (AR) – Chief Medical Officer Becky Parish (BP) - Associate Director, Engagement and Experience Charlotte Griffiths (CG) - Service Development Manager Cherri Webb (CW) – Primary Care Development & Engagement Manager Helen Edwards (HE) – Deputy Director of Primary Care and Place Jeanette Giles (JG) – Head of Primary Care Contracting Julie Zatman-Symonds (JZS) – Deputy Chief Nurse for the ICB Katrice Redfearn (KR) – PCN Service Implementation Manager Keren Ford (KF) - Senior Management Accountant – Primary Care Libby Gilroy (LG) – Project Co-Ordinator for PCNs & PC Contracting (Minutes) Meryl Foster (MF) - Senior Programme Manager In attendance: Ayesha Janjua – Non Executive Director (NED) on the Board and Chair of Primary Care and Direct Commissioning Committee (PCDC)

Decision of PCOG:	PCOG supported the Application to merge Coleford Family Doctors and Brunston & Lydbrook Practices and recommended that this was approved by PCDC.

Areas of concern or additional information for attention of PCDC:	PCOG noted the importance of the merger in relation to the resilience and sustainability of the practices. The challenges faced by the practices were noted and details of the support provided by the ICB to the practices was outlined by the Director of Primary Care and Place. The Deputy Chief Nurse for the ICB confirmed her support and noted the positive relationship she has with the team. The Primary Care Team would continue to support both practices throughout the merger process.

Helen Goodey Director of Primary Care and Place NHS Gloucestershire
Date: 9.1.24 Signature:



Agenda Item 7

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Application to merge from Coleford Family Doctors and Brunston & Lydbrook Surgery

1. Introduction

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

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

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

Within our Primary Care Strategy, we said we would:

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

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

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

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

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

Locally we will continue to value the essence of local primary care, care continuity and preservation of "family medicine".

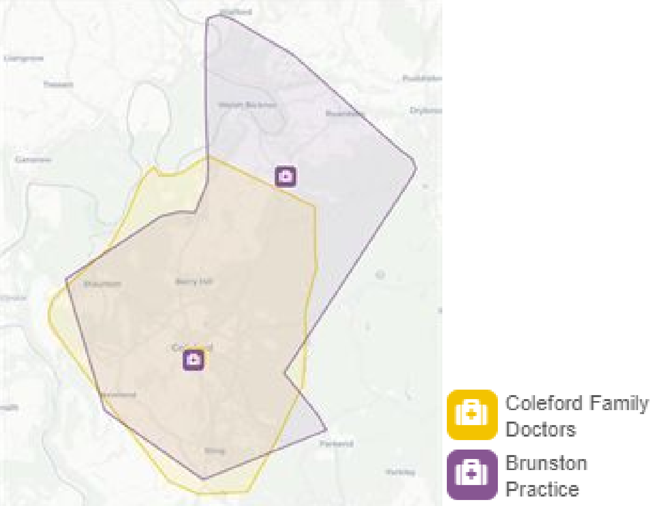
2. Proposal to Merge

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

- L84069 – Coleford Family Doctors, (List size 7,297 as of 1.10.23) Railway Drive, Coleford, Glos GL16 8RH
- L84071 – Brunston & Lydbrook Surgery, (List size 6,119 as of 1.10.23) Cinderhill, Coleford, Glos GL16 8HJ

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

2.2 The practice boundaries are shown in Map 1 below.



2.3 The partners of both practices wish to merge as there is a mutual fit in terms of approach to patient care, ethos, practice area and the development of new premises in Coleford. The square meterage of the new building is based on an assumption there will be one merged practice in the new building. An initial decision to merge was agreed by the Partners in 2019 and their patients were informed they were in discussion with regard to a possible merger in 2020 when the plan was to merge on relocation to the new premises. This application brings forward the date of the planned merger.

2.4 Coleford Family Doctors current has 4 partners (but one partner has given notice of intention to resign), and there are currently 3 Partners on the Brunston & Lydbrook Surgery contract (but one partner has given notice of intention to resign) . A merger will enable them to meet the challenges and be more attractive to new partners and clinicians etc.

2.5 The practices are already working closely together and there is already some interactivity between the practices through the ability to book patients into each other's enhanced access appointment slots.

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

2.7 Both practices are on the same clinical system (TPP SystmOne) and have been working together to coordinate appointment booking processes, slot types and workload as part of the review of GP activity data.

2.9 Financial implications for ICB

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

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

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

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

The ICB then compared the result of the notional October 2023 Global Sum calculation for the proposed merged practices to the actual October 2023 Global Sum funding the practices received.

The result is a potential reduction in GMS Global Sum funding of approx. £5.7k per annum or approx. -0.37% per annum.

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

However, until the combined numbers are finalised by the Exeter (NHAIS) system at the time of merger this is our best estimate.

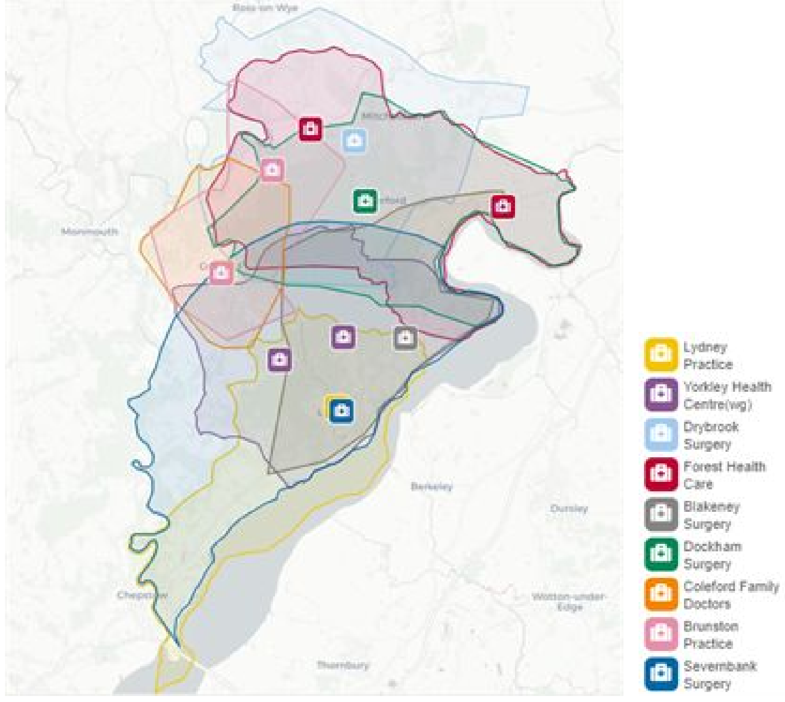
It is assumed that best practice will be shared to enhance QOF and/or Enhanced Services performance that could potentially increase income.

However, it should be noted that is already above the ICB average of practice QOF achievement. In 2022/23 Brunston Practice received 633.56 (99.8%) points and Coleford Practice 603.90 (95.1%) points.

3. Alternative local provision

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

Practice Name	ODS Code	PCN
Blakeney Surgery	L84029	Forest of Dean
Dockham Surgery	L84046	Forest of Dean
Drybrook Surgery	L84024	Forest of Dean
Forest Health Care	L84028	Forest of Dean
Lydney Practice, The	L84011	Forest of Dean
Severnbank Surgery	L84085	Forest of Dean
Yorkley & Bream Practice	L84021	Forest of Dean



4. ICB engagement for the application to merge

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

4.2 Gloucestershire ICB have engaged with:

- Neighbouring Gloucestershire practices (7 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)

- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB).

At the time of writing this report LMC have confirmed their support of the application but no other responses have been received. Any further responses will be reported verbally at the meeting.

5. Practice Engagement

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

A detailed stakeholder engagement plan is being developed, subject to approval of their application to merge.

6. Summary

6.1 The two practices already work very closely together. They are also part of the same PCN.

The merger of these practices is a natural progression which will further increase their resilience and sustainability and improve the healthcare provision for patients of both practices. By bringing together their clinical and management teams, a wider range of skills will be available for all patients. They also hope to improve the recruitment and retention of GPs and clinical staff.

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

6.2 Coleford Family Doctors and Brunston & Lydbrook practices wish to merge on 1.4.23 to become Coleford Medical Practice and following engagement with the Digital Transformation Team, they will identify a date for integration of the two clinical databases.

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

6.3 Following the merger the same practice areas will be covered.

7. Recommendation

7.1 The Committee is asked to:

- Note PCOG's support of the Application to merge Coleford Family Doctors and Brunston & Lydbrook Practices

- Approve the Application to merge Coleford Family Doctors and Brunston & Lydbrook Practices

Appendix 1 – application

Application for consideration of a contractual merger

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

Name and address of the practices wishing to merge:

Practice A:	Practice B:
Coleford Family Doctors Railway Drive Coleford GL16 8RH	Brunston & Lydbrook Surgery Cinderhill Coleford GL16 8HJ
Practice code: L84069	Practice code: L84071
Type of contract: GMS	Type of contract: GMS

Please complete the following:

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

Practice A -Coleford Family Doctors, L84069

…………………………………………………………………………………………..

2. Indicate whether you intend to operate from all current premises yes/~~no~~

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

Main Surgery - Coleford Family Doctors
Branch Surgeries – Brunston Surgery & Lydbrook Surgery
…………………………………………………………………………………………..

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

No changes to premises and hours
……………………………………………………………………………………………

…………………………………………………………………………………………..

Page **1** of **14**

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

Coleford Family Doctors has 3 x Partners and a list size of 7295 patients. Brunston & Lydbrook has 2 Partners and a list size of around 6100 patients. Both practices are active members of the Forest of Dean Primary Care Network [PCN], which has a total of 10 member practices and a population of 65608 patients.

Both Partnerships wish to apply for a merger, as we believe this will increase our resilience and improve the healthcare provision for patients of both practices. We have been engaging together frequently over the past years, as the practices will be eventually sharing a new purpose-built healthcare premises in Coleford.

As a result of our engagements and discussions, we have developed shared goals and values for our practice teams and our patients. It has become very clear we all share the same goals, ethos and ambition, to extend and promote the range of services available and to enhance the healthcare services to our population.

Equally, and most importantly, the Partners recognise the future challenges they would face were they to remain as two independent practices which could lead to reductions in our services and have a serious impact upon the future healthcare service provision in Coleford.

Our shared values are as follows.

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

· Patient-Centred

· Caring

· Supportive

· Sustainable

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

Since the initial decision to merge in 2019 was agreed by the Partners, due diligence has been completed. Accountants have confirmed the similarity in terms of financial performance, staffing costs, QOF and the range of services offered under the various contracts.

Both Partnerships believe that a merged practice will allow us the opportunity to be more innovative with new and different ways of working, making it a more attractive option for new clinical staff, to attract new Partners and to become more resilient for those working in the surgery.

With the growing complexity of primary care, it is challenging to manage smaller practices. Merging will create a more resilient practice with the resources and expertise needed to manage all the demands of general practice, both clinically and administratively.

In terms of the benefits that we believe the merged practice can offer its patients, these are grouped around the following areas

1. Service quality
2. Extended scope and integration
3. Improved access
4. More choice

Service Quality

By bringing together our clinical and management teams, we will be able to share knowledge and expertise in both practices and have a shared development and CPD plan for our staff teams. We are aware that each practice brings with it particular interests and strengths, and that by combining our teams; this wider range of skills will be available to all patients. This in turn will lead to a standardisation of process, learning from best practice, supported by reflective practice.

Extended scope and integration

By merging our practices we will be able to increase the range of services to our patients. For example we will be able to offer a wider range of women's health services, Diabetes and Frailty, Triage Nursing, as well as sharing PCN ARR staff to develop enhanced care in Care Homes, Improved Care Navigation and Structured Medication reviews and provide a wider range of services for patients by sharing the skill mix of the two practices.

Improved Access

The additional resilience that will come from having a combined staff team will mean that service delivery can be extended and less likely to be impacted by changings in staff availability. This will mean that we will be able to run joint clinics together, and provide cover for each other. We will also have the ability to provide improved access to appointments due to efficient use of rooms and resources.

More Choice

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

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

We anticipate that the impact of the merger on our respective patients will be minimal. Both practices already operate the same clinical system (SystmOne), and are in the process of coordinating appointment booking processes, slot types and workload. We are also in the process of procurement for a new advanced cloud-based telephony system with the same

supplier. We have received confirmation and reassurance from the supplier that there will be no issues with merging of the telephone systems. Additionally, we anticipate that the new advanced cloud-based telephony systems will significantly increase the efficiency of our services.

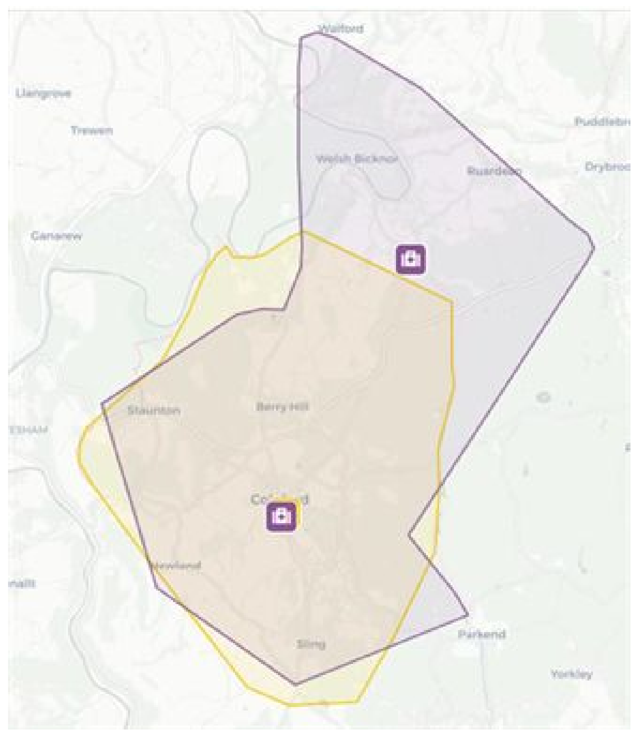
The practice management merger team will continue to work together to harmonise and standardise operating processes. This is made easier by the fact that there is already some interactivity between the practices through the ability to book patients into each other's enhanced access appointment slots via our shared PCN SystmOne clinical system.

The practices are already working closely with each other in respect of future staffing arrangements; the merger leads have regular formal meetings planned. The practices will be engaging the staff teams and are confident that staff-led improvements will also be identified as the merger project evolves. Changes will continue to develop including the introduction of a single website and expansion of shared processes, such as the footfall website patient forms. The respective Practices' enhanced services provision is almost identical and both practices seek to increase the scope of provision as a result of the merger and the move into the new premises.

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

The Practices are in the process of engagement with the digital transformation team at the SWCSU and will identify a date for the integration of the two clinical databases. Subject to approval of the merger application a project plan for the clinical system merger will be put in place, on the advice of the Senior Project Manager and completed.

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



The new merged boundary will cover all areas currently within the practice areas.

8. Patient and Stakeholder engagement

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

Yes, the practices have previously engaged with patients and stakeholders regarding the merging of practices.

Do the practices intend to engage with patients/stakeholders?

Yes, subject to approval by PCOG and PCDC.

When did/will you engage with patients/stakeholders?

We will engage with stakeholders in November/December 2023.

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

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

With whom did/will you engage?

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

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

The merger from previous engagements has had overwhelming support from both PPGs and a significant proportion of the patients and staff. With the merger date brought forward we will continue to engage with our patient groups and staff upon approval for the merger.

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

Practice Name	Organisational	Financial	Clinical (including record keeping)	Other, e.g. partnership agreements
Coleford Family Doctors	Review of key contracts, policies, procedures and protocols underway.	Coleford Family Doctors (CFD) Accountants will remain in place Accountants have been	A review of all policies, protocol and procedures is underway and is included	We are in the process of legal advice on a new partnership agreement

		informed and reviewing processes to align accounting years Accounts for 2022-23 to be reviewed and compared with Brunston accounts of same accounting year	within the project plan	
Brunston & Lydbrook Surgery	Review of key contracts, policies, procedures and protocols underway. Staffing levels to be reviewed	Brunston & Lydbrook surgery will move to the CFD accountants. Accounts for 2022-23 to be reviewed and compared with CFD accounts for same accounting year	As above	As above

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

1st April 2024

Business Case

1. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)	Coleford Family Doctors Coleford Health Centre Railway Drive Coleford Glos	Brunston & Lydbrook Surgery Cinderhill Coleford GL16 8HJ	**Coleford Medical Practice** Coleford Family Doctors Coleford Health Centre Railway Drive Coleford Glos **Branch Surgeries;** Brunston Surgery Cinderhill Coleford GL16 8HJ Lydbrook Health Centre, Upper Lydbrook, GL17 9LG
Name of contractor(s)	Dr Barbara Cummins, Dr Alvaro Leon, Dr Katie Ramsey, Dr Elizabeth Williams	Dr Sophia Sandford, Dr Lisa Williams, Dr Jack Nicholson	Dr B Cummins, Dr A Leon, Dr K Ramsey, Dr S Sandford, Dr J Nicholson
Location (provide addresses of all premises from which practice services are provided)	Coleford Health Centre Railway Drive Coleford Glos	Brunston & Lydbrook Surgery Cinderhill Coleford GL16 8HJ Branch Surgery Lydbrook Health Centre, Upper Lydbrook, GL17 9LG	Coleford Family Doctors Coleford Health Centre Railway Drive Coleford Glos Branch Surgeries; Brunston & Lydbrook Surgery Cinderhill Coleford GL16 8HJ Lydbrook Health Centre, Upper Lydbrook, GL17 9LG
Practice area (provide map of area)	ICB will provide	ICB will provide	ICB will provide
List size (provide figure)	7295	6130	13425

Number of GPs and clinical sessions (provide breakdown)	4 x GP partners 4 x GP partners - 20 x clinical sessions & 4 x non-clinical sessions 2 x Salaried GPs 9 x clinical sessions 1 x non-clinical sessions Total clinical sessions- 29 per week Total non-clinical sessions – 5 per week	3 x GP partners – 18 x clinical sessions	**5 x GP partners** – 25 x clinical sessions & 5 x non-clinical sessions (1 x CFD GP partner leaving & 1 x Brunston partner to become salaried) **3 x Salaried GPs** – 13 x clinical sessions & 2 x non-clinical sessions **Total clinical sessions- 38 per week** **Total admin sessions – 7 per week**
Number of other practice staff (provide breakdown)	**22 staff – 564 hrs** 1 x Practice Manager 1 x Secretary/Deputy PM 1 x Secretary 1 x Head Receptionist 1 x IT/Admin 1 x IT/Admin apprentice 9 x Reception/Admin 1 x Admin 1 x Head/Senior Dispenser 3 x Dispensers 2 x Care Coordi121nators	**26 staff - 654.50 hrs** 1 x Practice Manager – 1 x Operations Manager 1 x Secretary 1 x IT/Admin 1 x IT/Admin apprentice 5 x Care Navigators 2 x Care Navigators/Admin 4 x Admin 1 x Senior Dispenser 4 x Dispensers 1 x Care Coordinator 2 x Delivery Drivers 2 x Cleaners	**44 staff – 1219.5 hrs** 2 x Practice Manager 1 x Operations Manager 1 x Head Receptionist 1 x Secretary/Deputy PM 2 x Secretaries 2 x IT/Admin 2 x IT/Admin apprentices 5 x Care Navigators 11 x Reception/Care Navigators/Admin 5 x Admin 2 x Head/Senior Dispensers 7 x Dispensers 3 x Care Coordinators 2 x Cleaners 2 x Delivery Drivers
Number of hours of nursing time (provide breakdown)	**187.5 hrs** 4 x Nurses – 123 hours 1 x TNA (plus phlebotomy) – 30 hrs 1 x HCA's (plus phlebotomy)– 16 hours 1 x GPA (trained phlebotomist & HCA) – 18.5 hrs 1 x Clinical Pharmacist – 37.5 hrs	**97hrs** 1 Lead nurse 36 hrs, 3 Nurses 61 hrs (inc 1 casual approx 12hrs pw) 1 TNA (37.5 hrs) 1 HCA 23.5 hrs 1 Phlebotomist (20hrs) also Care Nav GPA is also trained phlebotomist 1 x Clinical Pharmacist – 37.5 hrs	**284.5 hours** 8 x nurses – 220 hrs 2 x TNA – 67.5 hrs 2 x HCA's – 39.5 hrs 2 x GPA – 37 hrs Phlebotomist – 20 hrs 2 x Clinical Pharmacists – 75 hrs
ICB area(s) (list ICB(s) in which practices are located)	ICB will provide	ICB will provide	ICB will provide
Which computer system/s	SystmOne	SystmOne	SystmOne

(list system(s) used)			
Clinical governance/ complaints lead and systems (provide names)	Dr Barbara Cummins B Docking/T Chapman	Dr Sophia Sandford Andrea Jones	Dr Barbara Cummins Dr Sophia Sandford
Training practice (yes/no)	Yes	No	Yes
Opening hours (list days and times)	Mon – Fri 8am – 6.30pm Phones diverted to Messagelink between 8.00-8.30, 1.00.1.30 & 6.00-6.30	Mon - Fri 8am -6.30pm Phones diverted to Message Link 8-8.30, 1-1.30pm, 6-6.30 Lydbrook 8.30am-1pm 1.30pm -6.00pm Mon, Tue, Thur. 8.30am to 1pm Wed, Fri	Mon – Fri 8am – 6.30pm Phones diverted to Messagelink between 8.00-8.30, 1.00.1.30 & 6.00-6.30 Lydbrook - 8.30am-1pm 1.30pm - 6.00pm Mon, Tue, Thur. 8.30am to 1pm Wed, Fri
Extended hours (list days and times)	FOD PCN EA Shared Mon-Fri 6.30-8.00 & Sat 8.30-1230	FOD PCN EA Shared Mon-Fri 6.30-8.00 & Sat 8.30-1230	FOD PCN EA Shared Mon-Fri 6.30-8.00 & Sat 8.30-1230
Enhanced services (list all enhanced services delivered)	Advanced Contraception Anti Coagulation Care Homes (Top-Up for both OP & LD/PD CQC homes) Coils & Implants Diabetes DVT Ear Syringing Enhanced Health Check & Support for Ukraine pts IUCD for Control of Menorrhagia or HRT for Women not requiring Contraception LD Health Checks Leg Ulcers High Risk Drugs Minor Surgery PCO Primary Care Phlebotomy Prophylaxis with Anitviral drugs Respiratory Diagnostic Provision	Anticoagulation Care Homes (Top-Up for both OP & LD/PD CQC homes) Diabetes DVT Ear Syringing Enhanced Health Check and Support for Ukraine pts LD Health Checks Leg Ulcers High Risk Drugs Minor Surgery PCO Primary Care Phlebotomy Prophylaxis with Anitviral drugs Respiratory Diagnostic Provision Seasonal Influenza & Pneumcoccal Vaccines	Advanced Contraception Anti Coagulation Care Homes (Top-Up for both OP & LD/PD CQC homes) Coils & Implants Diabetes DVT Ear Syringing Enhanced Health Check & Support for Ukraine pts IUCD for Control of Menorrhagia or HRT for Women not requiring Contraception LD Health Checks Leg Ulcers High Risk Drugs Minor Surgery PCO Primary Care Phlebotomy Prophylaxis with Anitviral drugs Respiratory Diagnostic Provision

	Seasonal Influenza & Pneumcoccal Vaccines Secondary care phlebotomy Smoking Cessation UK Resettlement Scheme Weight Management Childhood Immunisations Hexavalent (6-in-1) Vaccination Hepatitis B at risk (newborn) babies Vaccination HPV Vaccination Meningococcal ACWY Vaccination Meningococcal B vaccination MMR Vaccination Pertussis in pregnant women Pneumococcal Conjugate Vaccine (PCV) and Haemophilus influenzae type B, Meningitis C (HibMenC) Vaccination Pneumococcal Polysaccharide Vaccination (PPV) Rotavirus (Routine Childhood Vaccination) Shingles Vaccination	Secondary care phlebotomy Smoking Cessation Weight Management Childhood Immunisations Hexavalent (6-in-1) Vaccination Hepatitis B at risk (newborn) babies Vaccination HPV Vaccination Meningococcal ACWY Vaccination Meningococcal B vaccination MMR Vaccination Pertussis in pregnant women Pneumococcal Conjugate Vaccine (PCV) and Haemophilus influenzae type B, Meningitis C (HibMenC) Vaccination Pneumococcal Polysaccharide Vaccination (PPV) Rotavirus (Routine Childhood Vaccination) Shingles Vaccination	Seasonal Influenza & Pneumcoccal Vaccines Secondary care phlebotomy Smoking Cessation UK Resettlement Scheme Weight Management Childhood Immunisations Hexavalent (6-in-1) Vaccination Hepatitis B at risk (newborn) babies Vaccination HPV Vaccination Meningococcal ACWY Vaccination Meningococcal B vaccination MMR Vaccination Pertussis in pregnant women Pneumococcal Conjugate Vaccine (PCV) and Haemophilus influenzae type B, Meningitis C (HibMenC) Vaccination Pneumococcal Polysaccharide Vaccination (PPV) Rotavirus (Routine Childhood Vaccination) Shingles Vaccination
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	Leased – NHPS No lease agreement in place	Brunston Surgery – owned by Drs Sophia Sandford, Lisa Williams and Seb Nicholls Lydbrook – NHS Property Services. No lease agreement	Coleford Family Doctors Leased – NHPS No lease agreement in place Brunston Surgery – owned by Drs Sophia Sandford, Lisa Williams and Seb Nicholls

			Lydbrook – NHS Property Services. No lease agreement

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
Both practices anticipate that the merger will make the new partnership more resilient and attractive to new partners and staff, maximising the availability of primary care to the benefit of the patients. As the practices are already located close to each other and operate the same clinical IT system, no adverse effects are anticipated. Additionally, both practices will be using the same advanced cloud-based telephony system suppliers which will be merged once the merger takes place. We have had several meetings with both our PPGs who fully support the practices merging and understand that this will increase our resilience and enable us to provide efficient and effective healthcare for the benefit of all our patients. The merged practice will remain very similar to our current models. Patients will be facilitated throughout the process to access their 'usual' GP, and/or to the most suitable clinician, or services that best serves their needs. Both practices are high QOF achievers and our combined and continued delivery of enhanced services we will increase the services that are available for the merged practices with no degradation in the level of primary care provided.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	Both practices will operate from their own premises and will utilise any spare rooms where available for the benefit of all staff and patients.
IT	Both practices already operate the same clinical system, the telephone systems will be integrated.

