

## NHS Gloucestershire Primary Care & Direct Commissioning Committee Public Session

To be held between 15.40 – 17.00 on 4<sup>th</sup> April 2024

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

Chair: Ayesha Janjua

No.	Time	Item	Action	Presenter
1		<b>Introduction &amp; Welcome</b>	Note	Chair
		<b>Apologies for Absence</b>		
2.		<ul style="list-style-type: none"> <li>• Andrew Hughes, Helen Edwards, Meryl Foster, Ellen Rule, Marie Crofts, Olesya Atkinson</li> </ul>	Note	Chair
3.	15.40 – 15.45	<b>Declarations of Interest</b>	Note	Chair
4.		<b>Minutes of the Last Meeting held 1<sup>st</sup> February 2024</b>	Approval	Chair
5.		<b>Matters Arising &amp; Action Log</b>	Discussion & Update	Chair
6.		<b>Questions from the Public</b>	Discussion	Chair
<b>Items for Information</b>				
7.	15.45 – 16.05	<b>Training Hub Update and Long Term Workforce Plan</b>	Information	Dr Laura Halden
8.	16.05 – 16.15	<b>Dental Recovery Plan</b>	Information	Christina Worle
		<b>Highlight Report:</b>		
9.	16.15 – 16.25	<ul style="list-style-type: none"> <li>• PCN</li> <li>• General Practice</li> <li>• Primary Care Access Recovery Plan (PCARP)</li> <li>• Pharmacy, Optometry &amp; Dentistry</li> </ul>	Information	Jo White
		<b>Performance Report:</b>		
10.	16.25 – 16.35	<ul style="list-style-type: none"> <li>• PCN</li> <li>• General Practice</li> <li>• Primary Care Access Recovery Plan (PCARP)</li> <li>• Pharmacy, Optometry &amp; Dentistry</li> </ul>	Information	Jo White
11.	16.35 – 16.40	<b>Risks, General Practice, Pharmacy, Optometry and Dental</b>	Information	Jo White
12.	16.40 – 16.50	<b>Primary Care Quality Report</b>	Information	Julie Symonds
13.	16.50 – 16.55	<b>Financial Report</b>	Information	Cath Leech
14.	16.55 – 17.05	<b>ICS Transformation Programme &amp; ILPs Highlight Report</b>	Information	Bronwyn Barnes
15.	17.05	<b>Any Other Business or Items of Escalation</b>	Information	Chair

Time and date of the next meeting: Thursday, 6<sup>th</sup> June 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 1<sup>st</sup> February 2024, 15.30-17.00pm**

Board Room & Virtually at Shire Hall, Westgate Street, Gloucester GL1 2TG

Members Present:		
Ayesha Janjua (Chair)	AJ	Non-Executive Director, NHS Gloucestershire ICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, NHS Gloucestershire ICB
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Ellen Rule	ER	Deputy CEO & Director of Strategy & Transformation, NHS Gloucestershire ICB
Prof Jane Cummings	JC	Non-Executive Director, NHS Gloucestershire ICB
Marie Crofts	MC	Chief Nursing Officer, NHS Gloucestershire ICB
Participants Present:		
Andrew Hughes	AH	Associate Director, Major Projects, NHS Gloucestershire ICB
Becky Parish	BP	Associate Director of Patient & Public Engagement, NHS Gloucestershire ICB
Carol Alloway Martin	CAM	Councillor, Gloucestershire County Council
Christina Gradowski	CGI	Associate Director Corporate Governance, NHS Gloucestershire ICB
Jeanette Giles	JG	Head of Primary Care Contracting, NHS Gloucestershire ICB
Julie Symonds	JS	Deputy Chief Nursing Officer, NHS Gloucestershire
Jo White	JW	Deputy Director of Primary Care & Place, NHS Gloucestershire ICB
Nigel Burton	NB	Healthwatch Representative, Healthwatch Gloucestershire
In attendance:		
Ryan Brunsdon	RB	Governance Officer, NHS Gloucestershire ICB
Dawn Collinson	DC	Corporate Governance Administrator, NHS Gloucestershire ICB

### **1. Introduction & Welcome**

- 1.1 The Chair welcomed RA and MC to the public session of Primary Care & Direct Commissioning (PC&DC) Committee. The meeting was also declared to be quorate.
- 1.2 There were no members of the public present in the meeting.

### **2. Apologies for Absence**

- 2.1 Apologies were received from Helen Goodey (HG), Helen Edwards (HE) and Olesya Atkinson (OA).