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
TUPE	Brunston & Lydbrook Surgery staff will merge into the Coleford Family Doctors Practice, (new partnership name ‘ Coleford Medical Practice’. The TUPE process will be managed by the Coleford Family Doctors Practice Manager with professional and legal support from VWV.
Redundancy	Nil planned
QOF	No changes
Pension/seniority	Changes to pension records will be managed via PCSE
MPIG/PMS Premium	N/A
Dispensing	Dispensing will continue from all three premises as present.

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	Both practices are high QOF achievers
Access	No change
Recent or ongoing breaches of contract	Nil
Recent or pending CQC matters	Nil
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	Both practices are rated ‘Good’ by the CQC. An application for a single registered manager will be made as soon as the merger is approved.
Will there be any cessation of services post-merger?	No

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
Will there be a reduction of hours for which services are provided post-merger?	No
Will there be a change in the hours at which services are provided?	No
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	No
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	We intend to keep our services as personal as possible and to maintain continuity of care for all patients. This goal is supported by the Partners and the clinical teams. Our processes will be aligned to ensure that this is delivered, for example through our booking system which supports choice of clinician, through to our long-term condition management which will provide a one stop shop for patients and continuity of clinician. The new advanced cloud-based telephony will enable us to provide a streamlined and more efficient services over the three premises.

5. Procurement and competition

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

6. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, the order in which the actions need to be undertaken and timescales for the actions to be completed.
We have leads and project managers for each area of the merger. We meet with the ICB every 2-3 weeks and frequent and regular meetings with the leads from both practices are planned.

8. Additional information

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

Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Report Title	**Application to merge from Regent Street Surgery (L84080) and High Street Medical Centre (L84070)**				
Purpose (X)	**For Information**		**For Discussion**		**For Decision**
					x
Route to this meeting	On receipt of application neighbouring practices were invited to send in their comments with regard to the potential merger.				
	ICB Internal	**Date**	**System Partner**	**Date**	
	PCOG	9.1.24			
Executive Summary	An application for merger has been received from two practices in Severn Health PCN				
Key Issues to note	The merged practice will have 11,774 patients. The practices wish to merge on 1.4.2024.				
Key Risks:					
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.				
Resource Impact (X)	**Financial**		**Information Management & Technology**		
	Human Resource		**Buildings**		
Financial Impact	The ICB should consider costs/value for money as this contract merger will merge two contracts and leads to an 'averaging' effect. In this instance, following analysis there appears to be no cost pressure on the ICB if the merger is approved. The merger will have a positive impact on the practices as they will be more efficient and resilient.				

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

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

PCOG APPROVAL

Date discussed at PCOG: **9.1.24**	PCOG attendees: Helen Goodey (HG) - Director of Primary Care and Place (Chair) Dr Tom Yerburgh (TY) – GP / Chair of Gloucestershire LMC Andrew Hughes (AH) – Associate Director, Commissioning Adele Jones (AJ) – Chief Pharmacist Primary Care and Associate Director Dr Ananthakrishnan Raghuram (AR) – Chief Medical Officer Becky Parish (BP) - Associate Director, Engagement and Experience Charlotte Griffiths (CG) - Service Development Manager Cherri Webb (CW) – Primary Care Development & Engagement Manager Helen Edwards (HE) – Deputy Director of Primary Care and Place Jeanette Giles (JG) – Head of Primary Care Contracting Julie Zatman-Symonds (JZS) – Deputy Chief Nurse for the ICB Katrice Redfearn (KR) – PCN Service Implementation Manager Keren Ford (KF) - Senior Management Accountant – Primary Care Libby Gilroy (LG) – Project Co-Ordinator for PCNs & PC Contracting (Minutes) Meryl Foster (MF) - Senior Programme Manager In attendance: Ayesha Janjua – Non Executive Director (NED) on the Board and Chair of Primary Care and Direct Commissioning Committee (PCDC)

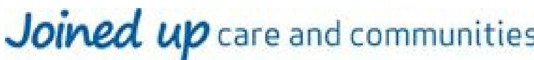
Decision of PCOG:	PCOG supported the Application to merge High Street and Regent Street practices and recommended that this was approved by PCDC.

Areas of concern or additional information for attention of PCDC:	PCOG discussed the application and noted that the merger enabled the Partners to meet the organisational and resilience challenges they currently faced. Details of the support provided by the ICB to the practices was outlined by the Director of Primary Care and Place. It was also noted the Primary Care team were in regular contact with the practices and would continue to support both practices throughout the merger process. The Associate Director, Engagement and Experience indicated the current lack of a patient participation group (PPG) and offered assistance with wider engagement and establishment of a PPG going forward if needed. Legal advice had been sought to ensure dispensing rights will be retained.

Helen Goodey
Director of Primary Care and Place
NHS Gloucestershire

Date: 9.1.24

Signature: [signature]



Agenda Item 8

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Application to merge from Regent Street Surgery (L84080) and High Street Medical Centre (L84070)

1. Introduction

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

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

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

Within our Primary Care Strategy, we said we would:

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

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

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

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

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

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

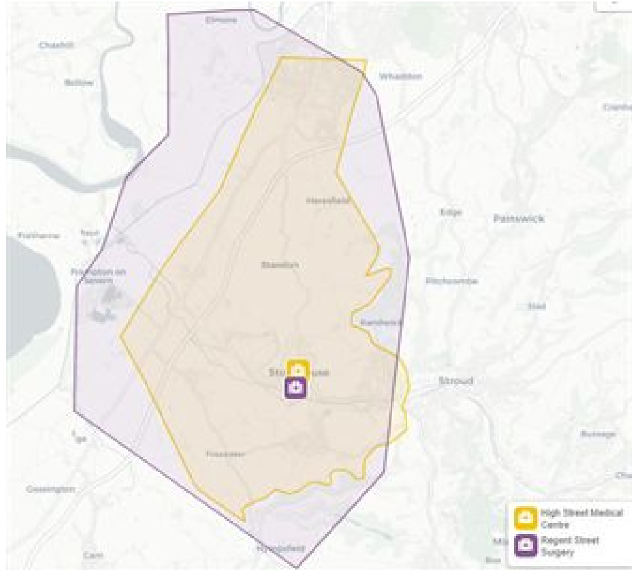
2. Proposal to Merge

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

- L84070 – High Street Medical Centre (list size 4,821 as of 1.10.23) located at 31 High Street, Stonehouse, Glos GL10 2NG
- L84080 – Regent Street Practice (list size 6,953 as of 1.10.23) located at 73 Regent Street, Stonehouse, Glos GL10 2AA.

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

2.2 The practice boundaries are shown in Map 1 below.



2.3 The application to merge is a natural evolution of the relationship that has developed between them and they now feel the time is right to merge the two Stonehouse practices into a single GMS contract. They recognised the future challenges they would face were they to remain as two independent practices.

2.4 The partners have been discussing a merger since early 2022. The partners of both practices wish to merge as there is a mutual fit in terms of approach to patient care, ethos, practice area and the proposed share ownership of both practice premises.

2.5. Regent Street and High Street currently have the same three partners on each contract (but one partner is on a rolling six month notice having given notice of intention to resign).

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

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

2.7 Both practices are rated Good for their Care Quality Commission (CQC) assessment.

3. **Financial implications for the ICB**

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

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

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

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

3.5 The ICB then compared the result of the notional October 2023 Global Sum calculation for the proposed merged practices to the actual October 2023 Global Sum funding the practices actually received.

3.6 The result is a potential decrease of approx. £3k in GMS Global Sum funding or approx. 0.25% per annum.

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

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

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

However, it should be noted that High Street Medical Centre is already above the ICB average of practice QOF achievement. In 2022/23 High Street Medical Centre received 608.99 (95.9%) points and Regent Street Surgery 584.85 (92.1%) points.

4. Alternative local provision

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

Practice Name	ODS Code	PCN
Aspen Medical Practice	L84026	Aspen PCN
Cam and Uley Family Practice	L84060	Berkeley Vale PCN
The Culverhay Surgery	L84027	Berkeley Vale PCN
May Lane Surgery	L84075	Berkeley Vale PCN
Quedgeley Medical Centre	L84617	Hadwen & Quedgeley PCN
Gloucester Health Access Centre	Y02519	Inner City PCN
Partners in Health	L84034	Inner City PCN
The Alney Practice	L84606	North and South Gloucester PCN
Rosebank Health	L84050	Rosebank PCN
Prices Mill Surgery	L84065	Severn Health PCN
Stonehouse Health Clinic	L84613	Severn Health PCN
Beeches Green Surgery	L84039	Stroud Cotswold PCN
Minchinhampton Surgery	L84005	Stroud Cotswold PCN
Rowcroft Medical Centre	L84007	Stroud Cotswold PCN
Painswick Surgery	L84025	Stroud Cotswold PCN

5. ICB engagement for the Application to Merge

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

5.2 Gloucestershire ICB have engaged with:

- Neighbouring Gloucestershire practices (16 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)
- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB).

5.3 The LMC supported the application at the PCOG meeting on 9.1.24 but at the time of writing no other responses have been received. Any further responses will be reported verbally at the meeting.

6. Practice Engagement

6.1 Patients have been constantly involved with the practice on their journey to align services ahead of merger. Patients are regularly updated on changes to processes and it is anticipated that the final stage of contractually merging the practices, can largely occur 'behind-the-

scenes', as the day-to-day impact on patients will be minimal, but the benefits to the combined practices is significant.

6.2 Engagement has taken place with the respective practice staff groups (February 2022, April 2023 and September 2023) and the practices are indicating that staff are keen to get the merger completed

6.2 Full engagement with patients and stakeholders will begin as soon as the practices have approval to merge.

7. Summary

7.1 The two practices already work very closely together and are part of the same PCN.

7.2 The merger of these practices is a natural progression which will further increase their resilience and sustainability. They hope to become more innovative which should improve the recruitment and retention of GPs and clinical staff.

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

7.4 Regent Street and High Street wish to merge on 1.4.24 to become The Berryfield Surgery and following engagement with the Digital Transformation Team, they will identify a date for integration of the two clinical databases.

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

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

8. Practice Application

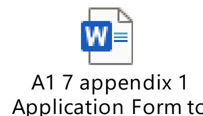
8.1 The Practice application to merge Regent Street Surgery and High Street is attached as Appendix 1.

9. Recommendation

9.1 The Committee is asked to:

- Note PCOG's support of the Application to merge Regent Street Surgery and High Street Medical Centre
- Approve the Application to merge Regent Street Surgery and High Street Medical Centre.

Appendix 1 – application



Application for consideration of a contractual merger

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

Name and address of the practices wishing to merge:

Practice A:	Practice B:
Regent Street Surgery **73 Regent Street, Stonehouse, Gloucestershire, GL10 2AA**	**High Street Medical Centre** **31 High Street, Stonehouse, Gloucestershire, GL10 2NG**
Practice code: **L84080** Type of contract: **GMS**	Practice code: **L84070** Type of contract: **GMS**

Please complete the following:

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

Continue with Regent Street Surgery contract, maintaining ODS code L84080, in order to retain the dispensing rights associated with this contract. L84070 High Street Medical Centre, will merge into L84080 Regent Street Surgery to become 'The Berryfield Surgery', with the renaming to take effect on the merger date.

2. Indicate whether you intend to operate from all current premises **yes**/~~no~~

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

Regent Street Surgery (Main)
High Street Medical Centre (Branch)

3. Are there any changes to premises/hours, etc?
No - Both practice premises will initially continue to operate fully within core hours, as well as current levels of enhanced access provision.

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

Regent Street Surgery and High Street Medical Centre are both located in Stonehouse, Gloucestershire. Stonehouse is a small semi-rural town which currently has three separate small-medium sized GP practices. Though both Regent Street Surgery and High Street Medical Centre have happily worked alongside each other for many years we now feel the time is right to merge our two Stonehouse practices into a single practice entity. Both practices are

members of Severn Health Primary Care Network (PCN). Practice areas are broadly overlapping, and there are no planned changes to the existing boundaries.

Both practices are supported by the same firm of accountants who have carried out extensive financial feasibility and due diligence.

We feel that as a larger entity, we can better step-up to meet new challenges, targets and peaks in demand, in a way that is becoming more difficult as separate smaller practices. This, combined with the growing complexity and diversity of need within primary care, leads us to feel as a larger practice we can better respond and cater to such need with a greater combined workforce. As commissioning and direction of services is increasingly channelled via the PCN, a single, larger, merged practice has the opportunity to make better use of funding streams available in a more impactful and therefore useful way, than continuing to operate smaller shares as separate entities. For example, we envisage being able to attract and support full-time Additional Roles Reimbursement Scheme (ARRS) staff, such as pharmacists, mental health workers and physiotherapists, which can only be to the direct benefit of patient care.

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

• home visits;

• booking appointments;

• additional and enhanced services;

• opening hours;

• extended hours;

• single IT system; and

• premises facilities.

Patients should experience little change on a day-to-day basis post-merger. To begin with, existing patient services will run in tandem and from both existing sites, though we have already transitioned to a Hot/Cold split of service, meaning patients are already accustomed to attending each of the practices at different times. Existing processes will continue to operate with regards to home visits, appointment bookings, access to enhanced services. Opening hours for each site will remain unchanged, though patients will gain choice of venue/clinician and will benefit from the combined, wider opening hours available. Early morning opening hours will continue to operate, alongside

existing Enhanced Access hours. Both practices already operate and have competent users in the same clinical system, but after merger existing patients of High Street Medical Centre will become branch patients (under the same name) of The Berryfield Surgery.

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

Both practices has been in liaison with Kara Smith (Senior Project Manager - Digital Transformation, NHS South, Central and West Commissioning Support Unit) to plan and implement a clinical systems merger. Both practices have applied to TTP SystmOne to request a systems merge. Current expecting a date in early to mid- late April 2024. We await confirmation from SystmOne.

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

Please refer to the attached map which shows the existing practice boundaries of both practices. The proposed merged practice boundary would essentially be a merged format of these, encompassing both previous areas.

8. Patient and Stakeholder engagement

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

Patients have been constantly involved with us on our journey to align our services ahead of merger. Patients are regularly updated on changes to processes and procedures, including where services have been combined. It is hoped that the final stage of contractually merging the practices, can largely occur 'behind-the-scenes', as the day-to-day impact on patients will be minimal, but the benefits to the combined practices is significant.

Subject to merger approval we will develop an engagement with patient involvement lead to prepare plans to consult respective PPGs and partner service providers, pending approval of this application. PPGs have been broadly supportive of joint practice working to date, so it is not anticipated that there will be much objection to merge plans.

Do the practices intend to engage with patients/stakeholders?

Yes, subject to approval of this application

When did/will you engage with patients/stakeholders?

Patient and stakeholder engagement will take place from February 2024, subject to approval of the merger by PCCC .

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

A communication and engagement plan is being developed including draft letters for internal and external stakeholders advising of the planned merger, notices for the waiting areas of both practices, as well as content for the practice websites. The plan will be implemented following approval by the PCCC.

With whom did/will you engage?

We will engage with all stakeholders including, but not limited to: ICB; contractors; patients; PCSE; CQC; ICO; NHS Pensions Agency; HealthPay (payroll provider); other local allied health professionals; respective PPGs; TTP SystmOne (clinical system provider); Lentells (accountant) and DR Solicitors (legal advisors); premise owners;; and our staff.

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

Engagement has taken place with the respective practice staff groups (February 2022, April 2023 & September 2023) to notify the intent to merge. Staff that were not present that day were written to individually to make them aware. Staff are on board with the benefits of merger and have engaged positively with the process. There is a palpable clamour to get this merge done now, as many of the steps traditionally done after merger have already been undertaken.

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

Practice Name	Organisational	Financial	Clinical (including record keeping)	Other, e.g. partnership agreements
Regent Street Surgery	✓	✓	✓	✓
High Street Medical Centre	✓	✓	✓	✓

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

01/04/2024

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

Practice A:

Signed: ....

Print: **Dr Sara Wood**

Date: **18/11/2023**..

Signed: ....

Print: **Dr Victoria Margaret Mary Blackburn**

Date: **18/11/2023**..

Signed: ....

Print: **Mr Thomas Wesley Brock-Hastings**

Date: **18/11/2023**..

Practice B:

Signed: ....

Print: **Dr Sara Wood**

Signed: ....

Print: **Dr Victoria Margaret Mary Blackburn**

Date: **18/11/2023**..

Signed: ....

Print: **Mr Thomas Wesley Brock-Hastings**

Date: **18/11/2023**..

Signed:

Please complete Business Case attached (Annex A)

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

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

Business Case

1. Practices' characteristics and intentions for the merged practice

	Current Provision – Regent Street Surgery	Current Provision – High Street Medical Centre	Merged Practice
Name and address of practice (provide name and address)	**Regent Street Surgery** **73 Regent Street, Stonehouse, Gloucestershire, GL10 2AA**	**High Street Medical Centre** **31 High Street, Stonehouse, Gloucestershire, GL10 2NG**	**The Berryfield Surgery** **73 Regent Street, Stonehouse, Gloucestershire, GL10 2AA**
Name of contractor(s)	**Dr Sara Wood, Dr Victoria Blackburn, Mr Thomas Brock-Hastings**	**Dr Sara Wood, Dr Victoria Blackburn, Mr Thomas Brock-Hastings**	**Dr Sara Wood, Dr Victoria Blackburn, Mr Thomas Brock-Hastings**
Location (provide addresses of all premises from which practice services are provided)	**Regent Street Surgery**	**High Street Medical Centre**	**Regent Street Surgery** **&** **High Street Medical Centre**
Practice area (provide map of area)	**See attached**	**See attached**	**See attached**
List size (provide figure)	**4865 (as at 20/11/23)**	**6957 (as at 20/11/23)**	**11,822**
Number of GPs and clinical sessions (provide breakdown)	**Headcount = 3** **Sessions = 12**	**Headcount = 4** **Sessions = 28**	**Headcount = 7** **Sessions = 40**
Number of other practice staff (provide breakdown)	Practice Workforce.xlsx		
Number of hours of nursing time (provide breakdown)			
CCG area(s) (list CCG(s) in which practices are located)	**NHS Gloucestershire ICB**	**NHS Gloucestershire ICB**	**NHS Gloucestershire ICB**
Which computer system/s (list system(s) used)	**TTP SystmOne**	**TPP SystmOne**	**TPP SystmOne**
Clinical governance/ complaints lead and systems (provide names)	**Clinical governance lead:** **Dr Sara Wood** **Complaints lead:** **Tom Brock-Hastings**	**Clinical governance lead:** **Dr Victoria Blackburn** **Complaints lead:** **Tom Brock-Hastings**	**Clinical governance lead:** **Dr Victoria Blackburn** **Complaints lead:** **Tom Brock-Hastings**
Training practice	**No**	**Yes**	**Yes**

(yes/no)			
Opening hours (list days and times)	**Mon 07:30-20:00** **Tue 08:00-20:00 (EA)** **Wed 08:00-18:30** **Thu 08:00-19:00** **Fri 07:30-18:30**	**Mon 07:30-18:30** **Tue 07:30-18:30** **Wed 07:30-18:30** **Thu 07:30-18:30** **Fri 07:30-18:30** **Sat 08:30-12:30 (EA)**	**Mon 07:30-20:00** **Tue 07:30-20:00 (EA)** **Wed 07:30-18:30** **Thu 07:30-19:00** **Fri 07:30-18:30** **Sat 08:30-12:30 (EA)**
Extended hours (list days and times)	**Mon & Fri (07:30-08:00)**	**Mon-Fri (07:30-08:00)**	**Mon-Fri (07:30-08:00)**
Enhanced services (list all enhanced services delivered)	**CCG Enhanced Services:** • **Anti-Coagulation** • **High Risk Drugs** • **Diabetes** • **Deep Vein Thrombosis** • **Complex Leg Ulcers** • **Minor Surgery** • **Out of Area Registrations** • **Care Homes** • **Seasonal Flu Vaccinations for staff** • **Prophylaxis and Treatment, with Antiviral Drugs** • **Secondary Care Phlebotomy** **Public Health Enhanced Services:** • **Advanced Contraception** • **NHS Health Checks**	**CCG Enhanced Services:** • **Anti-Coagulation** • **High Risk Drugs** • **Diabetes** • **Deep Vein Thrombosis** • **Complex Leg Ulcers** • **Minor Surgery** • **Care Homes** • **Seasonal Flu Vaccinations for staff** • **Prophylaxis and Treatment, with Antiviral Drugs** • **Secondary Care Phlebotomy** **Public Health Enhanced Services:** • **Advanced Contraception** **NHS Health Checks**	**CCG Enhanced Services:** • **Anti-Coagulation** • **High Risk Drugs** • **Diabetes** • **Deep Vein Thrombosis** • **Complex Leg Ulcers** • **Minor Surgery** • **Out of Area Registrations** • **Care Homes** • **Seasonal Flu Vaccinations for staff** • **Prophylaxis and Treatment, with Antiviral Drugs** • **Secondary Care Phlebotomy** **Public Health Enhanced Services:** • **Advanced Contraception** **NHS Health Checks**
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	**Owned - Mortgaged**	**Owned - Mortgaged**	**Owned - Mortgaged**

2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.
Patients should experience little change on a day-to-day basis post-merger. In the background, however, they will benefit from a wider skill mix of GP and other clinicians, increased access and choice in their ongoing care. Due a reduced partnership resulting from early retirements, we will be looking to take on new partners moving forwards, and we feel that together as a larger, cohesive unit, we can present a more attractive proposition to new staff and partners, giving wider opportunities for development and progression. It is anticipated that as a large practice within our PCN, that we will be in position to host more specialist level services (such as respiratory care) on behalf of the whole PCN, but to the direct benefit of our patients in premises they are used to attending for care. Merged back-office functions will allow slicker and more responsive arrangement of screening, monitoring, follow-up and ongoing long-term conditions care, ensuring that best patient outcomes are achieved.

3. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Premises	**Immediately post-merger, practice ownership to stay with existing parties. Merged partnership to consider co-ownership of both buildings subject to borrowing and financing.**
IT	**Both practices currently operate the same clinical system, and have been fully upgraded to single domain, Windows 10 and N365. Network drive locations to be merged post-merger, in the meantime reciprocal access for key staff. Practice websites will merge under a single name at the end of the current contract period, but will operate in tandem until this point.**
TUPE	**Both practices are actively engaged with a specialist solicitor to administer and support the TUPE process. Initial staff engagement has commenced, awaiting sign-off of application to move to next steps. All staff recruited in the past 4 years have had dual site working as a contractual clause. Pay grades and benefits have been harmonised to be identical at each site.**

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.	
Redundancy	**No planned redundancies as a result of merger process.**
QOF	**Both practices to operate business as usual for Q1 2024/25, then post merger work on combined patient list. No anticipated financial implications, but practices will ensure evidence of pre-merger achievement is retained to assist in post-merger reconciliation.**
Pension/seniority	**N/A**
MPIG/PMS Premium	**N/A**
Dispensing	**Dispensing rights and functionality to be retained by Regent Street location. Patients formerly registered with Regent Street Surgery to continue to receive this service (in line with existing stipulations of eligibility). At point of merger, former patients of High Street Medical Centre to be frozen as 'ineligible' for dispensing. New patients registering with the new merged practice to be eligible to dispense to.**

4. Service delivery

Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger.	
QOF	**Both practices are currently high performing in QOF. We don't anticipate any significant change, though patients will have greater range of choice or clinicians/venues to access long-term condition care.**
Access	**Patients will have greater access to wider opening hours, across both practice sites and across a broader range of clinicians. The merged practice will continue to work to operate a combined triage process, to ensure same-day access where required (alongside pre-bookable access for follow-up/routine care). Both practices will maintain a mixed economy of contact options including telephone, face-to-face, video and online consultation.**
Recent or ongoing breaches of contract	**N/A**

Please provide comments **<u>from a service delivery perspective</u>** on the following matters if they are relevant to the proposed practice merger.	
Recent or pending CQC matters	**N/A**
If one practice's service delivery is of a lower standard, is there a proposal to improve performance	**Both practices are rated as 'Good' by CQC**
Will there be any cessation of services post-merger?	**No**
Will there be a reduction of hours for which services are provided post-merger?	**No**
Will there be a change in the hours at which services are provided?	**No**
Will there be a reduction in the number of locations or a change in the location of premises from services are provided?	**No**
Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.	**Wider partnership from day one, with a greater list size being more attractive to prospective new partners.** **Combined, tiered management team, able to spread to support more widely and work to strengths.** **Economies of scale from larger practice, affording opportunities for more resilient back office teams, able to cross-cover for planned and unplanned absence.**

5. Procurement and competition

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

6. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, the order in which the actions need to be undertaken and timescales for the actions to be completed.
Please see practice mobilisation plan. Please note the document is live and is being added to constantly. Our managers are jointly working to deliver against the timescales indicated.

8. Additional information

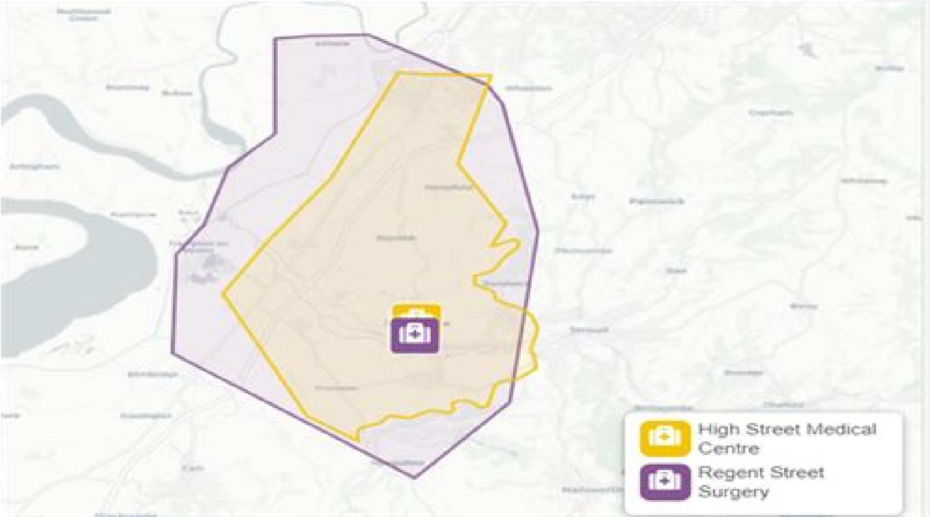
Please provide any additional information that will support the proposed practice merger.
Please see maps at Appendix 1

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

9. Signatures

Please ensure all parties under the current practice contracts sign below to indicate they agree with the information provided in this business case.	
Dr Victoria Margaret Mary Blackburn	
Mr Thomas Wesley Brock-Hastings	
Dr Sara Wood	

Appendix 1:



Proposed boundary (shown in red below)

Agenda Item 9

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Report Title	**Application from Brockworth Surgery to change Practice Area**					
Purpose	**For Information**		**For Discussion**		**For Decision**	
					X	
Route to this meeting						
	ICB Internal	**Date**	**System Partner**		**Date**	
	PCOG	9.1.24				
Purpose	To consider a request from Brockworth Surgery to change practice area. Appendix 1: Practice Application to Change Boundary					
Summary of key issues	The surgery is proposing to increase their practice boundary into areas that they already have registered patients residing in; and at the request of the ICB to include some rural sections of land ensuring practice coverage.					
Key Risks:	The principal risk is the safe provision of patient care and practices are not destabilised.					
Management of Conflicts of Interest	No conflicts of interest.					
Resource Impact	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	N/A					
Regulatory and Legal Issues (including NHS Constitution)	Application progressed in line with NHSE Primary Medical Care Policy and Guidance Manual.					

<table>
<tr><td>Impact on Health Inequalities</td><td colspan="3">There are other practices available for registration and the proposed expansion would increase patient choice of GP practices. In the small areas where there is no practice cover currently then this change rectifies this position.</td></tr>
<tr><td>Impact on Equality and Diversity</td><td colspan="3">No</td></tr>
<tr><td>Impact on Sustainable Development</td><td colspan="3">N/A</td></tr>
<tr><td>Patient and Public Involvement</td><td colspan="3">No</td></tr>
<tr><td>Recommendation</td><td colspan="3">PC&DC is asked to
• Note the recommendation from PCOG
• Approve the request from Brockworth Surgery to change their practice area.</td></tr>
<tr><td>Author</td><td>Georgina Axelson</td><td>Role Title</td><td>Primary Care Contracts Manager</td></tr>
<tr><td>Sponsoring Director</td><td colspan="3">Jo White, Deputy Director of Primary Care and Place</td></tr>
</table>

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

PCOG APPROVAL

Date discussed at PCOG:	PCOG attendees:
9.1.24	Helen Goodey (HG) - Director of Primary Care and Place (Chair) Dr Tom Yerburgh (TY) – GP / Chair of Gloucestershire LMC Andrew Hughes (AH) – Associate Director, Commissioning Adele Jones (AJ) – Chief Pharmacist Primary Care and Associate Director Dr Ananthakrishnan Raghuram (AR) – Chief Medical Officer Becky Parish (BP) - Associate Director, Engagement and Experience Charlotte Griffiths (CG) - Service Development Manager Cherri Webb (CW) – Primary Care Development & Engagement Manager Helen Edwards (HE) – Deputy Director of Primary Care and Place Jeanette Giles (JG) – Head of Primary Care Contracting Julie Zatman-Symonds (JZS) – Deputy Chief Nurse for the ICB Katrice Redfearn (KR) – PCN Service Implementation Manager Keren Ford (KF) - Senior Management Accountant – Primary Care Libby Gilroy (LG) – Project Co-Ordinator for PCNs & PC Contracting (Minutes) Meryl Foster (MF) - Senior Programme Manager In attendance: Ayesha Janjua – Non Executive Director (NED) on the Board and Chair of Primary Care and Direct Commissioning Committee (PCDC)

Decision of PCOG:	PCOG supported Brockworth Surgery's Application to change practice area

Areas of concern or additional information for attention of PCDC:	PCOG discussed the application and noted the comments received. The meeting noted Brockworth surgery is proposing to increase their practice boundary into areas that they already have registered patients residing in; and at the request of the ICB to include some rural sections of land ensuring practice coverage. It was acknowledged there would be no significant impact on neighbouring practices and the proposed expansion will cover areas that currently do not have GP coverage and whilst these areas are rural and currently have limited scope for development, it would provide coverage if this changes in the future. The expansion will give patients new to the area a choice of at least one or more practices.

Helen Goodey Director of Primary Care and Place NHS Gloucestershire
Date: 9.1.24 Signature: [signature]

Agenda Item 9

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Application from Brockworth Surgery (L84084) to change Practice Area

1. Introduction

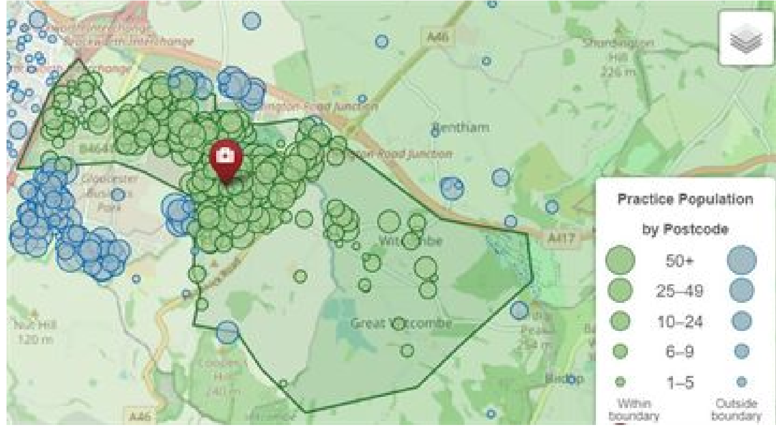
1.1 The ICB has received an application from Brockworth Surgery, Abbotswood Road, Brockworth, Glos GL3 4PE to change their practice boundary. (Appendix 1).

1.2 The process for managing a formal change in practice area request is outlined within the ICB's Standard Operating Procedure (SOP) for an application to change a practice area. This paper outlines the background to the request by the practice and presents information relating to the process that has been undertaken.

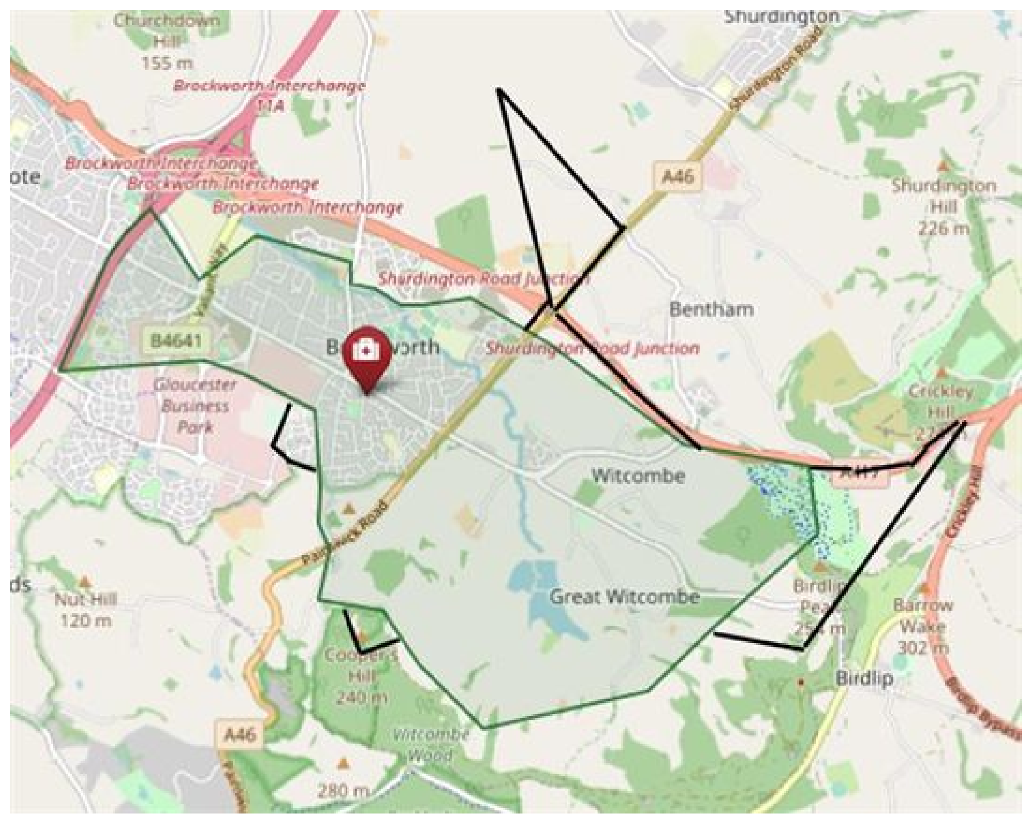
2. Background

2.1 Brockworth Surgery is in the North and South Gloucester PCN and currently has a list size of 10,996 patients. The practice would like to increase their boundary to cover a residential area, include an area that they have registered patients within, and to cover a section of land that currently does not have any practice coverage.

2.2 The below map shows Brockworth Surgery's current practice boundary and the practice patient distribution.

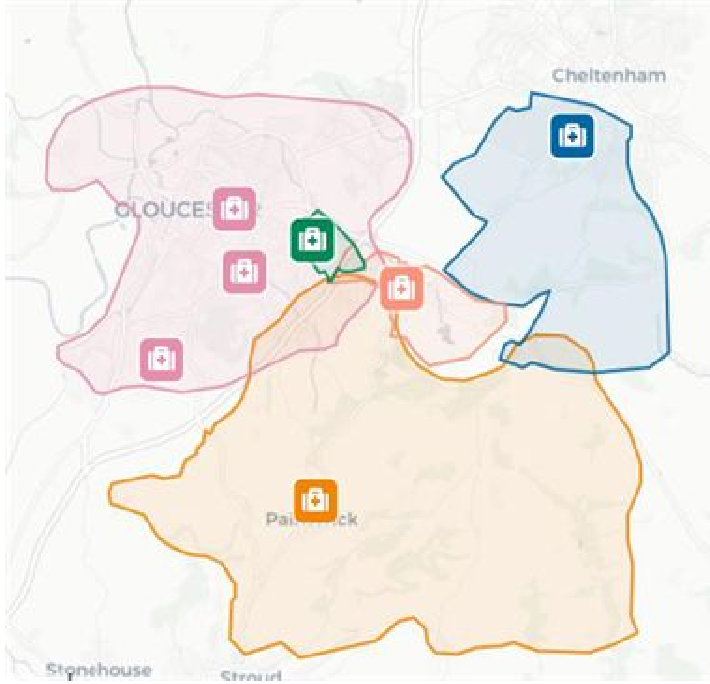


2.3 The proposed boundary change extensions are shown in the below map in black.



3. Location

3.1 There are four practices that have boundaries which overlap Brockworth Surgery current practice area. As shown in the map below, these practices only have minimal boundary overlap with Brockworth Surgery boundary (outlined in peach).



3.2 The practices that have overlapping boundaries with Brockworth are listed in the table below in order of practice distance from Brockworth Surgery location:

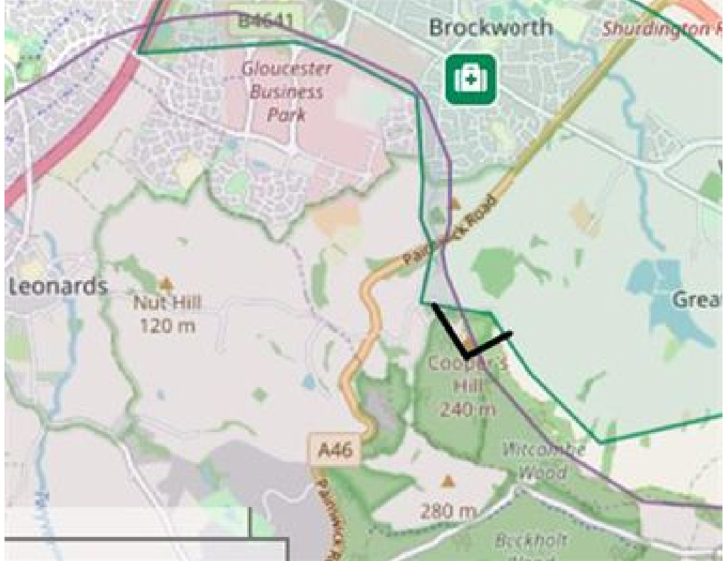
Practice Name	ODS Code	PCN	Boundary Colour in the above map
Hucclecote Surgery	L84014	North and South Gloucester PCN	Green
Aspen Medical Practice	L84026	Aspen PCN	Pink
The Leckhampton Surgery	L84040	Cheltenham Peripheral PCN	Blue
Painswick Surgery	L84025	Stroud Cotswold PCN	Orange

3.3 Brockworth Surgery has applied to expand their boundary as detailed in the above 2.3 map, and of the above four overlapping practices only two practices, Painswick Surgery and The Leckhampton Surgery have a slight overlap in the areas that Brockworth wishes to expand into. The overlap areas are shown in the maps below.

3.3.1 Painswick Surgery

Painswick Surgery boundary is shown in the below map in purple, and Brockworth

current boundary in green with the proposed expansion that overlaps Painswick boundary in black.



3.3.2 The Leckhampton Surgery

The Leckhampton Surgery boundary is shown in the below map in red, and Brockworth current boundary in green with the proposed expansion section that overlaps Leckhampton boundary in black. The triangular overlap section is shown in more detail in the below satellite photograph.

3.4 As this is an expansion, there will be no active removal of registered patients from the existing list, and the practice expects the impact on the neighbouring practices to be minimal.

3.5 The practice has indicated that they know of no local planning developments within the area that is being proposed which will impact on GP capacity. It is noted that the expansion is mainly on the Cotswolds escarpment, however, there may be some house building in the future within these areas.

4. Engagement and Consultation

4.1 The practice has discussed their plans with the ICB, and they have also discussed their plans with their PPG.

4.2 ICB engagement for the application to change Practice Area

As per the Standard Operating Procedure (SOP) for the application to change a Practice Area, Gloucestershire ICB have engaged with:

- Neighbouring Gloucestershire practices (4 practices)
- Healthwatch Gloucestershire
- NHS England
- The Local Medical Committee (LMC)
- Gloucestershire Health and Care Overview and Scrutiny Committee (HOSC)
- Gloucestershire Health and Wellbeing Board (HWB).

4.3 Below are the responses that we have received at the time of writing this report, and any additional responses received will be verbally shared at the meeting.

- Feedback from the LMC - *"I can confirm the LMC supports this application."*
- Feedback from the County Counsellor covering Brockworth, shared by HOSC Chair - *"I am hopefully always supportive of any additional health provision and strong catchments areas for the benefit of residents. This time it is for Brockworth Surgery - what's not to like!"*
- Feedback from NHSE - *"I don't believe this is a dispensing practice and so have no comments to make on the proposed boundary change."* (The practice does not dispense).

5. Financial Implications/Risks

5.1 The practice has confirmed that there are no nursing or residential homes within the proposed new practice area.

5.2 As there are no plans to de-register any patients from the practice list, an Equality Impact Analysis has not been undertaken.

5.3 We expect the effect on neighbouring practices to be minimal.

5.4 The surgery is not a dispensing practice.

6. Quality and Impact Assessment

6.1 A Quality and Impact Assessment has been undertaken by the Quality Team (Appendix 2). The overall effect of the change was scored as either "No Change" or "No impact".

6.2 The individual impact/risks assessments for Clinical Effectiveness were:

- Patient Experience - No change.
- Patient Safety - No change.
- Clinical Effectiveness - No change.
- Duty of Quality - No change.

7. Summary

7.1 The proposed expansion will cover areas that currently do not have GP coverage. Whilst these areas are rural and currently have limited scope for development, it would provide coverage if this changes in the future.

7.2 The expansion will give patients new to the area a choice of at least one or more practices.

7.3 The practice has discussed the proposed expansion with their PPG.

7.4 There will be no significant impact on neighbouring practices and registered patients of Brockworth Surgery will not be affected by the proposed changes.

8. Recommendation

8.1 The Committee is asked to:

- Note the recommendation from PCOG
- Approve the request from Brockworth Surgery to change their practice area.

Appendix 1 - Application to change boundary

Brockworth Surgery
Practice Boundary S(

Appendix 2 - Quality and Impact Assessment

Brockworth Surgery
QISA.xlsx

Standard Operating Procedure (SOP) for Application to change practice area

Prepared by: Primary Care and Place Directorate, NHS Gloucestershire ICB

Version 3: Dec 2022

1.	**Introduction**
1.1	There may be circumstances when a primary care medical services contractor wishes to change their practice area to either expand or contract the practice area for new registrations. Any changes to the practice area must be considered a variation to the contract and the definition of this area amended under a variation notice. From 1 April 2015, NHS England delegated to NHS Gloucestershire Clinical Commissioning Group (GCCG) under section 13Z of the NHS Act delegated functions in relation to the commissioning, procurement and management of Primary Medical Services Contracts. On 1 July 2022, Integrated Care Boards replaced the Clinical Commissioning Groups and as a consequence of this statutory transfer all of Gloucestershire Clinical Commissioning Group delegated functions transferred to NHS Gloucestershire Integrated Care Board (ICB). This delegation therefore includes the consideration and agreement of practice area change applications.
1.2	This document describes the steps required to undertake a change in practice area, the decision making process and undertaking the associated contract variation. This ensures that any changes reflect and comply with national regulations. The document focuses on primary medical care contracts in their various forms, has been developed in line with national legislation and regulations and will be reviewed regularly (at least annually, sooner if a change in legislation/regulation requires it).
1.3	**SOP statement**
	This SOP keeps the following principles in mind: • To balance consistency and local flexibility; • Compliance with legislation; • Compliance with the Equality Act 2010; • Wherever possible to enable improvement in primary medical care provision.