### **3. Declarations of Interest**

- 3.1 The Register of Integrated Care Board (ICB) Board members is publicly available on the ICB website: [Register of interests : NHS Gloucestershire ICB \(nhs.uk\)](https://nhs.uk/our-services/primary-care-direct-commissioning/register-of-interests)  
[Register of interests : NHS Gloucestershire ICB \(nhs.uk\)](https://nhs.uk/our-services/primary-care-direct-commissioning/register-of-interests)
- 3.2 CAM declared an interest in agenda item seven as a patient of one of the practices. CAM had sought advice from Gloucestershire County Council (GCC) who had advised that it was fine for CAM to attend that part of the meeting.

**4. Minutes of the Previous Meeting held 7<sup>th</sup> December 2023**

- 4.1 The minutes of the meeting held on 7<sup>th</sup> December 2023 were approved as a true and accurate recording of the meeting.

**5. Matters Arising and Action Log**

- 5.1 **Action 4 –Tewkesbury, Newent & Staunton (TWNS) Primary Care Network (PCN) Evaluation. Action to be Closed.**  
 JW to bring back a suite of Quality Improvement projects to a future meeting. **Action to remain Open.**

**Action 12 – PCN Support Sessions update.** A verbal update was to be given during this meeting. **Action to be Closed.**

**Action 13 – Monthly Dashboard Workforce numbers.** Included in the Workforce Report. **Action to be Closed.**

**Action 14 – Radiology Reporting Backlogs.** Business Case had gone forward for additional radiologists and issue discussed at recent Board. **Action to be Closed.**

**6. Questions from Members of the Public**

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

**7. Application to merge Coleford Family Doctors and Brunston & Lydbrook Practices**

- 7.1 An application had been received to merge Coleford Family Doctors and Brunston and Lydbrook practices from 1<sup>st</sup> April 2024. The practice list size on merger would be 13,400. The partners of the practices had originally agreed to merge in 2019 and patients were informed of a possible merger in 2020. This application had brought forward the merger and the practices were engaging with staff and their Patient Participation Groups (PPGs).

- 7.2 A merger before relocation would be a good thing from an organisational perspective, allowing them to build the team and enhance resilience. The merger was proposed for 1<sup>st</sup> April 2024, and they would become Coleford Medical Practice. The merger application was taken to the Primary Care Operational Group (PCOG) on 9<sup>th</sup> January 2024 and the areas discussed had been noted in the paper, particularly the importance of the merger in relation to the resilience and sustainability of the practices. The Primary Care team had informed all parties that they would be supported throughout the merger process.

- 7.3 There were no questions from members of the Committee.

***Resolution: The Committee noted the report and approved the application to merge Coleford Family Doctors and Brunston and Lydbrook practices to become Coleford Medical Practice as from 1<sup>st</sup> April 2024.***

**8. Application to merge Regent Street Surgery and High Street Medical Centre**

- 8.1 The application was one of a proposal to merge Regent Street Surgery and High Street Medical Centre as from 1<sup>st</sup> April 2024 to become The Berryfield Surgery. The merged

practice list size would 11,774 patients. There had been a natural evolution between the two practices. The three partners were the same on each contract.

- 8.2 The merger would enable the practices to meet the challenges of primary care and it was hoped by merging they would become more attractive to new partners and clinicians. Patients had been constantly involved in the practices' journey to align the services ahead of the merger and any impact on patients would be minimal.
- 8.3 Engagement with staff had been ongoing since February 2023 and staff were keen to progress with the merger. PCOG had discussed the merger application at its meeting on 9th January 2024. Both practices would continue to be supported by the Primary Care team throughout the merger process.
- 8.4 It was to be noted that legal advice had been received in terms of the retention of dispensing rights.
- 8.5 BP noted that the practice had discussed the merger with their patients and the Engagement team would be very happy to work with staff to implement a PPG going forward.

***Resolution: The Committee noted the report and approved the application to merge Regent Street Surgery and High Street Medical Centre to become The Berryfield Surgery as from 1<sup>st</sup> April 2024.***

## **9. Application from Brockworth Surgery to change Practice Area**

- 9.1 An application had been received from Brockworth Surgery to change their practice boundary. The surgery were 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.
- 9.2 This had been discussed at PCOG on 9.1.24 who 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. AJ queried whether the change of boundary would destabilise the four other practices in the area. JG said that any impact would be very minimal.

***Resolution: The Committee noted the report and approved the application from Brockworth Surgery to change their practice area by increasing their practice boundary.***

## **10. Highlight Reports**

### **10.1 General Practice and Primary Care Networks (PCNs)**

- 10.1.1 JW reminded members that this report was sent to the Board and summarised key workstreams for all the elements of the Primary Care and Place Directorate.

JW explained here had been some assurance work around some of the funding streams for Primary Care Networks (PCNs) for which work is still ongoing.

Considerable work was being conducted to ensure that practices and PCNs were deriving benefit from some of the courses being run as part of the Improvement Programme for NHS England (NHSE). JW said there were varying challenges which

would involve collaboration with NHSE and PCN Directors. More updates would follow (See Action 4 above).

JW updated members on the Learning Disability and Serious Mental Illness (LD&SMI) activity which was marginally below the same point last year but in line with the action plans recorded in December 2023 at 91%. As of 2nd January 2024, 39.7% of SMI Health Checks had been completed (the national target was 60%), a substantial improvement on the same time point for the previous year (26.8%).

Uplift information was being awaited on a number of enhanced services which usually required extra staff to be employed to deliver those services.

Following closure of two contingency hotels and one closing in April 2024, this would leave just two hotels open. This section of the meeting had been fully discussed in Part 2 earlier and detailed in the report.

Digital was part of the access recovery programme, a big part of which was around telephony work. Timescales and pace had been challenging along with practices needing to use a framework which did not necessarily include their current providers. Further updates would follow.

**Action: RB to place Digital on the April 2024 PCDC Public agenda in relation to RB Primary Care Access Recovery Plan (PCARP).**

## 10.2 Pharmacy, Optometry & Dentistry

10.2.1 The ICB were working with other South West regions to agree how to finalise the transition element of delegation for POD and reports were awaited.

The ICB were working with the Hub so that where dentists were not meeting their targets, remedial plans would be formulated with them to mitigate contract breaches.

All community pharmacies had now signed up to Pharmacy working together to build neighbourhood relationships between pharmacies and member practices. The digital element behind this will lessen the workload for practices receiving information back from pharmacies.

Workforce - The Fellowship Scheme for General Practice Nurses (GPNs) would cease at the end of 2023/2024 and Fellows onboarded before this time would receive 2 years' funding. Information around funding was awaited for 2024/2025.

Expressions of Interest were being actively collected from practices around the Family Care Flexible Staffing Pool.

There was continuing focus on apprenticeship numbers for staff retention and recruitment from entry level to senior roles. This was mainly for non-clinical roles but included pharmacy technicians and nursing associates. The Integrated Care System (ICS) Carers team were promoting family care roles to school age children in Gloucestershire and the We Want You team were providing information on working in the NHS.

Key work was continuing around the Primary Care Nursing Workforce Development with some study days coming up in February and some potential further money from the Fundamentals Programme. A total of 13 nursing students were being supported by Practice Education Facilitators.

### 10.3 Primary Care Strategy 2024-2029

- 10.3.1 The Primary Care Strategy was a massive piece of work and the Primary Care Strategy Group was chaired by Dr Olesya Atkinson (ICB Board member and PCN Clinical Director). The group were very active, with good representation and had elicited some really good discussions around the challenges.
- 10.3.2 CAM asked whether the triple vaccine, measles, mumps and rubella (MMR) would be used for measles. JS said that details were contained in the Quality Report and that the triple vaccine would be used. A piece of work was being done around public education on this.
- 10.3.3 AJ said the report mentioned a change in commissioning around Covid vaccinations and asked whether this related to Section 7a delegation. JW said that a vaccination lead was in place which was really helping particularly due to the ICB were having to respond quickly to measles.
- 10.3.4 AJ commended Pharmacy First and said this was a fantastic opportunity in terms of linking with the public and being able to support them. NHSE were pulling back on many areas of funding and consideration would have been given as to how some of this would be picked up around retention in Primary Care, given that this funding would not be coming back this year or thereafter.
- 10.3.5 AJ also wanted to know how far off plan Primary Care were around the recruitment of some of the Additional Roles Reimbursement Scheme (ARRS) roles and asked JW figures could be provided on recruitment vs. planned figures and how far off plan Primary Care were in the recruitment of some of those roles. JW thought that this was on track but there was a challenge around using all the funding. **Action: JW to provide up to date information on the ARRS roles from PCNs at the next meeting in April.**

JW

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

## 11. Performance Report

- 11.1 JW explained that the South West region had produced a draft dashboard to examine some of the Access Recovery Plan indicators which included appointments. JW was keen for some feedback on data on the dashboard was presented, being especially careful with Red Amber Green (RAG) rating. A drop in face to face appointments for example of 2.1% was not significant compared to 12.5% nationally and given the constraints in practices, if this were clinically appropriate, this would be a sensible use of resources. The dashboard was still in development but it was hoped to bring this quickly on enabling people to see movement that need to be discussed, together with any performance concerns.
- 11.2 MC asked whether there had been any duplication between Gloucestershire Health and Care NHS Foundation Trust (GHC) and surgeries calling patients in for their Annual Health Checks these and wondered where resources were being put and whether there had been any problems in accessing information.
- 11.3 JS confirmed that there was a lot of training which was done alongside the Learning Disability Mortality Review (LeDeR) workstreams and the Learning Disability (LD) workstreams in which Trudi Pigott was involved. It was mainly driven by Primary Care

and more information could be given to MC on this in the joint meetings. JS explained that GHC would only support some of the shared accommodation or any of the inpatient mental health settings. JW said the challenge was around these Annual Health Checks taking place in the last quarter which was when a lot of the activity came through. The target was achieved last year and was expected to this year, but it had been very close.