1.4	**Scope**
	The scope of this SOP is to outline the principles and steps required by practices and NHS Gloucestershire ICB when an application to change a practice area is received. The different mechanisms for contract variations are located within the primary regulations or directions for each contracting route: • GMS contract regulations – schedule 6, part 8; • PMS agreement regulations – schedule 5, part 8; • APMS directions – schedule 5 – part 8 of the PMS agreement regulations but with the amendments cited at part 3.6(s) of the APMS directions.
1.5	**Equality Impact Assessment**
	Equality and diversity are at the heart of NHS Gloucestershire ICB's values. Throughout the development of the policies and processes cited in this document, there is due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010) and those who do not share it. If a Practice is applying to change a practice area but will not be removing any patients who live in the affected area, an Equality Impact Assessment and Quality and Sustainability Impact Assessment will be undertaken by NHS Gloucestershire ICB. This is to ensure that any suggestion for a GP boundary change is assessed in terms of its impact on quality as defined as patient safety, clinical effectiveness and patient experience. This will include location of alternative GP practices, access to public transport, health needs and social deprivation in the area affected. Where it is a Practice's intention to remove patients from an area currently within their defined boundary, the practice will also be required to complete an Equality Impact Assessment to support its application.
2.	**Application to change Practice Area**
2.1	A change to practice area is a significant change for the practice's registered

	population and as such NHS Gloucestershire ICB's Primary Care Team and the contractor should engage in open dialogue in the first instance to consider the reasons behind the application and consequence and implications of the proposed change to practice area.
2.2	Contractor and ICB discussions will often include consideration of (but not limited to): • The circumstances that have led to the request to change their boundary area and discussion of possible implications of the action, i.e. a reducing patient register, an expanding patient register, the financial implications of both and any possible alternative actions that may be taken by either party to enable the practice to maintain its existing practice area; • When the practice wishes to withdraw from a certain area, consideration must be given as to whether there is adequate provision of GP practices and therefore patient choice in the area; • Registered list size and patient demographics of the practice submitting the application; • ICB's strategic plans for the area; • Other primary health care provision within the locality (including other providers and their current list provision, accessibility, rural issues); • Patient feedback; • Impact on health and health inequalities; • Feedback from the Local Medical Committee; • Feedback from neighbouring practices; • Feedback from NHSE sub region/ICB where the area being excluded falls within that NHSE sub region's/ICB's boundary; • Other relevant local factors, such as neighbouring practice lists that are closed to new patients or a pattern of historical closures in the area.
2.3	Where a contractor wishes to change its practice area, the contractor must discuss the relevant and appropriate patient and stakeholder engagement with NHS Gloucestershire ICB's patient engagement team.
2.4	Once patient engagement/consultation has been undertaken, the contractor must then submit a formal application to change its practice area (Annex 1).
2.5	The ICB Primary Care Team will then bring together all relevant information and prepare a paper for the Primary Care Operational Group outlining: • The reason for change;

	• Details of who has been consulted and feedback received; • Local health indicators; • Impact on health inequalities; • Choice of primary care coverage taking into consideration all local factors, such as practice lists that are closed to new patients in the area.
2.6	The Primary Care Operational Group will assess the application at the next available meeting and develop a recommendation having considered: • Choice of primary care coverage; • Patient access to other local services; • Impact (with reference to equality and equality groups, as well as the quality and sustainability impact); • Other health service coverage within the location; • Feedback from patient engagement and consultation; • Other practice boundaries and the impact of the proposed change on their workload and sustainability; • Feedback from the Local Medical Committee; • Feedback from neighbouring practices; • Feedback from NHSE sub regional/neighbouring ICB(s). This recommendation will then be escalated to the next Primary Care & Direct Commissioning Committee for consideration and a decision. NOTE: Where more than one practice submits a proposal to change its practice area and the proposal involves some or part of the same geographical area, they will be considered jointly by the ICB. Where one application is received without knowledge of the additional application, each application will be considered on the local prevailing circumstances at the time of each application.
2.7	The Primary Care & Direct Commissioning Committee will consider the application in light of the recommendation of the Primary Care Operational Group and make a final decision with clear reasoning. This will then be communicated to the practice in writing, with the reasons for the decision reached.
2.8	If the boundary area change application is approved, the contractor must

	publish the details of the new practice area within their patient information leaflet and on their website. If the boundary change application is declined, the contractor has a right of appeal. Any appeal must address the reasons that were cited by the NHS Gloucestershire ICB for not approving the application in order to be re-considered by the ICB. At the appeal stage, NHS Gloucestershire ICB will work with the practice to determine an agreeable outcome for all parties wherever possible, based on the reason for the decision of the Primary Care & Direct Commissioning Committee. Should the practice still not accept the outcome of the appeal and the dispute cannot be resolved locally then it would be escalated in line with the NHS dispute resolution procedure.

Annex 1:

Application to change a practice area (GMS/PMS/APMS)

Factors which will be taken into consideration by NHS Gloucestershire Integrated Care Board (ICB) when determining applications:
NHS Gloucestershire Integrated Care Board (ICB) is responsible for ensuring the provision of medical services within the ICB boundary and therefore must ensure that there is adequate provision of GP Practices and therefore patient choice.
In normal circumstances, NHS Gloucestershire ICB would expect the area in question to remain covered by at least two other practices in the vicinity.
Before reaching a decision NHS Gloucestershire ICB will consult with the Local Medical Committee, neighbouring practices and any neighbouring NHSE sub regions/ICBs where the area being excluded falls within that NHSE sub region's/ICB's boundary. NHS Gloucestershire ICB may also consider other factors such as lists that are closed to new patients or a pattern of historical closures in the area.
NHS Gloucestershire ICB expects GP Practices to be open and transparent about the reasons behind their application.
NHS Gloucestershire ICB has a responsibility to ensure equality of access to primary care medical services is maintained. NHS Gloucestershire ICB has a duty to undertake a Quality and Sustainability Impact Assessment to ensure that the individual components of quality (patient safety, clinical effectiveness and patient experience) are considered.

If Practices wish to cease providing treatment for existing registered patients who fall outside of their revised area NHS Gloucestershire ICB will also need to give consideration to:
The number and type of patients likely to be affected.
Timescales involved.
Whether other practices covering the areas to be excluded have open lists.

Application to Amend a Practice Boundary

Practice name and stamp:

Dr S M Whiteside & Partners
Brockworth Surgery
Abbotswood Road
Brockworth, Glos.
GL3 4PE
Tel: 01452 8622...

Please complete the following:

Contact Details: Name: Lindsey Wright Tel No: 01452 442 401 Email: Lindsey.wright1@nhs.net
Details of proposed practice area change: (Please include a map or maps showing your current and proposed practice boundaries) Cherri Webb at ICB has the current boundary and the proposed boundaries that we have mutually agreed.
Please explain why you wish to amend your practice area, giving reasons why you wish to exclude or include specific areas: At the request of the ICB due to another GP practice reducing their boundaries, the area's need covering which we are happy to take them on

How many patients currently on the practice list will subsequently fall outside of the proposed new practice area? None

Should NHS Gloucestershire Integrated Care Board (ICB) approval be given, do you intend to remove from your list any patients outside the new practice area – either now or in the future? **Yes/No**

If yes:

Please give details of approximate numbers and residential areas affected:

Over what time period do you intend removing these patients?

Please complete and submit an Equality Impact Analysis with your application

If no, please confirm that it is not your intention to remove an patients within a three year period of your application being approved **Yes/No**

This will depend on our new build within the next 2 years. Taking on this extra boundary has no current effects on our patient list however, we might then want to further amend the boundary in the future.

Does the practice have patients in any nursing and residential homes that will fall outside the proposed new practice area should approval be granted?

If yes, please give details. **Yes/No**

Do you intend removing any or all of these nursing and residential homes? **Yes/No**

If yes, please give details.

2

Which neighbouring practice(s) will be affected by the amendment to your practice area? (include any practices in neighbouring ICBs)
Please list them below:

The surgery who is reducing their boundary

You must have spoken with other practices within the practice area about the changes that you propose to make to your boundary. Please detail below, for each practice, their response in managing any potential impact to their practice

N/A – dealt directly with the ICB as this was their request.

Are you aware of any local planning developments which will impact on GP capacity in the practice area to be removed?

Housing estates are being built, but no current impact which relates to this boundary alteration.

Patient Engagement / Consultation:

You must have consulted your patients about this proposal.
Please complete the following sections with details.

Means by which patient views were obtained:

1) Displays in your waiting room N/A – no patients live in the extra boundary

Dates that a notice was displayed, with invitation for patients to comment.	From	To
Number of responses.		
Number of patients in agreement with proposed change.		

Number of patients not in agreement with proposed change.	
Number neither agrees nor disagrees.	
Other comments? Information also available on website etc.	
2) Letters to patients: N/A – no patients live in the extra boundary	
Number of patients written to.	
Number of responses.	
Number of patients in agreement with proposed change.	
Number of patients not in agreement with proposed change.	
Number neither agrees nor disagrees.	
Other comments?	
3) Consultation with your Patient Participation Group Please enter details of consultation (dates, outcomes etc.) below:	
PPG have been informed at last meeting – 11th October 23	

Please return by email to: **glicb.primarycare@nhs.net**

Or

Primary Care and Place Directorate, NHS Gloucestershire ICB, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE.

Appendix 1: Equality Impact Analysis

(for completion when intending to remove existing patients from your practice list due to a boundary change)

Equality Impact Analysis (Please complete)
What is the equality profile of your practice population <u>where you have data/knowledge available</u>: describe the profile in terms of: • Age; • Disability including physical or sensory impairment, mental health problems, learning difficulties and long term conditions; • Gender reassignment; • Marriage and civil partnership; • Pregnancy and maternity; • Race, including nationality and ethnicity; • Religion or belief; • Sex; • Sexual orientation.
Does the proposed change in practice boundary affect an area with known inequalities (e.g. poor access to public transport, area of multiple deprivation)?
What would be the main issues affecting access to an alternative GP practice? (E.g. Does deprivation affect how patients might get to another practice? Are other practices' premises fully compliant with Disability Discrimination Act? Is there access to male and female doctors at other surgeries? Do other practices offer the same services, e.g. extended hours?)

What consultation and engagement activities have already been undertaken regarding your application to change your practice area? • Key points of feedback and any differences between the view of the different protected groups; • Identify how the feedback was taken into account in the final drafting/design of the policy or practice.
Prior to consultation/engagement activities did you discuss with NHS Gloucestershire Integrated Care Board (ICB)? Yes/No
If the proposal creates an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?
What can be done to change this impact?
What changes have you made as a result of this Equality Impact Assessment?

Please return by email to: **glicb.primarycare@nhs.net**

System-Wide Quality Impact Assessment

One Gloucestershire
Transforming Care, Transforming Communities

Scheme Name	Application from Brockworth Surgery to change practice boundary.
Scheme Overview	To consider a request from Brockworth Surgery to change their practice boundary area. The practice propose changes to increase their boundary into areas that they already have registered patients residing in, and to include some rural sections of land which would otherwise not have any practice coverage (the ICB has asked the practice to cover these).

Programme lead		Senior Programme Sponsor	
Organisation	GHFT, CCG, 2GT, GCS GCC.	Gloucestershire ICB	

Quality Indicators	Indicator	Benchmark	frequency of monitoring	data collection method	Lead & Committee

KPI Assurance (Sources and Reporting to Monitor Quality Indicators)	

Conditions/Comments

Patient Experience	Details	Consequence	Score
Record Impact/risks of making change on Patient Experience	Brockworth Surgery will continue to provide medical services to existing patients within the original practice area and will extend it's boundary to provide improved access to rural areas therefore there is unlikey to be any negative impact on patient experience. If approved, no patients will be removed from their list and it will give additional patient choice to those living in the extended boundary area.	No change	
Record mitigations to be put in place to address risks/impacts identified	**Mitigation**	**Likelihood**	
Patient Safety	**Details**	**Consequence**	**Score**
Record Impact/risks of making change on Patient Safety	No negative impact on patient safety is foreseen based on the information provided. There will be no change in the provision of medical services currently provided to families already registered with Brockworth Surgery and improved access and choice for those living within the extended bounday.	No change	
Record	**Mitigation**	**Likelihood**	

mitigations to be put in place to address risks/impacts identified			
Clinical Effectiveness	**Details**	**Consequence**	**Score**
Record Impact/risks of making change on Clinical Effectiveness	The proposal should not impact negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards. The quality and standard of the medical services provided and delivered by the practice should remain consistent.	No Change	
Record mitigations to be put in place to address risks/impacts identified	**Mitigation**	**Likelihood**	
Duty of Quality	**Details**	**Consequence**	**Score**
Record Impact/risks of making change on Clinical Effectiveness	There should be no impact on quality of care for exisiting patients and new family members. The extentsion boundary largely covers rural areas and an area that already has patients registered with Brockworth surgery living within it. Due to this, no capacity assessment has been deemed neccessary by the practice.	No change	
Record mitigations to be put in place to address risks/impacts identified	**Mitigation**	**Likelihood**	

Additional matters for consideration	Will the proposal…	Comments
Prevention	Impact on promotion of self-care and prevention	**No impact**
Productivity & Innovation:	Impact on evidence based practice, clinical leadership, clinical engagement or high quality standards	**No impact**
Models of Care	Impact the best setting to deliver best clinical and cost effective care? Improved care pathway?	**No impact**
Travel	Reduce "care miles"? Is access improved and sustainable transport supported?	**Patient choice and access will be improved**
Procurement	Specify social, environmental & local economic outcomes to support ethical procurement?	**No impact**
Facilities Management	Support waste & water reduction & increase energy efficiency; is there improved access to green space?	**No impact**
IT & Information	Use of technology to increase quality, safety and/or productivity	**No impact**
Workforce	Provide employment opportunities for the local community and support healthy working lives?	**No impact**

Community & Climate Change	Enhance community cohesion and support local resilience to climate change?	**No impact**

	TICK	**Comments**	**Overall risk score**
Consideration given to the Safeguarding of Adults and Children		There should be no effect on the provision of safeguarding to both adults and children.	
The impact on equalities has been assessed in line with policy	**TICK**	**Comments**	

Signed off by:	**Date:**	**Name:**	**Signature:**
Annalie Hamlen	11/29/2023		[signature]

NAME	**Comments:**

Agenda Item 10

PCN, General Practice and POD Highlight Report

January 2024

@NHSGlos
www.nhsglos.nhs.uk

Part of the One Gloucestershire Integrated Care System (ICS)

PCN, General Practice and POD 1 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Aim (from delivery plan)

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

Decisions / Actions Required of Board

N/A

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

PCN DES Assurance

- The PCN Team have developed an assurance and post-payment verification (PPV) plan for PCN funding, agreed by ICB Operational Exec.
- Assurance for Enhanced Access and PCN Development Funding 2022/23 has been sent out to PCNs, with a deadline of 31st January 2024 for completion.

PCN Capacity and Access Improvement Plans (CAIP)

- The PCN Team are updating the PCN CAIP templates with latest data from GP Patient Surveys, Patient Participation Groups and Appointment Data. This will go along with a reminder to PCNs of the upcoming request for progression updates of the plans. PCN CAIP's will be being reviewed by the PCN Team in Q4 in line with NHSE deadline of April 2024. This forms part of the PCARP (slide 2)
- The ICB are continuing to support PCNs with signing up to NHSE GP Improvement Programme PCN support offers available. Currently 3 PCNs are signed up and engaged with the programme.

Investment and Impact Fund (IIF) 2023/24

- The local PCN dashboard has now been released with data up to 3rd January 2024.

ARRS Claim Process

- NHS South West colleagues have informed the ICB that the ARRS portal will continue in 2024/25 for one more year.

Learning Disability & Severe Mental Illness Health Checks

- Communications to practices/PCNs are in place to keep them updated on progress with the Learning Disability Annual Health Checks and Severe Mental Illness Physical Health Checks; historically, most health checks are completed in Q4.
- As of 2nd January 2024, 41.6% of LD AHC aged 14 years+ have been completed (national target is 75%), of which 92.1% have also had a Health Action Plan recorded. This is marginally below the same time point for the previous year for LD AHC recorded (43.3% as at 31st December 2022) but in line with HAP recorded (91.7% as at 31st December 2022).
- As of 2nd January 2024, 39.7% of SMI HC have been completed (national target is 60%) and this is a substantial improvement on the same time point for the previous year (26.8% as at 31st December 22).

PCN Quality Improvement Funding

- Three PCN QI Project informal meetings took place in December, focusing on three main themes identified: Frailty, Mental Health and Chronic Disease. These meetings have included relevant ICB commissioning leads for Clinical Programme Groups (CPGs) as well as BI colleagues to support the conversations. The meetings have been received positively by PCNs and enabled PCNs to engage with each other over similar projects and CPGs, where not already doing so.
- 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)

Digital Neighbourhood Vanguards Programme

- The national Digital Neighbourhoods Vanguard Programme has commenced in Gloucestershire. This is a three year programme to transform the experience of citizens and the NHS workforce by empowering Integrated Neighbourhood Teams ('teams of teams') with the best use of digital and data to enable proactive, personalised care and prevent unplanned health and care events.
- North and South Gloucester (NSG) PCN is in receipt of the full offer which encompasses support to establish an Integrated Neighbourhood Teams (INTs); use of Brave AI (a personalised risk assessment tool, which facilitates direct care, and supports risk stratification capabilities and other needs) and the opportunity to participate in a Community of Practice.
- HQ PCN are in receipt of the Brave IA tool and are invited to join the Community of Practice.
- Five PCNs are able to join the Community of Practice.
- The AI tool developed for the programme is not in competition with the personalised proactive whiteboard but is instead an enhancement to stratify the data and includes data about children and young people as well as mental health.
- This programme aligns very closely to the development of all Neighbourhoods in the county as part of the Working as One Transformation Prevention Workstream.

PCN, General Practice and POD 2 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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

Primary Care Access Recovery Plan (PCARP)

- 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. 5 PCNs have agreed to undertake the Support Level Framework conversations with their Practices (20 in total) to understand priorities for improvement and enable the ICB to provide the appropriate support required to help progress in these areas. We are working to maximise Gloucestershire's uptake of these support offers.
- On 29th November the ICB PCARP was taken to ICB public board. NHSE has provided feedback on the November Board Report and actions are underway to address these. A further update for ICB board is required in March 2024.
- Working with PCNs and individual practices to review improvement targets.
- The ICB have circulated MOUs for the Transition and Transformation funding (~£13.5k per practice) for the 30% of funding that has been received by the ICB for 2023/24. The ICB are awaiting further guidance from NHSE how to draw down the remaining 70%.
- System Development Funding for 2023/24 use is being discussed to maximise opportunity.

Enhanced Services

- All locally commissioned Enhanced Services (CES) are being reviewed for 2024/25 by the Primary Care Team, Commissioning and Clinical Leads, and the Enhanced Service Review Group.
- The AQP Vasectomy contract ends 30th June 2024 and a review is currently taking place of the specification and a procurement process will take place in the New Year.
- Post-payment verification is currently taking place on three CES':
    - Secondary Care Bloods Undertaken in Primary Care
    - Care Homes
    - Ear Irrigation
- Any potential uplift and CES is being reviewed as part of the overall bigger setting and inflationary uplift discussions.

Contingency Hotels (December data)

Hotel	People	Practices
Ramada	67 people	Royal Well and St Georges (Equal split) This hotel is closing.
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) This hotel is closing.
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.
- The Home Office has now confirmed that Regency Halls will also be closing in April 2024.

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.
- Accubook national contract has been extended to June 2024.
- Footfall has released their Foundation website which has the NHS Look and Feel. Our first practice (Rosebank) has moved from a pilot to a live site. We have had interest from 24 practices who wish to move over to foundation, these will be rolled out in the new year. The digital team will work with the renaming practices who are not yet ready to move.
- 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.
- The national team have confirmed that the 93p digital funding for 2024/5 will have to be used on products that are on the Digital framework. The framework release has been delayed.

PCN, General Practice and POD 3 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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

Removal of **Autumn/Winter 2023 phase** narrative on the request of Graham Jones

Interim Evergreen (Interseason arrangements):

- Until the end of January 2024, Covid vaccinations can continue to be given to eligible patients – any patients still requiring vaccinations can be referred directly to the ICB team using glicb.gloscovidvax@nhs.net
- Flu vaccinations will continue through Q1 2024 and with an uptick in Flu rates seen in the community we will continue to push messaging encouraging Flu vaccines over the next few weeks.

Vaccination Strategy:

- Wednesday 13th December saw the much anticipated launch of the National Vaccination Strategy. This programme aims to take the learnings from the Covid programme and apply them to other Vaccination types with the aim of improving uptake, simplifying commissioning and supply chains and producing a single vaccination record for each member of the Public.
- Gloucestershire are currently forming a core programme team to review the strategy and plan our approach to adoption and implementation (although it should be stressed that this is very early days with the first 'change' in commissioning unlikely before April 2025).
- Our current work as a Demonstrator site (driving uptake rates for MMR in younger cohorts) has fed directly in to the Strategy and much of what has been achieved in the Access and Inequality (A&I) workstream of the Covid programme is absolutely aligned to the new Strategy. More on this work to follow in the coming months

PCN, General Practice and POD 4 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Area/ Workstream	Pharmacy, Optometry and Dental Services (POD)

All POD Services

- On 1st April 2023, the ICB has assumed delegated responsibility for pharmacy, optometry, and dental services (POD) across the county.
- 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 – NHSE have delayed reporting on the outcomes and success of the Transition until early 2024. 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.
- On 7th December 2023, an update report was presented to the ICB's Audit Committee by the Primary Care Team that provided an update on the progress of POD Delegation including the Transition Process. The report was well received and the Audit Committee confirmed that POD Delegation would be continued to be RAG Rated Amber.
- The Audit Committee al so instructed the Primary Care Team to present another update report to its March 2024 meeting where it is hoped that the RAG Rating could be upgraded to Green.

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.
- 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.
- The Primary Care Team have been working with our CCH colleagues over recent weeks to manage and modify the Mid-Year Contract Review process with our local dental contractors so that the emphasis is on helping those contractors who are not hitting their prescribed UDA/UOA targets to formulate a Remedial Plan that suits all parties and minimises as far as possible the effect of Contract Breaches.

PCN, General Practice and POD 5 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

Programme Area/ Workstream	Pharmacy, Optometry and Dental Services (POD)

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.

Pharmacy Services

- The ICB's Pharmacy Strategy group continues to meet and is developing links with contractors via LPC representation.
- In November 2023 the ICB appointed it's three 'pathfinder' pharmacy sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services.
- Pharmacy First will launch on 31st January 2024. This will be a new advanced service that will include 7 new clinical pathways as well as urgent repeat medicine supply and referrals for minor illness. These conditions are uncomplicated urinary tract infections in women, sinusitis, sore throat, earache, infected insect bites, impetigo and shingles
- We are 1/42 with our Pharmacy First Opt/Ins 97% and 103/105 Pharmacies signed up to deliver this service showing the local appetite for service launch 31st January 2024.
- This capacity and commitment to engage with collaborative and integrated working stems from a number of initiatives:
    - i. Community Pharmacy PCN Leads (PCNL's) now recruited to ALL 15 PCN's working together to build neighbourhood relationships between pharmacies and member practices supported by a CP PCNL Coach
    - ii. Primary care offer asked each practice for a named CPCS Champion to work with their local pharmacy teams
    - iii. Project management support adopting QI principles particularly with action logs, communications, highlight reporting, increased governance with steering groups and sub-groups including key stakeholders including NHS111, DoS, LMC, LPC colleagues see example highlight report below as we transition from CPCS to PFS –
    - iv. Permanent contract Community Pharmacy Clinical Lead (CPCL aka me!) working with Head of POD, Collaborative Commissioning Hub and regional plus national colleagues
    - v. Teach and Treat Programme for Community Pharmacy Independent Prescriber (CPIP) expansion of workforce - supported initially by HEE our local programme works closely with experienced PCN Pharmacists to provide Designated Prescribing Practitioner (DPP) support and also the 90 hours of supervised practice in a prescribing environment. This has been incredibly well received by a Community Pharmacy Gloucestershire, local Higher Education Institutes, PCN DPP's and Community Pharmacists around Glos in particular those now annotated and those currently involved in the programme. We aim to train at least 20 additional CPIPs by end March 2025 and establish a local framework to support new and existing pharmacists to work at the 'top of their licence' to support our health system and local patients
    - vi. Our participation in the Community Pharmacy Independent Prescribing PATHFINDER Programme is a clear demonstration of system commitment to informing future national and local commissioning of NHS IP services via Community Pharmacy - this pioneering approach with selected clinical model where our CPIP's will support practices and patients achieve optimal BP with lifestyle and medication support again shows system and integrated working.

PCN, General Practice and POD 6 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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

Long-Term workforce plan

- Participating in regional discussions on the implications of the Long-term Workforce plan (LTWP) for primary care and currently assessing anticipated staffing and training placements for Gloucestershire including educator and estates capacity.
- Key focus of the plan include (over time) – reduced reliance on international recruitment and temporary staffing, along with implementing the recommendations of the Fuller stocktake report.
- In addition, there is a focus on increased use of digital technologies, along with a growth in foundation year placements and expansion of specialty training in future years.

Primary Care Nursing Workforce Development

- **HCA –** Study day planned February. 75 currently subscribed to day with agenda aligned with training needs analysis
- **FELLOWSHIP –** Risk to nursing retention with fellowship scheme ceasing end of 2023/24. Most valued part of scheme is the support offered to fellows. Without this continuing the risk of Primary Care Nurse attrition rates will increase.
- **PRECEPTORSHIP –** fewer nurses joining the February cohort but waiting list for September cohort as NQN finishing in July will be taking up posts in Primary Care. February cohort usually smaller. 2 preceptorship Champions starting with February Cohort.
- **FUNDAMENTALS –** money from NHSE/SW for additional training needs for Fellows. This will be allocated for fellows only.
- **NURSING ASSOCIATES (STUDENTS) –** 13 Students being supported by our Practice Education Facilitators.
- **REGISTERED NURSE DEGREE APPRENTICES –** 2 Students currently undertaking top up.
- **RETURN TO PRACTICE STUDENT –** Due to start at Underwood Surgery in May.
- **NURSE ON TOUR –** HBA1C trial started and now awaiting bid application to extend this to outreach work.
- **ROTATIONAL PLACEMENTS/VIRTUAL REALITY PLACEMENTS –** Both being explored to increase placement capacity for students in Primary Care.

Optimising ARRS recruitment before end March 2024

- Recruitment v PCN's plans is being monitored monthly with key objective to offer further support to PCN's with achievement of their recruitment objectives.
- Key focus areas for PCN recruitment the end of March 24 include recruitment of Care Co-Ordinators, Pharmacy Technicians, Clinical Pharmacists, Social Prescribing Link Workers and Health and Wellbeing coaches (3 out of 5 roles focused on Personalised Care).
- 3 GP Assistants (GPAs) allocated places on the national GPA training with 2 further GPAs undertaking training from April 2024 – can support GPs with a range of non-clinical/some clinical tasks.
- Primary Care Business Managers offered Project Management/Leadership training to support with meeting their Primary Care Networks workforce objectives.

GP Recruitment initiatives

- GP Partnership support offer launched with interest from 11 GPs to date. The Programme is being advertised as both a fellowship and partnership support offer, for prospective GP partners, but with existing partners being able to benefit from GP Partner focused training and support.
- 'Time for you' group sessions and 1:1 support offered for GPs requiring confidential career support and mentoring.
- 7 additional GP retainer applications approved 2023/24 – supporting retention of GPs. Exploring options to support GP retainers once they have left the GP retainer scheme i.e., after 5-year duration.
- Monthly Business Intelligence (BI) dashboard in place tracking GP numbers – ongoing
- NHSE has announced GP and General Practice Nurse (GPN) fellowship scheme is to cease at the end of 2023/24. Fellows onboarded before this time will receive 2 years funding. Awaiting notice of retention scheme funding for 2024/25

Primary Care Flexible Staffing Pool

- Flexible Pool now launched for HCA's (Healthcare Assistants) with HCA's 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.
- We are actively collecting expressions of interest from Practices who have outlined an interest in using the pool once launched.
- Our Admin/receptionist flexible pool will build on this success and is expected to go-live Nov 2023.
- Our Locum GP Flexible Pool is continuing to perform well with 92% of vacant sessions booked for practices during November 2023.

Developing our future workforce pipeline

- The Primary Care Workforce team continue to collaborate with a number of local and national organisations to support development of our future workforce pipeline.
- We are continuing to focus on increasing Apprenticeship numbers to support both staff retention and recruitment from entry level to senior roles. This largely covers non-clinical roles but also includes Pharmacy Technicians and Nursing Associates. Series of communications (including Webinar) planned for National Apprenticeships week (5th to 10th Feb), sharing case studies, application process, range of apprenticeships available etc.
- To support the above we are working with our ICS careers team on promotion of Primary Care roles to school age children in Gloucestershire with our 'We Want You' team who engage school age-children to provide information on working in the NHS.
- Organisations we are collaborating with include the Gloucestershire Skills and training hub, the Princes Trust and the Care Leavers covenant who each support individuals into roles.
- A programme to support work experience in Primary Care is also being explored.

PCN, General Practice and POD 7 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	18 January 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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.

As part of the Primary Care Sustainability Theme; we are going to hold a separate session to discuss how primary care can contribute towards the net zero sustainability agenda over the next 5 years,

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. Strategy engagement is a standing item on the monthly PCN Leaders meeting to gather their feedback.

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. A risk and issues log is in place to capture the current operational concerns for primary care which cover; national contracts, demand, finances, workforce, estates, partnerships, health inequalities, shared care, medication shortages.

The Primary Care Strategy will feed into the ICS Strategy and Joint Forward Plan refresh.
Primary Care are also involved in the Operational Planning Round and Bid Priority Process for 24/25, with 3 main schemes to be submitted; Quality Improvement (QI), IUCDs & Migrant Hotels.

Agenda Item 11

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Report Title	**Performance Report** • **PCN** • **General Practice** • **Pharmacy, Optometry and Dental**			
Purpose (X)	**For Information** X		**For Discussion**	**For Decision**
Route to this meeting	**ICB Internal**	**Date**	**System Partner**	**Date**
Executive Summary	The report aims to give an overview of the performance within Primary Care & PCNs including • 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	We have not identified any key issues; however, we are regularly reviewing and monitoring performance and offering support to practices and PCNs where appropriate.			
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**				
Management of Conflicts of Interest	If the data in this report shared at meetings, it is ensured that the data is treated in confidence. The local PCN DES/IIF Dashboard is shared monthly with PCNs.			
Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	
Financial Impact	None – data information sharing. IIF (including Capacity and Access Improvement Plan) has financial incentives for PCNs.			

<table>
<tr><td>Regulatory and Legal Issues (including NHS Constitution)</td><td colspan="3">Data is anonymised when shared and meets data security and information governance requirements.</td></tr>
<tr><td>Impact on Health Inequalities</td><td colspan="3">The primary care performance data can help identify areas that may require additional support.</td></tr>
<tr><td>Impact on Equality and Diversity</td><td colspan="3">N/A – paper is on primary care performance data.</td></tr>
<tr><td>Impact on Sustainable Development</td><td colspan="3">N/A – paper is on primary care performance data.</td></tr>
<tr><td>Patient and Public Involvement</td><td colspan="3">N/A – paper is on primary care performance data.</td></tr>
<tr><td>Recommendation</td><td colspan="3">The Committee is requested to:
• Note the information provided.</td></tr>
<tr><td>Author</td><td>Jo White</td><td>Role Title</td><td>Deputy Director, Primary Care & Place</td></tr>
<tr><td>Sponsoring Director (if not author)</td><td colspan="3">Helen Goodey</td></tr>
</table>

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

Primary Care & PCN Performance Report

	Indicator	Previous Month	Latest Month	Yearly Trend (2022/23, 2023/24)	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	79.77% (Nov 23)	84.10% (Dec 23)		4.33%	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	74.06% (Nov 23)	79% (Dec 23)		4.94%	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	31.34% (Nov 23)	40.4%% (Dec 23)		9.06%	In 2022/23 this indicator was 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	79.91% (Nov 23)	80.6% (Dec 23)		0.69%	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).	77.31% (Nov 23)	77.6% (Dec 23)		0.3%	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			Gloucestershire, National		
	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)			Despite a decrease, Gloucestershire is higher than the national average

Joined up care and communities

	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.
Primary Care Access Recovery Plan (PCARP)	**General Practice Improvement Programme:** Intensive (practice)		3 Practices			Awaiting latest update from NHSE
	General Practice Improvement Programme: Intermediate (practice)		2 Practices			Awaiting latest update from NHSE
	General Practice Improvement Programme: PCN Level		3 PCNs			Awaiting latest update from NHSE
	Support Level Framework (lead by PCNs)		15 Practices			
	Telephony Critical List		13 Practices			
	Telephony Phase 2 (Long list)		25 Practices			
	Self Referrals		6/7 Self-referral pathways in place			Audiology self referral not in place – antipated for Q4 of 23/24 – awaiting further updates

Joined up care and communities

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 appropriate follow-up to confirm or exclude a diagnosis of hypertension.	26.92% (Sep 23)	31.8% (Nov 23)		4.88%	This indicator is no longer part of the IIF, CVD is one of the PCN DES Service specifications.
	Early Cancer Diagnosis: % of suspected/recurrent cancer with safety netting in last 12 months	74.3% (Sept 23)	74.5% (Nov 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	79.4% (Sept 23)	80.54% (Nov 23)		1.14%	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	13.3% (Sept 23)	16.9% (Nov 23)		3.6%	This indicator is no longer part of the IIF, EHCH is one of the PCN DES Service specifications.
	Medication Review and Medicines Optimisation	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	0.71% (Sept 23)	0.96% (Nov 23)		0.25%	This indicator is no longer part of the IIF, Personalised care and SPLW service is part of the PCN DES.
	Tackling Neighbourhood Health Inequalities:	97.3% (Sept 23)	97.4% (Nov 23)		0.1%	HI-03 and SMI Physical Health Checks indicators in this table that relate to

	record the ethnicity of all patients registered with the PCN (or record that the patient has chosen not to provide their ethnicity)					Tackling Neighbourhood Health Inequalities
PCN Additional Roles Reimbursement Scheme (ARRS)	ARRS WTE increase by month	341.70 (Nov 23)	345.65 (Dec 23)		↑ 3.95	This shows the difference between November claims and December claims.
Severe Mental Illness (SMI)	Physical Health Checks	31.2% (Nov 23)	39.7% (Dec 23)		↑ 8.5%	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	31.9 (Nov 23)	41.6 (Dec 23)		↑ 9.7%	Most LD AHC are completed in Q4. Individual communications have been sent to practices advising of current figures and offers of support.
NHS Gloucestershire ICB Primary Care Workforce						
GPs in Gloucestershire (excluding GPs in Training)	**Total Qualified GPs**	367 FTE (March 19)	358 FTE (Oct 23)		↓ 2.3%	March 2019 figures are a Baseline Please see Performance Report Appendix 6 for more information
	Salaried GPs	86 FTE (March 19)	133 FTE (Oct 23)		↑ 55%	
	Partner GPs	268 FTE (March 19)	211 FTE (Oct 23)		↓ 21.3%	
	Registered population of NHS Gloucestershire	649,057 (March 19)	683,985 (Oct 23)		↑ 34,928	
Nurses in Gloucestershire	Total Nurses	212 FTE (March 19)	230 FTE (Oct 23)		↑ 8.5%	

General Practice Appointment Data (GPAD)						
Orange – Feb to Nov 23 **Purple Feb 19 – Jan 20**	Total Appointments Gloucestershire	324,410 (Nov 19)	409,308 (Nov 23)		↑ 26.2%	Compared to a national increase of 17.5%.
	Total Number of GP Appointments Gloucestershire	155,308 (Nov 19)	167,801 (Nov 23)		↑ 8.0%	Compared to a national drop of 5.6%
	% F2F Appointments Gloucestershire	72.1% (Nov 19)	70.0% (Nov 23)		↓ 2.1%	Compared to a national drop of 12.5%
	% Appointments which are sameday Gloucestershire	35.7% (Nov 19)	38.5% (Nov 23)		↑ 3.8%	Compared to a national increase of 1.8%
	% Appointments up to 14 days Gloucestershire	76.2% (Nov 19)	73.0% (Nov 23)		↓ 3.2%	Compared to a nominal national drop of 0.1% However Gloucestershire appointments increase is much higher than the national average.
POD Performance Data	Units of Dental Activity (UDAs)	59% (Sept 22)	60% (Sept 23)		↔ 1%	South west average is currently at 59%.
	Units of Oral Activity (UOAs)	78% (Sept 22)	106% (Sept 23)		↑ 28%	South west average is currently at 92%.

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 3rd January 2024 based on data from the Local PCN Dashboard –

IIF indicators 2023/24		LT	UT	ICB	Central	Peripheral	St Paul's	Stroud Cotswolds	TWNS	HQ	South Cotswolds	Forest of Dean	NSG	Aspen	Berkeley Vale	North Cotswolds	Severn Health	Inner City	RB
VI-02: Percentage of patients aged 18 to 64 years and in a clinical at-risk group who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	% Achievement	72%	90%	84.1%	85.5%	90.8%	93.4%	76.5%	86.9%	57.8%	81.6%	92.2%	91.3%	93.4%	71.1%	74.0%	84.4%	83.9%	93.7%
VI-03: Percentage of patients aged two or three years on 31 August 2023 who received a seasonal influenza vaccination between 1 September 2023 and 31 March 2024	% Achievement	64%	82%	79.0%	75.1%	93.9%	96.2%	61.7%	98.0%	57.0%	82.3%	84.6%	81.5%	97.6%	76.8%	55.5%	92.3%	45.7%	95.6%
HI-03: Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity	% Achievement	60%	80%	40.4%	17.2%	47.4%	54.6%	51.2%	33.2%	56.0%	33.9%	48.7%	36.4%	44.7%	39.3%	11.9%	34.4%	16.4%	48.9%
CAN-02: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral	% Achievement	65%	80%	80.6%	84.2%	80.3%	74.3%	84.6%	89.9%	84.9%	79.5%	76.3%	83.1%	80.4%	75.1%	76.4%	79.8%	87.9%	75.2%
ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less	% Achievement	85%	90%	77.6%	76.1%	79.8%	83.3%	75.2%	77.7%	81.1%	85.3%	76.4%	80.6%	73.8%	70.3%	78.3%	71.5%	73.5%	81.0%

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.
- All PCNs/practices have agreed an access improvement plan with the ICB which they are required to work on during 2023/24 to deliver against in each of the three areas set out above.
- ICBs must make an assessment of the appropriate value of funds to be released to PCNs, after 31 March 2024. All assessments should consider the challenges a PCN faces such as their starting point at April 2023, differences driven by demographics, improvement against the starting point baseline and the accuracy of available data.

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	*Current GP appointment data (see below and in appendix 1 for IIF indicator ACC-08)*	

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

3.3. PCN Specifications

- 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 439 in November 2023 to 448 in December 2023 which is an increase of 3.95 WTE. The following PCNs have recruited additional ARRS roles in December:
  - North Cotswolds PCN recruited an additional 5 Digital & Transformation Leads (total 1 WTE)
  - Rosebank PCN recruited an additional 2 Care Coordinators (total 1.76 WTE)
  - TWNS PCN recruited an additional GP Assistant and a Physician Associate (2 WTE)

- A summary table for the number of and type of ARR staff across the 15 PCNs based on December 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						2	1		1		3		1	1		**9**
Care Coordinator	11	17	4	3	16	11	9	12	4	12	6	7	5	6	1	**124**
Clinical Pharmacist	3	3	7	5	9	7	1	7	5	3	6	6	11	5	8	**86**
Dietician					1											**1**
Digital and Transformation Lead	1		2	1	1	1	1	1	5	1	2	1		6	2	**25**
First Contact Physiotherapist			3		3		1	2		1		1			4	**15**
General Practice Assistant		4		4	6			2				2		2	1	**21**
Health and Wellbeing Coach		6	1						2						2	**11**
Mental Health Practitioner Band 7	1		1	1	1		2	1	1	1	1		1		1	**12**
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	5	5	3	3	**45**
Physician Associate	2	1		2	1					1					2	**9**
Social Prescribing Link Worker	4	1	7	7	3	2	4	7	2	4	5		2	3	4	**55**
Trainee nursing associate		1	1		2			1		1		2		1	1	**10**
Total	**24**	**42**	**33**	**24**	**48**	**24**	**22**	**39**	**22**	**26**	**27**	**32**	**27**	**27**	**31**	**448**

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						1.267	0.88		0.8		3		0.64	0.4		**6.99**
Care Coordinator	8.24	11.653	4	2.6	12.532	7.521	5.146	8.667	3.44	10.396	4.333	5.441	3.347	4.1	0.64	**92.06**
Clinical Pharmacist	2.8	2.273	5.08	4.8	7.827	5.253	1	6.34	3.787	2.853	4.173	4.487	8.894	4.573	6.273	**70.41**
Dietician	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**1.00**
Digital and Transformation Lead	0.933	0	0.8	1	0.8	0.98	0.287	0.8	1	1	1	0.32	0	1	1	**10.92**
First Contact Physiotherapist	0	0	2.233	0	3	0	0.747	2	0	1	0	0.4	0	0	2.48	**11.86**
General Practice Assistant	0	2.273	0	3.066	3.512	0	0	1.146	0	0	0	1.24	0	1.693	1	**13.93**
Health and Wellbeing Coach	0	2.8	1			0	0	0	2	0	0	0	0	0	1.907	**7.71**
Mental Health Practitioner Band 7	1	0	1	1	1		1.6	1	1	0.747	1	0	0.8	0	1	**11.15**
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	3.733	4.173	2.627	2.08	**39.11**
Physician Associate	2	0.213	0	2	1	0	0	0	0	1	0	0	0	0	2	**8.21**
Social Prescribing Link Worker	3.28	0.987	6.2	6.2	2.587	1.747	2.86	4.84	1.8	2.88	3.594	0	1.387	1.76	3.4	**43.52**
Trainee nursing associate		0.8	1	0	1.6	0	0	0.8	0	0.8	0	1.707	0	1.067	1	**8.77**
Total	**20.00**	**28.85**	**27.97**	**21.67**	**39.51**	**17.77**	**14.91**	**29.59**	**15.63**	**22.68**	**20.50**	**24.34**	**20.74**	**17.22**	**24.28**	**345.65**

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 39.7% (as at 31st December 2023) which is a large improvement on the same time point for the previous year (26.8% as at 31st December 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 recorded was 41.6% (as at 31st December 2023) of which 92.1% have also had a Health Action Plan recorded. This is marginally below the same time point for the previous year for LD AHC recorded (43.3% as at 31st December 2022) but in line with HAP recorded (91.7% as at 31st December 2022).

As part of the IIF the requirement, the indicator requires Ethnicity to be recorded also, therefore the ICB average for LD AHC with a HAP and Ethnicity recorded was 40.4% (as at 3rd January 2024).

6. NHS Gloucestershire ICB Primary Care GP and Nursing Workforce

6.1. GPs in Gloucestershire (excluding GPs in Training);

- Total Qualified GPs - minus 2.3% below March 2019 baseline. This equates to 358 FTE Total Qualified GPs, against the March 2019 baseline of 367 which NHSE calculate to mean a reduction of 8 FTE*
- Salaried GPs – plus 55% above March 2019 baseline. This equates to 133 FTE Salaried GPs, against the March 2019 baseline of 86 FTE, which NHSE calculate to mean an increase of 47 FTE
- Partner GPs – minus 21.3% below March 2019 baseline. This equates to 211 FTE Partner GPs, against the March 2019 baseline of 268 which NHSE calculate to mean a reduction of 57 FTE
- Despite the decreases for all but Salaried GPs, Gloucestershire has 6.8** GPs per 10,000 registered population, against the average of 6.3 for the South West region
- The registered population*** of NHS Gloucestershire has increased from 649,057 in March 2019, to 683,985 in Oct 2023, an increase of 34,928 registered patients – roughly equivalent to a whole extra PCN

Notes

- NHS England Baseline = March 2019. Latest = October 2023
- *PCTH calculate the reduction to be 9 FTE (367 minus 358 = 9) so we believe this to be a rounding calculation, that NHSE made for FTE.

- **ICB People Board reported figure of 6.5 GPs per 10,000 weighted population is due to a lower weighted population of 649,843 being used for the 12 month reporting period, which increases the rate per 10,000. The weighted population figure is used for ICB performance reporting because comparisons over the year do not fluctuate with two changing variables & weighted population is used by ICB Finance teams to calculate financial allocations based on a fixed population.
- ***The Registered population is used by NHS England, ICB Business Intelligence and PCTH team which is updated monthly by national team using the very latest Registered Populations submitted to NHS Digital by Gloucestershire GP Practices/Surgery's available.