11.4 JS said the timescales in terms of planning was always at 12-monthly intervals, but if this were to be moved forward, the number count would not be as good. MC said that those with learning disabilities generally died 15-25 years before the general public so this was a massive health inequality, therefore anything else that could be done would be welcome. JS said the local LD Group and LeDeR forums were very proactive. The Learning Disabilities update would be going through the Quality Committee and would be due soon.

11.5 AJ referred face to face appointment data and said that Gloucestershire was still showing below the national average. After discussion, it was agreed that a narrative should be included along with the numbers to accurately reflect the data being presented.

**Action: JS and JW to include narrative in regarding face to face GP appointments. JS/JW**

**Action: BP to bring qualitative appointment data from Healthwatch to the April meeting together with results from the People Panel Survey re online services for the public vs face to face services. BP**

11.6 JS said that clinicians had a different view on what data should and should not be seen and the Quality team could examine how that looked from a patient perspective around what types of things they felt was better seen face to face.

Key points from Communications Discussion:

- Checklists for patients
- Use Pharmacy First service to enhance public education in some areas
- Use the new website to build in information
- Consider the variations in communities and exercise caution
- Patient advice on how best to use their GP practices, giving examples of good practice in various formats
- Link up with digital hubs to give patients information on accessing services

**Other comments:**

JC said people often forgot or would panic when faced with an illness or some trauma and would decide what was best for them, which was to see a doctor. Communications needed to be repeated many times, be available for people when they needed it, and be offered in different languages. NB said If NHS 111 were better, it would help with the issue of patients deciding what was urgent.

## 11.1 Primary Care Networks

11.1.1 JW spoke about the various PCN indicators and their performance on the Investment and Impact Fund (IIF) dashboard. There were certain indicators which were more difficult than others. The Primary Care team did offer support to PCNs/practices so that they could make the best use of any available monies.

11.1.2 JW informed on the PCN ARRS roles recruited in December :

- North Cotswolds PCN recruited an additional 5 Digital & Transformation Leads (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)

11.1.3 AJ asked how significant the impact would be of improving the accuracy of appointment data in terms of performance. JW said that Gloucestershire had issues that had been escalated regionally and nationally that would affect the indicator ACC-08 (Appointment Booking to Seen Time). It was unsure whether everyone would be affected nationally but there were some system errors around things being lost if they were being coded a certain way. This was a serious issue, especially as it was linked to funding. Some information was awaited on this and it was noted that there was still a lot of work to be done in sorting these system issues out.

## 11.2 Primary Care Access Recovery Plan (PCARP)

11.2.1 AJ recognised the good progress having been made on the Plan which was helpful.

## 11.3 Pharmacy, Optometry & Dentistry (POD)

11.3.1 There had been a slight fall in September against August 2023 of Units of Dental Activity (UDAs) and Units of Oral Activity (UOAs) which was representative of the region as a whole. It was a direction of travel that was not an area of concern and was expected. There was a well-documented piece of work that was addressing this. CAM expressed that it was felt as though POD was developing well and the position felt more comfortable than that of last year. There was some information on pharmacy items dispensed in the report.

11.3.2 AJ said that Optometry did not seem to be discussed as much, which ER thought was due to optometry being in a different place in Gloucestershire. The ICB (and previously CCG) had worked with optometry for over a decade, having developed strong relationships in Gloucestershire. The NHS had been recognised regionally in the 2023 NHS Parliamentary Awards for its outstanding digital optometry project. Due to the hard work on sustainability the public had good coverage on optometry with feedback being very good particularly around additional enhanced services. ER suggested clinicians be invited along to a future meeting to share some of the learning in optometry. BP mentioned audiology services being offered at optometrists.

JW suggested that liaison with Kerry O'Hara could incorporate Ophthalmology work into the Highlight Report. **Action: A presentation and report to be brought back to the PC&DC within the next 12 months on audiology and optometry.**

KOH/RT

ER said it would be useful to understand any future contract risks. NB said he often used optometry services and was happy to help offer a patient viewpoint on this as part of the analysis.

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

## 12. Primary Care Quality Report

12.1 JS updated on the Primary Care Quality Report, noting that all pharmacies had signed up for the service which had gone well. Now that this was up and running, work would be revisited on repeat prescriptions and Out of Hours services.

- 12.2 The Primary Care Nursing Strategy had now been completed and was signed off yesterday. This would be available soon and would link into the wider Primary Care Strategy work as an Annex. This would address workforce and received the involvement of all the practice nurses.
- 12.3 JS said that regarding the contingency hotels, the updates discussed in the previous meeting had been sent to relevant practices and up to date information would be available regarding the contingency hotels. It was noted that some of the other ICBs had commented on the risks of homelessness where some of these asylum contingency hotels had closed. An assumption of there being somewhere for these people to go was not always the case.
- 12.4 A Reception, Staging and Onward Movement (RSOM) location was now in place at Beachley Barracks in Monmouthshire, which could accommodate approximately 200 new arrivals. There was a proposal to work alongside GDoc Ltd., to manage longer term medical provision for people bearing in mind that the site would remain open until the end of December 2024. There were approximately 13,000 Entitled Persons (EPs) across the UK, and it was worth noting that there were a further 16,000 EPs in Pakistan that would need to be transferred to the UK. The St Athans MOD base in West Wales had taken 500 EPs recently.
- 12.5 The biggest challenge locally was to ensure that these people were health screened and had access to GP provision whilst balancing this against what was an already very overstretched Primary Care service; in particular how Lydney would be supported to take this on. JS explained that the service model was based around on site provision and was confident that it would work over the next 12 months. Liaison with secondary care services would ensure any provision of specialist care needs. It was anticipated that this would operate as one big site as local authority housing was not available. Throughput was extremely slow and was not what the RSOM site had been set up to achieve.
- 12.6 AJ queried whether this should be added to the Risk Register or was it something that was a watching brief to be added to future agendas for updates. JS responded that with the model suggested and the funding provided alongside that from NHSE, then it was not a risk. If the model did not work, then it would become a risk. The funding from NHSE would be available this week and the skills of the medical staff would need to be well utilised. AR said there would be a lot of mental health needs alongside the physical health. JS mental health was a big concern for the children in the contingency hotels. Women's health was more of a concern with the adults. JS said this had been a huge ask at short notice with a lot of work involved.
- 12.7 BP said that an update on the System Experience Group would be brought to the next meeting. **Action: BP to bring an update on the System Experience Group to the next meeting in April 2024.** BP
- 12.8 AJ mentioned Experts By Experience presentation at the ICB Board yesterday and asked if this would be something that would be co-produced in the future, enabling best possible representation, to which BP responded that this would be the case.

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

**13. Financial Report – December 2023**



- 13.1 At the end of the November 2023 the ICB’s Delegated Primary Care co-commissioning budgets were showing a £0.449m overspend position on the £80.9m budget Year To Date (YTD). The budgets had been reviewed and realigned based on planned expenditure. The YTD Pharmacy, Optometry and Dental (POD) position was £2.844m underspend with a £5m forecast underspend which was non-recurrent.
- 13.2 The Month 8 forecast for Primary Medical Services was an overspend of c£750k. The Investment and Impact Fund (IIF) for 2023/24 was higher than budgeted, creating an overspend in year. Mitigations against this had not proved possible. The overall overspend had been brought into the ICB position and was therefore covered.

**Resolution: the Committee members noted the content of the Financial Report.**

**14. ICS Transformation Programme & ILPs Highlight Report**

- 14.1 HG in her absence wanted JW to draw the attention of the Committee members that following the Locality and Neighbourhood showcase event on 15<sup>th</sup> November 2023, CAM requested attendees to submit abstracts for consideration at the 24<sup>th</sup> International Conference of Integrated Care to be held in Belfast. The overarching theme would be “Taking the Leap: making Integrated Care a reality for people in communities.”
- 14.2 JW was delighted to say that further to this, six abstracts had been submitted and accepted from Gloucestershire, which were explained by JW. JW thanked CAM for her support and encouragement around this exciting opportunity to demonstrate the work of colleagues at this event.

**Resolution: The Committee members noted the contents of the ICS Transformation Programme and ILPs Highlight Report.**

**15. Any Other Business**

- 15.1 There was no other business to discuss.

The meeting formally closed at 17.05pm.

**Date and Time of next meeting:** Thursday 4<sup>th</sup> April 2024, 15.30-17.00, at Shire Hall, Westgate Street, 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, Public Session

Actions & Matters Arising April 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	<b>June:</b> 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. <b>Action: Item to remain open.</b>	October 2023	Open
					<b>August:</b> To be brought back to the October 2023 meeting. <b>Item to remain Open.</b>	February 2024	
					<b>October:</b> Delayed now until the December 2023 meeting. <b>Item to remain Open.</b>	TBC	
					<b>December:</b> Item to be brought to Feb 24 meeting.. <b>Item to remain Open.</b>		
					<b>February 2024:</b> JW to bring back a suite of Quality Improvement projects to a future meeting to reflect what had been decided. <b>Action to remain Open</b>		
15	01/02/2024	Min 10.1.1 Digital in relation to PCARP	RB to place Digital on the April 2024 PCDC Public agenda in relation to PCARP.	Ryan Brunson	<b>April 2024 Update:</b> Added to the agenda forward planner	April 2024	To be Closed.