6.2. General Practice Nurses in Gloucestershire

- Total Nurses – Plus 8.5% above March 2019 baseline. This equates to 230 FTE Total Nurses, against the March 2019 baseline of 212 which NHSE calculate to mean an increase of 18 FTE

7. General Practice Appointment Data

7.1. GP Appointment Highlights

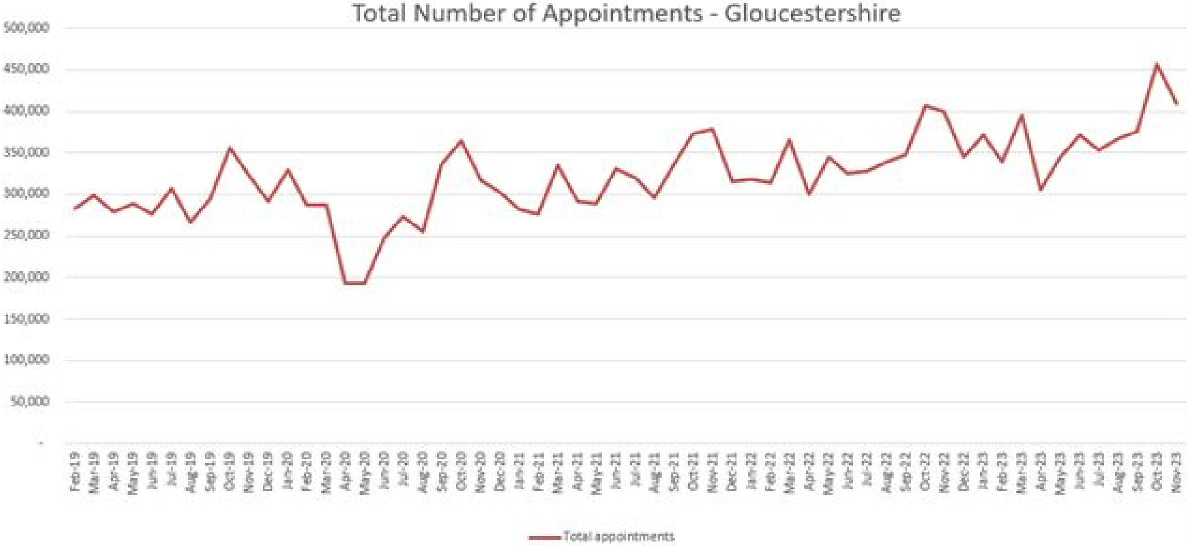
Please note there are known issues nationally with the GP Appointment Data that is extracted from Practice Clinical Systems. The Primary Care and Digital Teams are working with practices where data does not look consistent to ensure that individual appointment types are mapped correctly to a set of nationally 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.

7.1.1 Total Appointments

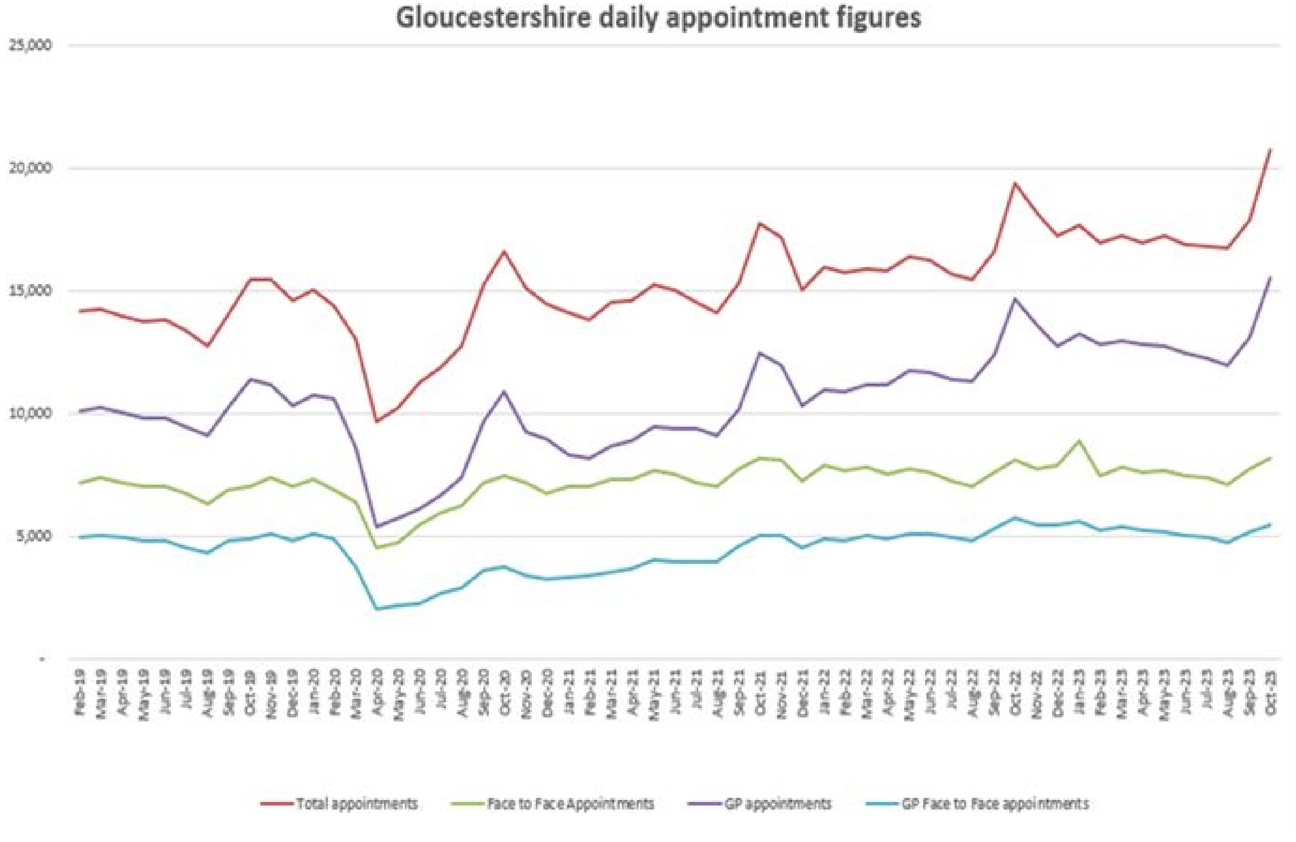
For the month of November 2023, data from NHS Digital shows the number of appointments in Gloucestershire was 409,308 this is a slight decrease in the number of appointments provided from the previous month, this is in line with a decrease in the number of appointments recorded nationally. This number equates to a 26.2% increase on November 2019 (324,410).



Appointment data for Gloucestershire in November shows:

- 41% of all appointments were with a GP.
- 38.5% 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.



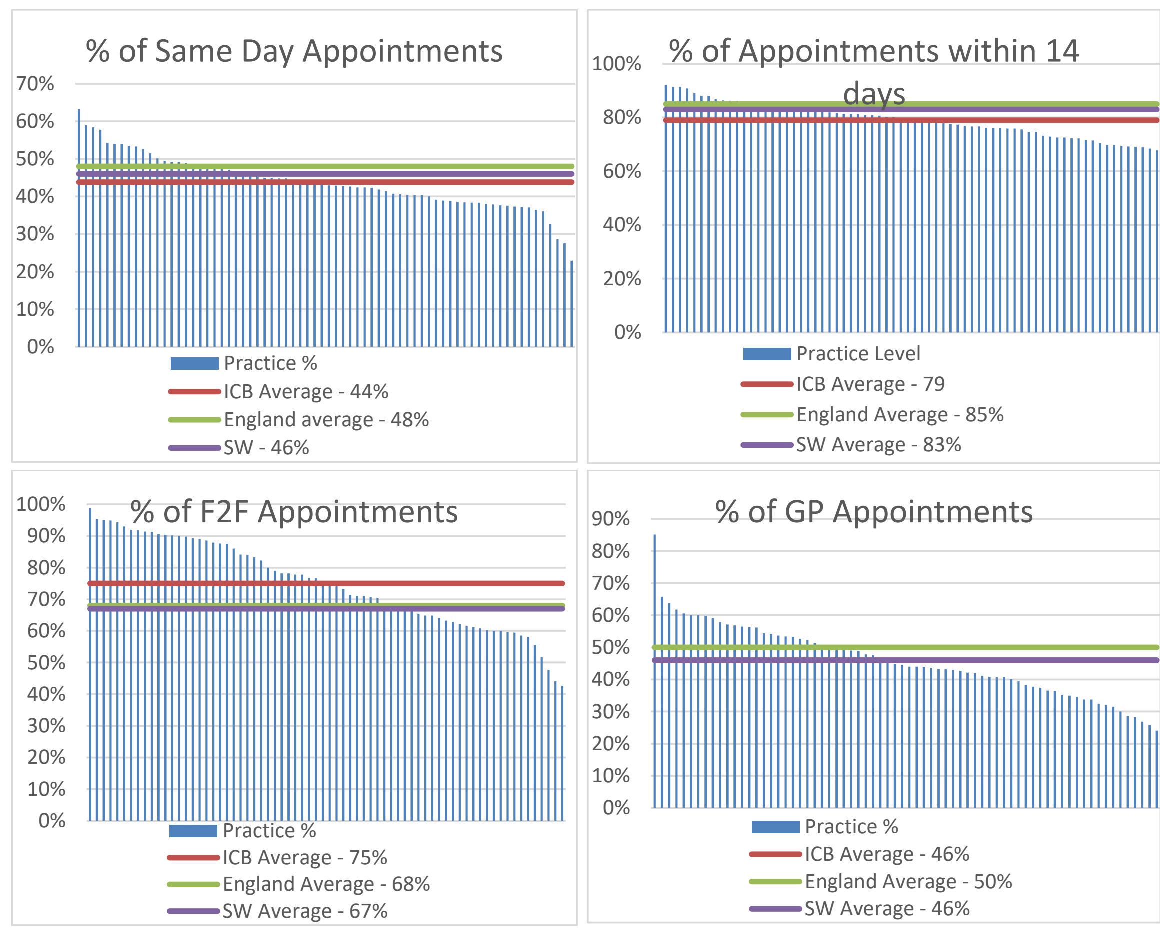
7.1.2 Practice Level Appointment Data

The graphs below show at practice level for November 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 409,308 appointments offered in Gloucestershire in November 2023, the table below shows a breakdown of the appointments by type.

Appointment Type	No of Appointments
Face to Face	284,461
Telephone	89,224
Unknown	20,350
Video/Online	12,339

Home Visit	2,934

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 November 2023.

National Appointment Category	No of Appts	% of Total Appts
General Consultation Routine	105,070	26.35%
General Consultation Acute	69,038	17.31%
Planned Clinics	62,674	15.72%
Planned Clinical Procedure	47,641	11.95%
Clinical Triage	39,304	9.86%
Inconsistent Mapping	35,259	8.84%
Unmapped	16,444	4.12%
Unplanned Clinical Activity	8,361	2.10%
Patient Contact During Care Home Round	3,663	0.92%
Home Visit	2,557	0.64%
Structured Medication Review	2,051	0.51%
Care Related Encounter but does not fit into any other category	2,013	0.50%
Social Prescribing Service	1,656	0.42%
Care Home Visit	1,507	0.38%
Service Provided By Organisation External to The Practice	753	0.19%
Care Home Needs Assessment & Personalised Care And Support Planning	353	0.09%
Walk In	211	0.05%
Non-contractual chargeable work	117	0.03%
Group Consultation And Group Education	89	0.02%

* 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	October	November	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	34,199,547	31,455,487	
Total Appts - Glos	344,128	370,840	339,045	395,686	300,335	344,695	371,040	352,531	367,337	375,067	455,526	409,308	
Glos Data													
% of Same Day Appts	44	40	40	38	42	40	39	40	41	37	33	39	
% Appts within 14 Days	79	78	77	74	78	73	73	74	75	71	67	74	
% Face to Face Appts	75	76	75	75	71	74	74	73	71	73	76	70	
% GP Appts	46	46	44	45	47	44	44	44	43	45	40	42	
No of Appts per 1,000 Patient	502	585	494	496	439	504	541	513	532	548	672	583	

8. The Recovering Access to Primary Care System Plan

Please see below progress update on the priority areas identified in the Recovering Access to Primary Care System Plan.

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
Support practices to improve their 2-week and 4-week appointment wait data;	No PCNs are currently achieving the IIF lower or upper threshold for the ACC-08 indicator. In Gloucestershire, same-day and next day appointments are similar to the national average, reflecting that patients may be being prioritised based on need. 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. 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.	Further analysis is being undertaken to understand the rationale behind the higher appointment waits beyond 14 days.	NHSE have advised that exception flags are now active in both EMIS and TPP practice systems to indicate when an appointment would not be expected to happen within two weeks of booking. This may be due to patient preference or clinical rationale. However, as noted in the IIF guidance for ACC08, these flags will not affect the two-week threshold calculation for this financial year. Practices are encouraged to use the exception flagging functionality to support improvements in access to general practice by more accurately recognising appointments which may be appropriate for booking more than two weeks in advance. There is known national issues with GPAD data.	Share with practices and PCNs that exception reporting for ACC-08 is now available. Continue to share data for ACC-08 via the PCN Dashboard.
GPAD appointment mapping for practices and PCNs	Practices/PCNs need to map appointments correctly to ensure data is accurate. As above, this may be an influencing factor for appointment wait times. It is also potentially an influencing factor for online	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.	NHSE SW GPAD Show and Tell Webinars were due to take place in December 23 however, these have been cancelled and planned to be rescheduled in 2024 The ICB Digital team have contacted practices who have large number of face to face appointments and no telephone appointments.	Review GPAD data to identify practices which have high number of unmapped appointments.

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
	appointment data which currently is very low in Gloucestershire. 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.			
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.	- Work is underway to develop a monitoring report to track self-referral activity across the 7 service areas defined by NHS England. The report will allow the ICB to track self-referral activity trends over time against the national ambition to increase self-referral activity by up to 50%. As part of this process the Business Intelligence team are reviewing the data submitted via the Community Services Data Set (CSDS) to identify any data quality issues, including details of any referral activity for the 7 services that is not captured within that dataset (for example GHFT data for physiotherapy and audiology) to ensure that a full picture of activity is available. - Further clarification has been sought from NHS England regarding the baseline against which the 50% increase will be measured, and it has now been confirmed that the baseline is activity as at January 2022. It should be acknowledged that increasing self-referral activity by 50% in Gloucestershire will be difficult to achieve as 6 of the 7 services have declared that they are already accessible via self-referral (crucially including physiotherapy which has high referral volumes). The scope	-

Joined up care and communities

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
			for improvement (assuming all self-referral data is being captured) is therefore likely to be limited. - The one service that is not accessible via self-referral is audiology. However, whilst the service is not open to self-referrals for new patients, existing patients who reach the end of their 5 year pathway and need to be reassessed and fitted with new hearing aids do contact the service directly to book their appointments rather than being referred via the GP. Clarification is being sought from NHSE regarding whether this activity should be considered 'self-referral' as it is understood that other areas in the South West are declaring that they are partially compliant with the requirement based on similar arrangements. Any consideration of audiology moving to self-referral for new patients remains on hold until the end of quarter 4 due to competing priorities within the service. Please see updates from each service area in the document embedded below: Self Referrals - ICB Leads - Dec 23.xlsx	
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 national funding has been allocated to these 'critical'	**Phase 1:** Currently 13 practices are identified as critical in Gloucestershire. This has decreased from 15 as 2 practices have implemented digital telephony themselves and therefore no longer require additional support.	NHSE panel to finalise the shortlist of prioritised practices based on information provided and available funding, and ICBs will be notified of the final allocation by 22 December.

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
		practices to support this change.	Infrastructure issue has been identified with FOD practices due to rurality, this has been raised nationally and affects 5 FOD practices. 4 practices have been fully signed off by ICB and procurement hub 2 practices signed off by ICB 1 practice has identified a contract issue which is being discussed. The ICB and procurement hub are in conversation with 1 practice who might withdraw from the process. Phase 2: NHSE confirmed additional support for practices that are using digital telephony but have a lower functionality than the national standards. The ICB were required to validate practice eligibility and identified 47 practices as having sub optimal digital telephony and this long list was shared with NHSE by 5th December. Of these, 25 practices have been prioritised and a further list shared with NHSE by 18th December to secure funding to support these practices.	
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	CMO for the ICB has changed. NHSE have released an assessment tool for the primary-secondary care interface, for ICBs to use with secondary care.	Meeting to be scheduled with new CMO to discuss progress and next steps.

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
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.	As at November 2023: Intensive (Practice): 3 practices are signed up to the programme Intermediate (Practice): 2 practices are signed up to the programme PCN Level: 3 PCNs are signed up The ICB Primary Care Team continue to promote the GPIP programme support offers to practices and PCNs.	Awaiting further update from NHSE on latest sign ups to the programme to understand if uptake has increased following recent promotions.
Coverage of PPGs	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	**Supporting the recruitment of PPG members:** • So far in 23/24 the ICB Engagement team 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 |	

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
			Get Involved In Gloucestershire (glos.nhs.uk) • 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 and have six hybrid meetings per year (20-20 people attending each).	
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.	The ICB Primary Care Team presented the SLF to PCN Business Managers at their meeting in December. This was well received, and PCNs are discussing with their practices if the PCN can support facilitating these conversations. To date 15 practices (across 4 PCNs) have agreed to have these conversations with their PCN.	The ICB to identify individual practices who require SLF conversation and the ICB to facilitate these.
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	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.	15 Community Pharmacy PCN Leads identified and supported by a PCN Lead Coach to build collaborative relationships between PCN local pharmacies and their member practices. National Pharmacy First Service (PFS) announced 16/12/23 with three parts - existing CPCS minor ailments electronic referrals GP & NHS111 now part of PFS, Emergency Prescriptions CPCS NHS111 online/telephony	Early 2024 progress report with self-reported clinical service capacity per PCN to inform next steps and a key focus on General Practice team collaboration for local relationships, referrals and appropriate escalations. Pharmacy First Service (PFS) due for launch dependent on Digital System GP Connect, 31/1/24. Adoption of 23 National PGD's by each Community Pharmacist working in Glos

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - Dec 2023	Next steps
	with the expansion of community pharmacy services.	teach and treat programme and community pharmacy independent prescribing pathfinder programme).	and NEW 7 Clinical Pathways / Common Conditions - earache, impetigo, sore throat, shingles, sinusitis, infected bites/stings and uncomplicated UTI in women. These 7 new clinical pathways can be referrals OR WALK-IN options for patient presenting with the 7 conditions for clinical assessment, self care advice non-antibiotic options reserving the option for PGD supply of antibiotics ensuring antimicrobial stewardship principles are applied.	Pharmacies, training & further up-skilling especially for Otitis Media, ear examination and otoscopy. PFS a key priority to support local patients access timely advice and treatments, safety netting and appropriate escalations of care. Subsequently Pharmacy Contraception Service for ongoing supply of contraception PLUS initiations. Extension to BP Check Service utilising wider skill mix within pharmacy teams to support local and national hypertension case finding service.
Implementation of the local communication plan to support the national communication plan.	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. Helping patients understand how practices function and how their requests for an appointment will be handled, based on clinical need. 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. Local communications will support the national comms in a more localised and targeted way.	Plans to engage with communities in ways that work best for them.	The primary care group confirmed that we should use national resources (and not produce bespoke local videos etc.). National comms resources being shared with practices via the primary care bulletin dated 21 December 2023. Social media posts are scheduled for the New Year (X, Facebook and Instagram). (The current social media focus is on industrial action, staying well this winter and click or call first campaigns. Updated communication plan is embedded below: PCARP comms plan v4.docx	

9. 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%.

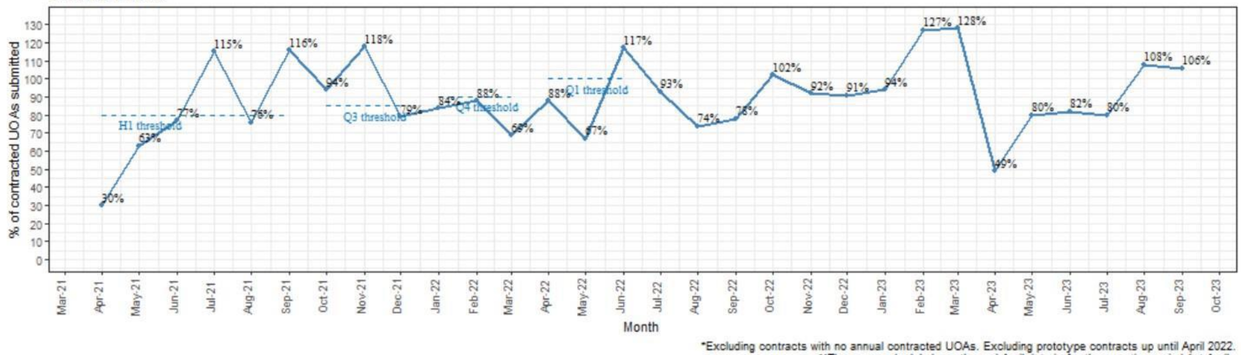
The value for Gloucestershire fell to 60% in September 2023 compared against 70% for August 2023, although this representative of the region as a whole.

- 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%.



- 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 -

NHS South West Collaborative Commissioning Hub

	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%	

10. Recommendations

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

Priority area
MSK
Audiology
Weight Management Services
Community Podiatry
Wheelchair Services
Community Equipment Services
Falls Services

ICB Leads Update
No Update
self-referrals for new patients, existing patients who reach the end of their 5 year pathway and need to be reassessed and fitted with new hearing aids do contact the service directly to book their appointments rather than being referred via the GP. Clarification is being sought from NHSE regarding whether this activity should be considered 'self-referral' as it is understood that other areas in the South West are declaring that they are partially compliant with the requirement based on similar arrangements. Any consideration of audiology moving to self-referral for new patients remains on hold until the end of quarter 4 due to competing priorities within the service.
contract.
No Update
Self-referral currently available for service users and carers for follow up assessments. Discussions are ongoing as part of a service specification review if self-referral can be opened up for new referrals as well. However, significant demand work will have to be completed and it is not anticipated that we will be able to offer this in 2023-24 FY.
Adult Help Desk (Gloucestershire County Council): Service users in Gloucestershire can self-refer to the adult help desk 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 https://www.yourcircle.org.uk/Search?CategoryId=15&SM=ServiceSearch&SME=True 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
No Update

Recovering Access to Primary Care

Communications Plan

1. Introduction

NHS England set out its ambitions for meeting the primary healthcare needs of people across England in its Delivery Plan for Recovering Access to Primary Care, published on 9 May 2023.

Central to the plan is a commitment to 'tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care'.

The plan focuses on four key areas:

- **Empower patients** to manage their own health via, for example, the NHS App, self-referral and accessing more services from community pharmacies.
- **Implement 'Modern General Practice Access'** so that patients know on the day they contact their surgery how their request will be handled, based on clinical need. Patient preferences for a phone call, face-to-face appointment or online message should be respected.
- **Build capacity** so that practices can offer more appointments from more staff than ever before.
- **Cut bureaucracy** to give practice teams more time to focus on their patients' clinical needs.

This plan sets out our communication and engagement arrangements for improving access to general practice in Gloucestershire.

2. Context

In Gloucestershire, as across England, GP surgeries are facing many challenges including a record increase in patient contacts and staffing shortages across practice teams.

It is acknowledged that primary care staff are going to incredible lengths in these challenging circumstances.

The number of appointments delivered each month by GP practices across Gloucestershire has increased by 27% compared to pre-COVID pandemic levels in 2019. We understand this to be significantly above the national average increase of 20%.

In Gloucestershire, practices have been focusing on providing more appointments for our population. Faced with continuing high levels of need, they have delivered considerably more urgent appointments; in September 2023 they provided 23%

Version 3, CMcB, 7.11.23

more same-day appointments than in August 2019 (105,013 same day appointments in September 2019 and 137,330 in September 2023). Nationally, there has been a 13% increase in same-day appointments.