16	01/02/2024	Min 10.3.5 ARRS Roles	JW to provide up to date information on the ARRS roles from PCNs at the next meeting in April.	Helen Edwards	<b>April 2024 Update:</b>	April 2024	
17	01/02/2024	Mon 11.5 Face to Face GP appointments	JS and JW to include narrative in regarding face to face GP appointments.	Julie Symonds & Jo White	<b>April 2024 Update:</b>	April 2024	
18	01/02/2024	Min 11.5 Appointment data and People Panel Survey results on this	BP to bring qualitative appointment data from Healthwatch to the April meeting with results from the People Panel Survey re online services for the public vs face to face services.	Becky Parish	<b>April 2024 Update:</b> A comprehensive updated has been attached to the papers. <b>Action closed.</b>	April 2024	<b>To be Closed</b>
19	01/02/2024	Min 11.3.2 Audiology & Optometry Services	JW suggested that liaison with Richard Thorn could incorporate Ophthalmology work into the Highlight Report. Action: Presentation and report to be brought back to the PC&DC within the next 12 months on audiology and optometry.	Jo White/Richard Thorn	<b>April 2024 Update:</b>	Date TBC	



20	01/02/2024	Min 12.7 System Experience Group	BP to bring an update on the System Experience Group to the next meeting in April.	Becky Parish	<p><b>April 2024 Update:</b> Meeting held with Trudie P (TP) and Rob M (RM) to discuss the establishment of three system quality groups (Safety, Effectiveness and Experience). Concluded this approach not fit for purpose as the opportunity to identify cross-cutting quality themes, risks, opportunities could be missed. Alternative proposal to establish a System Experience, Effectiveness &amp; Safety Review Group to complement the System Safety and Learning Group (Inc System Investigation And RSR). Marie Crofts supportive of this approach. TP, RM, BP to prepare a proposed ToR (incl membership) for consideration.</p>	April 2024	<b>To be Closed</b>
----	------------	----------------------------------	--	--------------	--	------------	---------------------

## Action 11.5 – Healthwatch data and People Panel Results – Becky Parish

Healthwatch Gloucestershire (HWG) Accessing GP services in Gloucestershire, published 02/2024

<https://www.healthwatchgloucestershire.co.uk/wp-content/uploads/HWG-GP-access-report-Feb24-Final2r.pdf>

Much of the feedback focussed on GP Practice appointments:

- *People find it frustrating to be given such a wide-ranging time slot for when the GP will call them.*
- *Some people were able to get urgent appointments with the GP, however, where this was not possible it led to them being directed to urgent and emergency services.*
- *Most people were happy with the service provided once they were able to see the GP or healthcare professional.*
- *There is concern that needing a separate appointment for each individual issue is inefficient and fails to consider that conditions can be linked, which delays diagnosis and treatment.*

A lack of effective communication between practice and the patients was highlighted throughout the project, and this appears to have led to confusion and frustration.

NHSG ICB provided a comprehensive response to all themes and recommendations (see p28 of the HWG report) this included the following offer, which we and the LMC are very keen to pursue with the new HWG provider in Q1 2024/25:

*We would be very happy to work with Healthwatch Gloucestershire, the Local Medical Committee and Patient Participation Group (PPG) representatives to develop information in a variety of formats about accessing GP practice services. We are aware of examples of good practice from elsewhere in England and are keen to create bespoke information to meet the needs of Gloucestershire residents and GP practices.*

### **People's Panel**

The One Gloucestershire People's Panel proactively seeks out the opinions of a representative sample of over 1000 people living and/or accessing services across the county. Our first survey, focused on sharing information and using digital technology, had 462 responses. We also shared the survey with individuals who regularly Get Involved in Gloucestershire and received 143 responses from them. The survey did not focus on primary care, but results are relevant across ICS system partners.

Responses show that over 85% of people are happy for information from their health and care records to be shared with NHS and social care organisations and are confident that it will be shared appropriately and securely. However, some people were concerned that it would be sold to other organisations.

Over 56% of people said they currently using digital technology regularly for ordering prescriptions but 30% said they never do this. Reasons preventing people from using digital technology included a preference for doing things face-to-face.

Over 55% of people said they would be likely to use an app or digital tools to check or monitor their health e.g. recording blood pressure, over 16% already do this. But 10% said they would never do this, with the most common reason for this reluctance being concerns over lack of personal contact and support.