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

This focus on improving access to appointments has been backed up by this year's national GP patient survey, published on 13 July, which showed that overall patient satisfaction rates in Gloucestershire (80%) are well above the national average (71%) and amongst the highest in England.

However, we know that some patients across the county have had to wait longer than they would like for non-urgent appointments. We are working hard with practices and Primary Care Networks (PCNs – groups of GP practices working together) to improve this position.

3. National communications campaign

NHS England launched a national campaign, **Help Us, Help You – GP Team** on 19 October 2023. The campaign highlights the changes in the way people access help and receive care at general practices and will run until March 2024.

The first phase of the campaign aims to raise awareness of the different healthcare professionals within the general practice team who are helping patients get the right care they need more quickly. It will also highlight why the reception team asks patients some questions about their condition when they contact their GP practice to help them be directed to the right healthcare professional.

4. Objectives

- Raise awareness of the different health professionals in general practice teams who are helping patients get the right care, more easily, first time.
- Improve public understanding of the role of reception teams in using the information patients provide to help identify which health professional or local service is best placed to help them, such as a community pharmacy (care navigation).
- Improve public understanding of non-GP roles to reduce some of the frustration and friction that reception teams are facing on a daily basis.
- Equip multicultural audiences to understand how the system works, what to ask and how to access the right help when they need it.

5. Key messages

- GP practices in Gloucestershire are committed to offering the right kind of care and appointments, based on the nature of your symptoms, condition and needs.

Version 3, CMcB, 7.11.23

DRAFT

- You may be asked questions about your condition from a receptionist so that you can be directed to the right health professional. The reception team is specially trained to help identify which health professional or local service is best placed to help you, so it's important to give them as much information as possible. Any information that you discuss with them will remain confidential.
- Receptionists/care navigators will provide support and have the best interests of patients at heart.
- You may not be seen by a GP but by another health professional at your GP practice to ensure you have access to the most appropriate care quicker.
- General practice teams have expanded and are made up of a range of health professionals who work in their practice and in the wider community to help you get the right care when you need it. They include clinical pharmacists, physiotherapists, mental health professionals, paramedics and other professionals working within or alongside practice teams.
- Having a range of health professionals at your general practice means you can receive the most appropriate care for your condition as quickly as possible, and you may not need to see a GP
- GP practices rapidly expanded digital and telephone services to deliver care during the COVID-19 pandemic. As well as face to face appointments, these options continue to be offered to patients where appropriate and are welcomed by many for being less disruptive to work and personal commitments and for reducing the need to travel.
- Many practices have introduced new systems to make it easier for patients to make appointments with the most appropriate member of the team.
- There are a number of ways to request care from your general practice: online, using a form on your GP's website; by phone; via the NHS App; or in person. However you contact them, your practice team will ensure you get the care you need.
- Pharmacy services are being expanded to enable pharmacists to supply prescription only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bike, impetigo, shingles and uncomplicated urinary tract infections in women) without the need to visit a GP.
- Your general practice team is here to help you. Visit nhs.uk/GPservices to find out more.

6. Stakeholders – to be briefed on the campaign and assets

- GP surgery staff
- Local Medical Committee – informed partner
- Local Pharmaceutical Committee – informed partner
- Community stakeholders, including MPs, councillors, Healthwatch, NHS partners and HCOSC
- Local media outlets

7. Audiences

DRAFT

The audience for the campaign is all adults, but with a focus on working age adults, parents, older people and those with long term conditions - who are more likely to make an appointment with their GP.

The national campaign will also focus on C2DE (the three lower social and economic groups) audiences and those from Black, Asian and Eastern European (Polish and Romanian) backgrounds. These audiences are the largest ethnic minority populations in England, share similar attitudes towards the NHS and experience inequalities in accessing general practices.

NHS England are also working with partners to deliver supportive campaign activity. This includes exclusive social content on Netmums' Facebook and Instagram pages, alongside a newsletter feature and articles on the Netmums website. Dr Ellie Cannon, an NHS GP and TV doctor, will be featuring in a special Netmums podcast.

Locally, we plan to engage with community groups including local Traveller, Afro-Caribbean and South Asian groups.

8. Approach

- Set out communication activity clearly, in the right sequence, with identified leads
- Identify appropriate communication channels and assets to ensure we reach the target audience using existing networks.
- Use clear and simple messaging with easy access to trusted sources of information
- Ensure that local messages are consistent and co-ordinated and in line with national messaging and timings
- Where appropriate, use NHSE campaign resources and local partner networks and communication channels to maximise impact
- Support resilience across the whole healthcare system
- Encourage people to use services wisely and look after themselves where appropriate

9. NHS England approach and resources and approach

NHS England is working with multicultural professional health associations to build understanding of the changes happening in general practice to multicultural audiences and is developing bespoke co-branded resources to help engagement.

They also completed a survey of 2,000 adults in England, and have data, including regional breakdowns, revealing public attitudes and awareness of the various health professional roles that work alongside GPs in practices.

All campaign resources are at [Your general practice team.]

Version 3, CMcB, 7.11.23

DRAFT

- **Video** - an engaging new film and social cut-downs to illustrate the real-life process patients go through when they contact their local GP practice. This is brought to life through young children meeting the reception team and being introduced to the different healthcare professionals within a GP practice. https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-primary-care/nhs-general-practice-team/pr-film/
- **Social assets** – a suite of social assets (including statics and photography) will showcase the general practice team, highlight the different roles and outline how people will be directed to the right care/professional for their health needs more quickly. https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-primary-care/nhs-general-practice-team/gp-team-social-media-assets/
- **Leaflet -** https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-primary-care/nhs-general-practice-team/a5-leaflet/
- **Posters** https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-primary-care/nhs-general-practice-team/posters/

10. Action Plan

Action	Detail	Lead	Timing
Write localised media release with local data, case studies and spokespeople	Behind the scenes of your general practice. Meet the team.	CMcB	tbc
Briefing for local community stakeholders	MPs, councillors, Healthwatch, NHS partners and HOSC. PPG Network meeting on 24 November. HOSC meeting on 28 November.	CMcB	tbc To incorporate into the report/presentation and materials shared with members
Campaign briefing – share with practices via weekly primary care bulletin	Approval given from strategy group.	CMcB	21 December 2023 issue of primary care bulletin.
Share links to NHSE resources (to download) with practices via primary care bulletin: • Poster to display in waiting rooms • Video for waiting room TV screens	Approval given from strategy group.	CMcB	21 December 2023 issue of primary care bulletin.

Version 3, CMcB, 7.11.23

DRAFT

• Copy for practice websites • Social media posts and graphics for practices			
Share NHSE film, social cut downs of the film, photography and social assets across NHS Gloucestershire social media channels (Facebook, X, Instagram)	Schedule social media	CMcB Jenni P Emma S	January 2024
Produce local (Gloucestershire) video, e.g. spotlight on: • clinical pharmacist/technician role • Social Prescribing Link Workers/community support service	Strategy group agreed to use NHSE resources only.	N/a	N/a
Radio Gloucestershire interview with practice team clinicians and admin staff	Identify practice staff as spokespeople: GP/physio/paramedic/ pharmacist etc. Primary care team to clarify topics	primary care team	
Independent radio coverage: Heart FM, Smooth FM news	Identify practice staff as spokespeople: GP/physio/paramedic/ pharmacist etc. Primary care team to clarify topics	primary care team	
Radio Gloucestershire interview with Manny Masih	Targeted at community groups	Identify primary care spokesperson	
Gloucester FM radio – targeting black and Asian communities – Carol Francis	Identify appropriate spokesperson	Carol Francis/ Natalia/ CMcB	
Independent radio coverage: Heart FM, Smooth FM news targeting community groups	Primary care team to clarify topics		
Arrange for printing of posters and leaflets for practices (including translated posters)	Primary care team to clarify	CMcB	

Version 3, CMcB, 7.11.23

DRAFT

Send posters and leaflets to practices for display in waiting rooms	Primary care team to clarify	primary care team	
Update NHS Gloucestershire website: home page carousel		CMcB	
Update NHS Gloucestershire staff via staff briefing and intranet		CMcB/ SH	
Engage with local Netmums' groups and social media channels		Lisa Armstrong	
Link to a 'Day in the Life' campaign		AD/CMcB	
Share information about the expansion of community pharmacy services including oral contraception and blood pressure services		CMcB/ Adele	
Comms with local community groups: Travellers Afro-Caribbean Elders South Asian Groups		Natalia / Primary care spokesperson	
Comms with The Cavern and the Friendship Cafe			

11. Links to other campaigns:

- Staff respect and zero tolerance
- Looking after you coaching
- General practice inclusive access routes
- Supporting general practice referrals into community pharmacy consultation service
- General practice enhanced access
- Stay Well This Winter campaign (local winter campaign)
- Gloucestershire Be Kind campaign (launched September)
- Gloucestershire Local Day in the Life campaign (due Nov?)

12. Evaluation and contingencies

Evaluation will be measured through:

- Business intelligence – case rates, use of services
- Feedback from the public directly and through social media. Additional communication actions will be agreed if necessary based on this feedback.
- Digital take up e.g.
    - Number of likes/shares on Facebook, Instagram and Twitter
    - ASAP App and website analytics

Version 3, CMcB, 7.11.23

DRAFT

Version 3, CMcB, 7.11.23

Agenda Item 12

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

Report Title	**Quality Report**			
Purpose (X)	**For Information** X		**For Discussion**	**For Decision**
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	**Date**	**System Partner**	**Date**
	PCOG	Jan 2024	ICB	Dec 2023
Key Issues to note	ICB Quality updates			
Key Risks: Original Risk (CxL) Residual Risk (CxL)	N/A			
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.			
Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	
Financial Impact				
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.			
Impact on Health Inequalities	N/A – for information only			
Impact on Equality and Diversity	N/A – for information only			
Impact on Sustainable Development	N/A – for information only			
Patient and Public Involvement	N/A – for information only			
Recommendation	The Committee is requested to: review for information and update.			
Author	**J Zatman-Symonds**	**Role Title**	**Deputy CNO**	
Sponsoring Director (if not author)	**Marie Crofts. Chief Nurse Officer**			

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, Public Session

Thursday 1st February 2024

Primary Care Quality Report

Introduction

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.

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

Safeguarding

- The Safeguarding team have had a busy month and new team members are settling into their roles and induction period. In the new year we have planned a team away day to review our team work plan and individual responsibilities. We will be doing further work to understand our safeguarding responsibilities for Pharmacy, Optometry and Dental services and how we engage with the CCH, as well as safeguarding elements of contracts for services the ICB commission. Funding is available to deliver a safeguarding conference for Primary care later in 2024, led by the ICB team.
- The Named GP and safeguarding Nurse Specialist continue to run update forums for GP Safeguarding Leads and Practice Managers. 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. The awaited revised 'Working Together 2018' guidance has been published on 15th Dec 2023, there will be a specific session so that primary care are fully conversant with the changes to the guidance. Working together to safeguard children 2023: summary of changes (publishing.service.gov.uk)
- In addition to these events the safeguarding team have supported several GP practices with individual safeguarding issues. We will be collating data on the number of contacts for advice and themes to share in our reporting structures in 2024. Primary care are continuing to engage positively in statutory safeguarding reviews for both adults and children by providing patient information in a timely way when requested, including a new Child Safeguarding Rapid Review during December.

- GP 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 it had taken some time to agree the process of dissemination and timescale. The Named GP and Designated Doctor for child safeguarding have worked closely with the LMC to understand their concerns and consider how the audit can be undertaken. The audit has now been sent to all practices and the return date is Dec 22nd via the Primary Care Commissioning Team. We will review the returns in the new year and continue to support practices with their safeguarding responsibilities going forwards.
- The Designated Nurse for Safeguarding Adults has submitted a funding bid to the Serious Violence Duty strategic group, of which she is the ICB lead, to employ a Band 7 1-year project post to lead on improved health information sharing with GP's and across the health system for domestic abuse statutory interventions and anti-social behaviour case reviews. The decision on funding allocation will be made in January 2024.

Patient Experience & Engagement

- **System Experience Group**
  One Gloucestershire partners will be establishing a System Experience Group in 2024. The intention is to align its Terms of Reference with those of the System Safety and System Effectiveness Groups. Given that the focus is patient, service user and carers experience we are exploring opportunities to have a Lay Chair for the Experience Group. The plan is to hold six meetings a year, with focussed discussions on scheduled Insight priorities e.g. in July the focus would be on Primary Care experience post the publication of national GP Survey (incl. insight relating to NHS Dentistry and Pharmacy). Staff Experience is considered at the People Committee. However, the opportunity to host one shared meeting per annum to discuss Insight from both groups is being explored.
- **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 and Complaints Update**
  Activity: Q3 PALS activity will be reported in the next report to PCOG.

  Staff: The Complaints and PALS Team has successfully recruited a new part-time Complaints and PALS Advisor; who will be joining the Team in January 2023.

  NHS Dentistry: The Team continue to be busy with enquiries relating to NHS Dentistry. NHSE and the Regional Commissioning Hub have confirmed that the NHS Gloucestershire PALS Team are achieving the highest level of 'local resolution' of NHS Dentistry enquiries, with fewer progressing to formal complaints, compared to other ICBs in the South West.

- **Engagement: Working with People and Communities**

  One Gloucestershire People's Panel

The ICS has recently launched a new One Gloucestershire People's Panel which proactively seeks out the opinions of a representative sample of people living and/or accessing services across Gloucestershire. People's Panel members will be sent approximately 4 surveys per year on a wide range of topics relating to health and wellbeing - the first survey has just been circulated and focuses on sharing information and using digital technology.

People who have an active interest in local health and wellbeing services, are also being invited to provide feedback on the topics that we will be asking the People's Panel about. The current survey has been sent to our Get Involved in Gloucestershire members, Practice Participation Groups and other key stakeholders.

Their feedback will be treated as confidential and stored securely. The information that we gather will be collected and shared with our One Gloucestershire partners and used to inform the development of health and care services across the county.
A report of the findings from these surveys will be shared on https://getinvolved.glos.nhs.uk/

System Clinical Effectiveness Group

- The Clinical Effectiveness Group met on 4th December the draft minutes are available but will not be signed off on the next meeting in January 2024.

Prescribing and Medicines Optimisation

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

- **Primary Care Savings Project**: There continues to be significant challenges within the Primary Care drugs budget with both costs and prescribing volume increasing. This is being seen nationally and the MO team is working with Finance and BI colleagues to understand this and if any additional savings can be made. The current savings programme is on track to deliver the target set. We are seeing more drug shortages this winter which poses issues for prescribers supporting patients, makes patients anxious and often has cost implications. We are working with prescribers and pharmacy teams to help manage these situations.
- **Community Pharmacy Consultation Service (CPCS)**: The CPCS service is now part of the new Pharmacy First initiative. Pharmacy First letter to contractors - GOV.UK (www.gov.uk)
- **Pharmacy First** will be a new advanced service that will include 7 new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS). This means the full service will consist of 3 elements:
    - Pharmacy First (clinical pathways) - new element
    - Pharmacy First (urgent repeat medicine supply) - previously commissioned as the CPCS.
    - Pharmacy First (NHS referrals for minor illness) - previously commissioned as the CPCS.

  The clinical pathways element of Pharmacy First will enable pharmacists to offer advice to patients and supply NHS medicines (including some prescription-only medicines under patient group directions (PGDs)), where clinically appropriate, to treat 7 common health conditions:
    - sinusitis
    - sore throat
    - earache
    - infected insect bite
    - impetigo
    - shingles

Gloucestershire

- uncomplicated urinary tract infections in women

Work is ongoing locally with contractors to implement the Pharmacy First service locally and continue direct referrals from GP practices into community pharmacy.

- **Discharge Medication Service**: Referrals from GHFT to Community Pharmacy have now started to increase in line with trajectory.
- **Covid Medicines Service**. The Covid Medicines Service provided by GDOC continues to receive referrals. Discussions are being initiated about plans for the service post April 2024.
- **Medicines Safety**: Work continues on the Sodium Valproate project and Anticoagulant project. A recent NPSA safety alert has focused work on this initiative. National Patient Safety Alert: Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients (NatPSA/2023/013/MHRA) - GOV.UK (www.gov.uk)
- **Wound care processes in Primary Care**: Work continues on this workstream. The wound care guideline group has started to meet, and the Formulary group will meet in January. A Service specification for a potential new service to procure and deliver dressings ahs been drafted. The group are now looking at baseline measurements. LMC members will continue to be kept informed.
- **Independent Prescribing in Community Pharmacy Pathfinder project**: As part of an NHSE initiative Gloucestershire is taking part in a pathfinder project to test how a Community Pharmacist Independent Prescriber could provide a prescribing service in a community pharmacy. This project is still in the early stages. A clinical group has been established to work on recommendations for the clinical pathways.

Vaccination Update

- Gloucestershire have successfully delivered 68% of eligible covid vaccinations and are once again the highest in the UK.
- The outreach team are working hard picking up any straggler house bounds across the county and has some pop ups arranged to ensure anyone with new immunocompromise are able to get a vaccine.
- The covid vaccination programme in Cheltenham will now move to a practice-based model so have moved out of Cheltenham East Fire station. The team were thanked for their incredible help over the last 3 years. During which they delivered 360000 vaccines at the fire station amounting to 18% of all vaccines delivered in Gloucestershire, an incredible achievement. The team are currently conducting assurance visits for the ongoing programme all practices in Cheltenham.
- The new focus as a system wide vaccine programme is to now improve the uptake of MMR in 17–30-year-olds. A bid for some funding through a national project was submitted and has been approved and is now in the planning phase of delivering this next intervention. The aim will be to target those practices with the lowest uptake first, offering outreach clinics to those areas with lowest uptake.

Patient Safety - Learn from Patient Safety Events (LFPSE)

- The Patient Safety Incident Response Framework (PSIRF) will replace the Serious Incident Framework on 1 March following the ratification of GHC's and GHFT's PSIRF plan by the ICB Quality Committee.
- At launch, PSIRF will not apply to primary care including POD. However, NHSE are now developing a primary care friendly version to link with LFPSE (see below). No date has been set yet for the role-out of this.

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 but now aim to go live very early January 2024. This doesn't affect use of the webpage access.

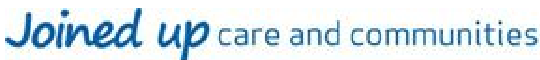
- NHSE are yet to progress the BI module which will allow us to view incidents at ICB level.
- The Quality Alert link has been restored to G-Care and a new Patient Safety page will shortly launch on the intranet to support PSIRF, LFPSE and other safety related issues.

Primary Care Nursing Education and Workforce Updates

- The 3 Legacy Mentors for Primary Care are now in post and seeing 18 mentees, gathering data, and feeding back to the lead legacy mentor. One of the Legacy Mentors will be supporting Nurse on Tour, raising the profile of Primary Care Nursing and passing on the legacy of knowledge.
- Future Proofing your Nursing Workforce event took place at Oxstalls campus on 6th December. Whilst this was poorly attended by practices, the event has been videoed so that it can be embedded onto the 'Primary Care Training Hub' website for future resource. At the event the team heard how practices have successfully onboarded Newly Qualified Nurses (NQN) through the preceptorship/fellowship programme. Also, how Legacy Mentors are making an impact in supporting practices to help their NQN to become confident and competent practitioners and how nurses in practice can be supported to become Advanced Practitioners. Student Nurses and qualified Nurses attend who were keen to look for opportunities in Primary care.
- The Primary Care Nursing Strategy is complete and is awaiting sign off. Primary Care Nurse steering group set up to meet monthly to ensure KPI's met.
- 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.
- HCA study day planned for February 2024 – task and finish group set up. Recognising the value that HCA's bring to our workforce in Primary Care and the need to keep them educated and updated.
- Nurse on Tour – Supervisors on Nurse on Tour now able to undertake Point of Care testing. Generating more interest with surgeries to take students on tour again in the New year. Currently working with the Diabetic Clinical Programme Group (CPG) and Cardiovascular Disease CPG to generate outreach work for students, as an extension to 'Nurse on Tour', following the successful 'All Nations' outreach event in November where 6 students undertook health checks in an area of deprivation and were able to 'signpost' to the multiple stands available on the day. Feedback from students from students for Nurse on tour/outreach is overwhelmingly positive with 80% considering a career in Primary Care following the experience.
- Working with University of Gloucestershire to increase 'placements' for students in Gloucestershire. Use of Virtual Reality in Primary Care and MDT placements to increase capacity.

POD Delegation

- The NHSE SW Commissioning Hub Monthly Information pack has now been received for October containing Q2 POD quality information.
- Dentistry – The report highlights that a total of four cases were received by the complaints team in Q2 relating to a named dental provider (seven complaints were received in Q1). This requires further enquiry regarding accuracy as the ICB PALS team reported 9 complaints in Q2 in the last report. Themes and trends data will be available once the complaints process has been completed. NHSE report that across the South West, communication (about next steps / treatment plans) and access to appointments are the most common themes.
  No serious incidents have been reported. No quality assurance (QA) visits have taken place in Q2 with no visits currently planned.



- Pharmacy – There were no complaints or concerns relating to community pharmacy received in Q2. The main theme relating to Q1 pharmacy complaints across the South West is communications, particularly in relation to dispensing delay.
  No serious incidents have been declared and no QA visits have been undertaken in this period.
  The Community Pharmacy Assurance Framework (CPAF) process is now complete for 2022-2023, with a small number of follow up visits scheduled to take place in October 2023 to review action plans. The assurance cycle has commenced for 2023-2024 together with the Dispensing Services Quality Scheme.
- Optometry - No serious incidents or complaints were noted in Q2.
  A Quality in Optometry (QiO) update report was presented at the November SW PCOG meeting. The report outlined the current position relating to the QiO assessment cycle for April 2022- March 2025 and an update on the final position for the 2019-2022 cycle which captured best practice and learning for this period – this has been circulated to local contractors, ICB's and LOC's. The NHS SW CCH are in the process of gaining submissions for the 22/25 period and have asked contractors to complete this by 31st December 2023 to enable detailed analysis and inform visit schedules. As of September 2023, 57.1% of Gloucestershire submissions had been made.

Updates:

Serious Incidents update Primary Care:

- Since the last report the ICB has been made aware of any Serious Incident or Adverse Incidents declarations in Primary Care.
- The ICB are continuing to support joint incident investigations that include provider organisations and Primary Care. Immediate action identified in the previous report have been actioned.
- A larger piece of work to review and understand system wide issues and impacts of repeat prescription requests is underway with the Medicines Optimisation and Clinical & Quality Teams. Learning from which will be shared at once completed.

Leg Ulcer Services

- Following agreement by the ICB executive team, the review of leg ulcer services has commenced with the formation of a dedicated project group under the leadership of Jane Haros. A second project group meeting was held on the 11th of December with attendance from provider organisations together with relevant ICB colleagues and primary care representation. A pathway mapping and scoping event led by the ICB QI Team is planned for the 25th of January with follow up sessions in February.

CHIP Team

Summery of activity in 2023:

- Between 1 December 2022 and 30 November 2023, the Care Home Infection Prevention (CHIP) Team made 503 visits to care homes to provide IPC support, provided Infection Prevention & Control (IPC) training to 413 care home staff members in face-to-face training sessions in care homes, monthly webinars and with our healthcare partners facilitated 3 IPC study days.

- While the team responds reactively to outbreaks providing point of care testing for flu in care homes as well as IPC support to limit the spread of infections most of their work is proactive and preventative. In 2023 the team's quality improvement projects have included reducing catheter associated urinary infections (CAUTI), improving communication between care home staff and prescribers when a UTI is suspected, improving mouth care to reduce chest infections, reducing the inappropriate use of plastic gloves and aprons while serving meals, improving cleaning in care homes, improving the treatment and management of residents with Clostridioides Difficile Infections (CDI).
- The CHIP team have participated in working groups covering CDI, MSSA and Blood Stream Infections and as part of the partnership working, have assisted with discharges from the hospitals by supporting care homes to make safe admissions when a resident has an infection.
- The team are continually striving to upskill care home staff. Therefore, developing IPC, UTI and mouth care champions has been a new activity in 2023. It valued by staff who have received one-on-one support and training from our trainers. Also, with support from the ICB staff, the team have undertaken some additional training opportunities, which has also enabled them to present the work of the team. A highlight was the presentation of the CAUTI project at the national Infection Prevention Society conference.

Migrant Health

Contingency Hotels

- The Ramada Hotel closed on the 13th December with the Prince of Wales Hotel due for closure in January. Occupancy optimisation work is still ongoing – the potential increase in capacity could cover the numbers that will be moved out from the 2 closing hotels. The hotels closing are the smallest numerically in the county.
- Personalised care notes continue to be completed for those due to depart in order to ease the transition when located to other areas.
- Service users in all hotels continue to see an 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. The team have been notified that there will be a pause in notifications to vacate the hotels over the festive period following concerns expressed to Clearsprings Ready Homes and the Home Office.

Beachley Barracks - TSFM

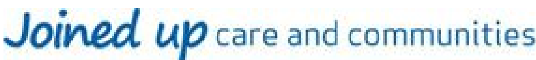
- Gloucestershire ICB is currently supporting Transitional Service Families Accommodation (TSFA) for Afghan Nationals at Beachley Barracks; these people have the legal right to remain in the UK due to their contribution to UK objectives in Afghanistan There are currently 230 Entitled Persons (EP's) on site with additional arrivals expected over the coming weeks with a maximum capacity of 320 EP's. The ICB Migrant Health team is working with Gloucestershire and Monmouthshire GP's, Public Health and the MOD to support health screening and GP registrations for vulnerable children and adults. It is anticipated that these EPs should only be in these properties for up to 8 weeks prior to moving on to elsewhere in the UK, however this is subject to Local Authority housing, which we know to be in short supply. Many of the EP's have now been in residence for over 10 weeks.

- On landing in the UK, and prior to arriving at these TSFA sites, the EPs pass through a reception site, known as a Reception, Staging and Onward Movement (RSOM) location. Currently, there are 5 of

these sites across the UK. These RSOM sites provide initial temporary accommodation for EPs allowing their next moves to be arranged and the EPs are expected to only spend a few days, up to a week, at an RSOM site before moving onto other TSFA sites. Due to the transitory nature of these RSOM sites, the MOD have seen a greater in/outflow of EPs.

- Due to the numbers of EPs, we are receiving in the UK, the MOD have now activated further RSOM sites and the ‘behind the wire’ accommodation that is currently vacant in Beachley Barracks has been identified as one of these additional RSOM sites. This new site has now received 35 EP’s with further EP’s expected over the coming months, this site can accommodate 36 families which equates to approximately 200 new arrivals.
- The ICB Deputy Chief Nurse has worked in conjunction with the MOD to secure interim medical support for the RSOM site via PUCA (Primary Care and Urgent Care Alliance) to enable time for consideration and planning of the longer-term health provision and migrant health services in collaboration with provider and PC partnerships. This interim arrangement has only been secured until February 12th however, conversations are currently underway with a Gloucestershire PC provider to review a service specification and costing schedule for longer-term on-site health provision for the EP’s.
- Operation Lazurite, as this exercise is known, is expected to run until December 2024 at the earliest. Further updates to follow at committee.

The Committee is asked to note this report.



Agenda Item 13

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 1st February 2024

<table>
<tr><td>Report Title</td><td colspan="6">Finance Reports for Delegated Primary Care and Pharmacy, Optometry and Dental (POD) – Month 8</td></tr>
<tr><td rowspan="2">Purpose (X)</td><td colspan="2">For Information</td><td></td><td>For Discussion</td><td></td><td>For Decision</td></tr>
<tr><td colspan="2">x</td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="3">Route to this meeting</td><td colspan="6">Describe the prior engagement pathways this paper has been through, including outcomes/decisions:</td></tr>
<tr><td colspan="2">ICB Internal</td><td>Date</td><td colspan="2">System Partner</td><td>Date</td></tr>
<tr><td colspan="2">PCOG</td><td></td><td colspan="2"></td><td></td></tr>
<tr><td>Executive Summary</td><td colspan="6">At the end of the November 2023 the ICB's Delegated Primary Care co-commissioning budgets are showing a £0.449m overspend position on £80.9m budget YTD. The budgets have been reviewed and realigned based on planned expenditure.

The YTD POD position is £2.844m underspend with a £5m forecast underspend.</td></tr>
<tr><td>Key Issues to note</td><td colspan="6">The Month 8 position is £0.449m overspent, with a £0.750m forecast overspend.

Further work is ongoing to firm up the POD outturn position</td></tr>
<tr><td>Key Risks:
Original Risk (CxL)
Residual Risk (CxL)</td><td colspan="6">Risk of overspend against the delegated budget:
Original Risk: 3 x 3 = 9
Residual Risk: 3 x 2 = 6</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="6">None</td></tr>
<tr><td rowspan="2">Resource Impact (X)</td><td>Financial</td><td>X</td><td colspan="3">Information Management & Technology</td><td></td></tr>
<tr><td>Human Resource</td><td></td><td colspan="3">Buildings</td><td></td></tr>
<tr><td>Financial Impact</td><td colspan="6">The delegated forecast is £0.750m overspent.
The POD forecast is £5m underspent.</td></tr>
<tr><td>Regulatory and Legal Issues (including NHS Constitution)</td><td colspan="6">None</td></tr>
<tr><td>Impact on Health Inequalities</td><td colspan="6">None</td></tr>
<tr><td>Impact on Equality and Diversity</td><td colspan="6">None</td></tr>
<tr><td>Impact on Sustainable Development</td><td colspan="6">None</td></tr>
<tr><td>Patient and Public Involvement</td><td colspan="6">None</td></tr>
</table>

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

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

Delegated Primary Care Financial Report

December 2023

Delegated Primary Care Financial Report

Summary (M8)

- At the end of November 2023 the Integrated Care Board's (ICB) Delegated Primary Care co-commissioning budgets are showing a £449k overspend position on a £80,873k year to date budget.
- The month eight forecast position is £750k overspend, although this position may change as the year progresses and issues are highlighted, and potential mitigations are found.
- The table below shows the month 8 position.

Cost Centre	Cost Centre Description	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
960211	DELEGATED GP	80,872,599	81,321,641	(449,042)	118,315,913	119,065,913	(750,000)

Delegated Primary Care Financial Report

Financial Position

- The financial position at 30th November 2023 for delegated primary care budgets is a £449k overspend with a current year end forecast of £750k overspent. The key YTD variances are:
  - General Practice Contract Payments £225k underspent.
    This is driven by an profiling underspend on the Global sum payments to practices and is expected to resolve itself by year-end.
  - Enhanced Services – Enhanced Access is a monthly fee that has increased from last year, and is overspending monthly and is forecasting to be overspent by the end of the year. This is offset YTD by underspends within Learning Disabilities health check, although this is underspend is not expected to continue through the rest of the year.
  - Premises including rent, rates and waste contracts: £264k overspend
    Reviews on the forecasts for accruals for rates and waste have been undertaken and as a result, the position has improved from Month 6. Further reviews are on underway as a result it is expected that expenditure will come in line with budget by year-end.
  - Other GP services £156k
    This relates primarily to maternity and sickness reimbursements and sickness rates are increasing. Work is ongoing to ensure that if Doctors have returned to work we are notified promptly and therefore that payments and forecasts are correct.
  - PCN Budgets £329k overspent.
    This is due to the final 2022/23 IIF payments 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
December - 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	3,767	3,769	(2)	5,899	(249)
General Practice	71,155	47,437	47,212	225	71,155	0
Other GP Services	2,144	1,429	1,585	(156)	2,144	0
PCN	15,166	12,106	12,436	(329)	15,667	(501)
Premises	10,699	7,132	7,396	(264)	10,699	0
Prescribing and Dispensing	3,587	2,391	2,397	(6)	3,587	0
QOF	9,915	6,610	6,527	83	9,915	0
Totals	**118,316**	**80,873**	**81,322**	**(449)**	**119,066**	**(750)**

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 Infrastucture	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 potential risks and mitigations relating to 2023/24.

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.
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 8 Finance Report for Gloucestershire

POD Summary

£000's	Year to date			Forecast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
Dental	21,450	18,899	2,551	32,498	27,711	4,786
Pharmacy	8,998	9,066	(67)	13,508	13,896	(388)
Optometry	3,952	3,884	68	5,928	5,787	141
Other	320	28	292	540	73	468
Total	**34,720**	**31,877**	**2,844**	**52,474**	**47,468**	**5,006**

Dental – Month 8

£000's	Year to date			Forecast outturn		
Gloucestershire	Budget	Actual	Variance	Budget	Forecast	Variance
Secondary Care Dental						
NHS	5,314	5,283	32	7,972	7,269	703
Non NHS	232	187	44	691	112	579
Reserves	0	0	0	(23)	0	(23)
Total Secondary Care	**5,546**	**5,470**	**76**	**8,639**	**7,381**	**1,258**
Community Dental						
Community Dental NHS	2,516	2,516	(0)	3,775	3,749	25
Community Dental Non-NHS	0	0	0	2	2	0
Community Dental Income	0	0	0	0	0	0
Total Community Care	**2,516**	**2,516**	**(0)**	**3,777**	**3,752**	**25**

Secondary & Community Care

Secondary and Community Care are paid on block, There is an underspend due to the split of ERF across all secondary care

Dental – Month 8 cont.

£000's	Year to date			Forecast outturn		
Gloucestershire	Budget	Actual	Variance	Budget	Forecast	Variance
Primary Care Dental						
Contract costs	17,905	17,640	266	26,858	26,492	365
Other Compass Costs	769	558	212	1,154	1,154	0
Referal systems	0	0	0	0	0	0
Toothbrushing	61	13	48	92	91	1
Dental School	0	0	0	0	0	0
Other Surgery	0	0	(0)	0	0	0
Total Contract Costs	**18,736**	**18,211**	**525**	**28,104**	**27,737**	**366**
Patient Charge Revenue	(4,416)	(4,021)	(395)	(6,624)	(6,624)	0
Clawback	(3,087)	(4,427)	1,340	(4,631)	(4,631)	0
Sub Total	**(7,503)**	**(8,448)**	**945**	**(11,255)**	**(11,255)**	**0**
Other costs	0	0	0	0	0	0
Investments	2	1,150	(1,148)	2	96	(93)
Contract Reserve	2,153	0	2,153	3,230	0	3,230
Sub Total	**2,155**	**1,150**	**1,005**	**3,232**	**96**	**3,136**
Primary Care Dental Total	**13,388**	**10,913**	**2,475**	**20,081**	**16,579**	**3,503**

Dental Commentary

Budget & forecast Outturn

The budget has increased from £19.4m to £20.1m with additional allocation provided to cover the DDRB Pay uplifts. Having actioned the release of ringfenced underspend last month, the ledger is now showing a forecast year end underspend of £3.5m.

Contracts

Several contract changes have occurred this year with a forecast underspend of £0.37m. Of these changes £0.48m have been recurrent reductions with £0.12m non-recurrent increase. Included in the non-recurrent changes is expenditure of £0.12m for stabilisation.

Baseline contract payments which showed an anticipated temporary increase last month have returned to the YTD average.

Patient Charge Revenue

Due to the lower than anticipated performance there has been a reduction of PCR against plan with £0.6m less revenue expected at year end. This is as anticipated with the increased available UDAs per the Contract Baselines.

Other

Commercial Sector spend is £48k underspent year to date due to slippage in the start date for the supervised toothbrushing programme, with spend having started in month for this.

Dental Commentary

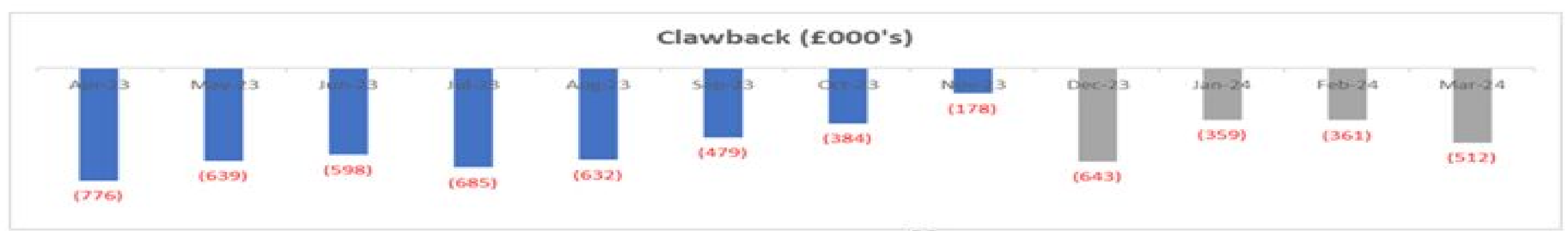
Clawback

This is higher than budget due to low performance against target with an expected underlying £1.7m additional clawback at year end.

The net position in Contract Clawbacks is a combination of payments to and from contractors each month. There has been an improvement in delivery in Oct and Nov.

In November payments back to practices were therefore higher than trend and the sum taken from practices was lower, giving an overall significant drop in the net position. The YTD position has thus worsened slightly, but still remains £1.34m better than budget.

If the improvement in delivery is sustained, the clawback forecast will reduce.



Primary Care Dental – Investments

Planned Investments
£000s

Description	23/24	24/25
Primary Care Access	0	500
Reprocurement of lost activity	0	740
Stabilisation	386	1,544
Digital	2	2
Peer Support	5	0
Urgent care	0	806
Care homes	0	859
Centre for Dental Excellence	0	766
Centre for Dental Excellence training and working opportunities	0	976
Clinical Dental Lead	0	166
Two part time dental advisors	0	67
Oral health	0	130
Total	**393**	**6,556**

Investments

Planned investments are £0.39m, these are for new stabilisation contracts.
Supervised toothbrushing is taking place this year and is included in live contracts

Pharmacy – Month 8

£000's	Year to date			Forecast outturn		
Gloucestershire Pharmacy	**Budget**	**Actual**	**Variance**	**Budget**	**Forecast**	**Variance**
Patient Charge Revenue	(4,864)	(5,056)	192	(7,296)	(7,296)	0
Prescription dispensing charges	11,123	11,204	(81)	16,684	17,044	(360)
Essential services charges	589	887	(298)	883	883	0
Advanced services charges	1,141	1,227	(85)	1,712	1,712	0
Quality Schemes	536	397	139	804	804	0
Local fees and charges	74	27	47	111	111	0
Commercial Waste charges	380	368	12	570	628	(58)
Other charges	20	13	7	40	10	30
GP Prescribing	0	0	0	0	0	0
Total Pharmacy	**8,998**	**9,066**	**(67)**	**13,508**	**13,896**	**(388)**

Pharmacy – Month 8

- Nationally there is a forecast £36m pressure. As such, we have introduced a £360k overspend to our forecast to account for this (i.e. 1% of the national total) while the actual impact on Gloucestershire is calculated nationally. This is in addition to the small overspend on the clinical waste contract, expected to overspend by £30k in Gloucestershire.
- Professional fees remain high this month, on top of the expected seasonality impact.
- Transactions for Advanced Services have continued to increase in November. This is in line with expectations, with claims often taking a few months to start flowing properly. This area is now overspent by £85k YTD.
- Many providers are downsizing their operations or in one case, a large multibranch provider is exiting the industry, resulting in an increased need to commission weekend and bank holiday cover from other providers, at a cost
- Transactions for Prescription Charge income remain at a level similar to last month. YTD we are over recovered (£192k). With other areas mentioned above having or expecting overspends, this over recovery is needed to balance the overall budget for Community Pharmacy.

Optometry – Month 8

£000's Gloucestershire Optometry	Year to date Budget	Actual	Variance	Forecast outturn Budget	Forecast	Variance
Domiciliary Visists	242	305	(63)	363	363	0
Sight tests and glasses	3,291	3,501	(211)	4,936	4,936	0
Professional training	55	76	(22)	82	82	0
Other charges	1	1	(1)	1	406	(405)
Reserves	364	0	364	546	0	546
Total Optometry	**3,952**	**3,884**	**68**	**5,928**	**5,787**	**141**

Optometry

- Having increased last month, net expenditure appears to have plateaued this month, coming in £2k lower than in October.
- Most areas saw a drop in spend over last month, with just Domiciliary visits seeing a small increase.
- The underspend YTD and FOT on the cost centre is driven by the unused General reserve (£364k YTD, £546 FOT). Otherwise, most subjectives are overspending.

Other – Month 8

£000's	Year to date			Forecast outturn		
Gloucestershire Other	**Budget**	**Actual**	**Variance**	**Budget**	**Forecast**	**Variance**
Other	27	28	(1)	75	73	2
Contingency	294	0	294	465	0	465
Total Other	**320**	**28**	**292**	**540**	**73**	**468**

Primary IT & Reserves

- The budget on this cost centre has increased from £515k last month to £540k. This relates to Pharmacy PCT project management resource (£20.5k staff costs & £10.5k IT costs) and Independent Prescribing Pathfinder Programme (£19k) amounts moved from reserves.
- Though described as Primary Care IT, this is mostly a non-ringfenced reserve.
- There will be an annual spend of £25k of IT which relates to a central contract, with this being our contribution towards it.
- With no current commitments against this non-ringfenced reserve, the expected underspend is shown in 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/INCOME	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
DELEGATED DC	960212	DELEGATED OPHTHALMIC	BALSHT	364,000	-	364,000	546,000	-	546,000
			NONPAY	3,587,985	3,883,991	(296,006)	5,382,000	5,787,429	(405,429)
	960212 Total			3,951,985	3,883,991	67,994	5,928,000	5,787,429	140,571
	960213	DELEGATED PHARMACY	INCOME	(4,864,000)	(5,055,746)	191,746	(7,296,000)	(7,296,000)	-
			NONPAY	13,862,256	14,121,297	(259,041)	20,804,116	21,192,116	(388,000)
	960213 Total			8,998,256	9,065,552	(67,296)	13,508,116	13,896,116	(388,000)
	960214	DELEGATED COMMUNITY DENTAL	NONPAY	2,516,417	2,516,426	(9)	3,776,979	3,751,777	25,201
	960214 Total			2,516,417	2,516,426	(9)	3,776,979	3,751,777	25,201
	960215	DELEGATED PRIMARY DENTAL	BALSHT	2,153,209	-	2,153,209	3,229,814	-	3,229,814
			INCOME	(4,416,000)	(4,021,056)	(394,944)	(6,624,000)	(6,624,000)	-
			NONPAY	15,650,296	14,933,896	716,400	23,475,469	23,202,783	272,686
	960215 Total			13,387,505	10,912,840	2,474,665	20,081,283	16,578,783	3,502,500
	960216	DELEGATED SECONDARY DENTAL	BALSHT	-	-	-	(23,277)	-	(23,277)
			NONPAY	5,546,023	5,470,092	75,930	8,662,584	7,380,938	1,281,645
	960216 Total			5,546,023	5,470,092	75,930	8,639,307	7,380,938	1,258,369
	960218	DELEGATED PRIMARY CARE IT	BALSHT	293,518	-	293,518	465,484	-	465,484
			PAY	4,100	10,947	(6,847)	20,500	20,500	-
			NONPAY	22,564	16,739	5,825	54,500	52,417	2,083
	960218 Total			320,182	27,686	292,496	540,484	72,917	467,567
Grand Total				34,720,368	31,876,586	2,843,782	52,474,169	47,467,961	5,006,208

The above table is the Delegated POD budgets I&E as per the GICB ledger at M8.
The values align to the NHSE figures in part 1 of the report.

ICS Transformation Programme Highlight Report

January 2024

@NHSGlos
www.nhsglos.nhs.uk

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	8 Jan 2024
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

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

Programme Area/ Workstream (as per delivery plan)	Key Achievements from last reporting period (from delivery plan)	Key Upcoming Milestones for the next reporting period (from delivery plan)
Place Based Model	• Consolidation of priorities across ILPs; largely around proactive interventions for pre frail and mildly frail people, and Children and Young People. As examples in Cheltenham a Project Brief is being developed for Proactive Care with four steps outlined for progression. In Stroud and Berkeley Vale mild frailty data reviewed by practice to highlight the top 5 practices, and now planning to fund additional trainers to deliver strength and balance classes in the areas with highest need using the Strengthening Local Communities Grant. • Workplans for 24/25 being developed for each ILP to focus on collaborative delivery across each partnership for the coming year. Will include milestones and timeframes.	• ILPs across the county continue 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. • Finalise scoping of remaining Community Health and Wellbeing hub in Gloucester City 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	8 Jan 2024
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) and upcoming milestones
Place Based Model	• Neighbourhood and locality specific achievements: **Cheltenham** • Grant agreements for Springbank CiC and West Cheltenham Partnership being distributed to support establishment of the Community Health and Wellbeing hubs at West Cheltenham. **Cotswolds** • Plans to review the Youth Network survey priorities to see where they can align with the Children and families working group. • Three events being planned in the summer to support Deprived wards engagement in the Cotswolds to include health and wellbeing interventions. • The next cohort of deconditioned patients in Cirencester contacted via letter with phone calls and visits planned in the coming weeks. The working group is gathering information on pre frail conditions and will then look at possible interventions and support for this cohort. **Forest of Dean** • Works are almost complete at the Community Health and Wellbeing Hub run by FVAF and this is now being utilised by community groups and services. ILP members are working with GHC to support establishment of a garden area at the new Community Hospital site for patients, visitors and as a sensory/dementia friendly space. **Gloucester** • Coney Hill Place Approach Systems Mapping training in December with first Systems Mapping Workshop session with ‘community leaders/workers’ planned for January. • Smoking Cessation training for front line VCSE staff in the Matson, White City, Robinswood and Coney Hill areas, in January. 10 people taking part. HLS doing evaluation/learning from the impact the training has. • Gloucester ILP Active Communities Fund developing with advertising going out in January. **Stroud and Berkeley Vale** • Children and young people working group - Data collated from various different sources ready for presentation at the CYP workshop in the new year. Public health has produced a locality summary of the pupil wellbeing survey which will be used to set milestones and plan intervention. **Tewkesbury** • Looking to identify ILP response to the Director of Public Health report, Just Another Drop; the ripple effect of alcohol. • Young Gloucestershire will commence an enhanced mentoring service for young people in the Tewkesbury Borough in January following identification of this as a requirement to support school attendance and those at risk of exclusion. This provision will be funded from SLC monies.