A report of the findings from the People's Panel surveys will be shared on <https://getinvolved.glos.nhs.uk/>



# Workforce and Training Hub update

PCDC April 2024





# Key workstreams

---

- Partnership Fellowship and Partnership Support Offer
- General Practice Fellowship scheme (GP and GP nurse)
- NHSE/PCTH GP Fellowship and Health Inequalities GP Fellowship
- Primary Care Nursing Strategy
- Primary Care Multi-Professional Educator Conference
- Health Coaching supervision
- Conflict resolution and de-escalation training
- Exploring Primary Care Roadshow event for 24/25
- Flexible pool expansion
- ARRS (Additional Roles Reimbursement Scheme) variance monitoring and actions
- Be in Gloucestershire campaign
- Primary Care Network (PCN) workforce calls 24/25 being planned
- Implementation of the Safe Learning Environment Charter



# Workforce data

Measure	Data as of November 2023 for Gloucestershire
<b>Total Qualified GPs</b>	<ul style="list-style-type: none"> <li>• 358 FTE (full-time equivalent) GPs</li> <li>• 6.6 FTE GPs per 10,000 weighted population, compared to a regional average of 6.2</li> <li>• -2.5% below baseline for qualified GPs (baseline March 2019)</li> <li>• GP Partners are -21.7% below baseline (compared to -16.6% regionally and -14.6% nationally)</li> <li>• Just over 20% of GPs are aged over 55 years</li> </ul>
<b>General Practice Nurses (GPNs)</b>	<ul style="list-style-type: none"> <li>• 229 FTE GPNs</li> <li>• 3.6 FTE GPNs per 10,000 weighted population, same as the regional average</li> <li>• +8.0% over baseline</li> <li>• Just under a third of our GPNs are aged over 55 years</li> </ul>
<b>Direct patient care (DPC) roles</b>	<ul style="list-style-type: none"> <li>• 9.1 DPC roles per 10,000 weighted population, compared to a regional average of 8.7</li> <li>• Clinical Pharmacists account for the largest proportion of our DPC roles (also under ARRS), closely followed by care co-ordinators and social prescriber link workers</li> </ul>





GLOUCESTERSHIRE PRIMARY CARE  
TRAINING HUB

# Long Term Workforce Plan (LTWP)

---



# Background

---

- Released in 2023, the plan will give longer-term direction to workforce planning. Education and training form a key part of the plan, with the plan focusing on the themes of ***train, retain and reform.***
- Without action, it is estimated the NHS workforce gap will be 260,000-270,000 people by 2036/37 (current shortfall is around 150,000)
- **Train**- the plans ambition is to double the number of medical school places, increase the number of GP trainees by 50% to 6000 by 31/32 and increase adult nursing training places by 92%, with 22% of all clinical training expected to be via apprenticeship routes by 31/32. This will include 2,000 medical degree apprenticeships and an aim to expand advanced practice training places in addition to nursing associate and physician associate training places.
- **Retain**- aim to reduce the number of staff leaving by 130,000 over the next 15 years
- **Reform**- innovative ways of working with new roles in the multi-disciplinary team. Harness digital and technological innovations and a stronger emphasis on generalist core skills.
- Estates were considered to be out of the scope of the plan.
- We understand the figures discussed in the plan may not be allocated to regions in terms of a fair share distribution but instead based on need (workforce and population).





# Placement capacity for learners on a defined placement (not employed in Primary Care)

Learner type	Present numbers (average over past 12 months)	Long Term Workforce Plans
Medical Students	Approx 170 medical students across years 3, 4 and 5, over 63 days and 17 practices.	Plan to double medical student places.
Adult Nursing students	84 adult nursing placements across 18 practices (further 8 nursing placements across Mental Health and Learning Disability nursing students)	Plan to increase adult nursing places by 92%.
GP Trainees	Approx 130 GP trainees across the three years of the training scheme.	Plans include the full 3 years of training being completed in GP placements and a doubling of training capacity. Therefore, within 10 years, this equates to a trebling of placement capacity.
Foundation doctors	18 placements per year, as 4-month placements, with 3 rotations per year.	Plans include all foundation doctors having a 4-month placement in General Practice.
Pharmacy students	TBC	LTWP suggests an increase of 29% in training
Undergraduate AHP students (includes paramedics, OTs, dieticians, podiatrists and physios)	Paramedics- around 8 (not including specialist paramedic placements) Physios- small pilot to date, 2 students per year. Occupational Therapists- 6 learners to date, more placements planned.	LTWP suggests increases of 33-50% depending on the AHP profession, which also includes apprenticeship routes.
Physician Associate students	Approx 16 per year (however hard to map Worcester placements due to regional boundaries)	LTWP aims for 10k Physician Associates by 36/37 (across Primary Care and Mental Health).

‘Present’ numbers based on data from 2023

# LTWP meeting- supply and retention

- 1 of 4 regional sessions
- 10% population growth expected in the South West, we will soon have the oldest pop in England
- Numbers in LWTP credible based on pop growth
- International recruitment (IR) is currently 30% of all clinical recruitment (40% nurses), aim to decrease to 10%
- 120k extra staff needed in SW to deliver 'more of the same approach'
- SW has 3<sup>rd</sup> highest house prices
- Placement capacity limiting factor (approx. 5% nurses trained in SW, needs to be 10%)
- 21% of the health and care workforce is men
- LTWP will require a 64% increase in learners



# LTWP- supply



## Plymouth case study- Livewell Southwest

- Co-ord recruitment events
- Induction, training
- Ambassador program
- Offered B2/3 for long-term unemployed
- School leavers project-direct to Trainee/Student Nurse Associates cohorts
- Collaboration with NHS career hub (physical space)

## Nursing international recruitment (IR) program

- 50k extra nurse achieved but 93% from IR
- National funding not guaranteed to continue
- Career progression slower for IMG nurses

## Health Care Support Worker

- Time to hire timelines really important (with longer timelines up to 50% attrition rates)

## Top 3 outcomes

- Develop system-wide strategy, funding, comms and branding
- Attraction young people
- Pay parity, modern employment offer



# LTWP- retention

Mar/Apr 22 worst month for turnover (7 yr peak)	NHS leaver rates now reducing (8.3%, need to get to 7% to achieve LTWP)	Social Care turnover rate 32% with 62% jobs filled internally (Primary Care not included in data)	62 average retirement age, retirement risk is high
NHS SW is net loser to other areas	In last year 12.3% of all newly qualified staff left SW- for nurses only 58% students trained in SW are still here 2yrs post qualifying	About 800 people per year non-mover change (eg reducing hours)	Newer asks in LTWP: <ul style="list-style-type: none"><li>• Integrated career pathways</li><li>• Cross system EVP (employee value proposition)</li><li>• Cultural reviews</li><li>• 121 line managers reviews to include learning and development, wellbeing, pension, health and wellbeing, flexibility etc (?appraisal training)</li></ul>
Why people stay: job security, make a difference, caring, team	Why people leave: stress, workforce, MH impact, pay, unsupportive managers	BSW- housing hub and international staff recruitment (films)	Top 3 <ul style="list-style-type: none"><li>• Sense of belonging</li><li>• Upskilling managers</li><li>• Workload and job design</li></ul>



# LTWP- Apprenticeships

Developing an ICS-led infrastructure to support clinical placements.

Embedding an education and learning culture recognising and supporting the educator workforce.

Introduce a more flexible delivery model of education, which will, in turn, improve university capacity.

Shift in focus: need to reprioritise learners to maintain the quality of their experience.

Address the barriers to (and lack of) functional skills

# LTWP- Medical Expansion and Reform



Nationally there are around 4000 GP trainees now, by 2031 we need 6000 (however, this doesn't necessarily account for a demographic change). Regionally the number is planned to go from 344 trainees, to 516.



Gloucester is a pilot site for 'Enhance'- national program to develop a generalist approach



Particular challenge/opportunity for Primary care- support for IMG trainees. Three-fold increase in non-standard ARCP (annual review of competence progression) outcomes



Top 3 challenges identified for:

Undergraduate expansion- practical challenges (space, supervisor capacity), viable funding model, streamlining of teaching

Postgraduate reform- reform of finances, posts mapped to need, ICS ownership and profiling

## Next steps



We hope to get more detail on numbers (and resources) this year



All regional LTWP events to be summarised and operationalised



Already discussions underway about training/placement capacity, educator capacity and estates



Primary Care Education and Training Strategy drafted



System discussions:

Housing hub/social prescribing

Rotational models

Nursing terms and conditions

Workforce mapping and training needs



# NHS England Recovery Plan

Announced on 7<sup>th</sup> February 2024

**Agenda Item 8**

**NHS Gloucestershire Primary Care & Direct Commissioning  
Committee, Public Session**

Thursday 4<sup>th</sup> April 2024

## NHSE Recovery Plan update - announced 7<sup>th</sup> February 2024

### Access

#### **£28 Units of Dental Activity (UDA) rate increased rate**

- It can be harder for dentists to sustain their NHS work where the rates paid for each UDA are lowest.
- Increase to minimum UDA value – its £25 at the moment and from April 2024 will increase to £28 – 800-1,000 practices nationally will benefit
- This is recurrent
- 23 contracts out of 64 in Gloucestershire will be uplifted (36%)
- The South West Collaborative Commissioning Hub team (CCH) leading on contract variations to implement this by 1st April

#### **New patient premium incentive**

- For patients who haven't seen a dental practitioner in the last two years the practice will get an extra payment in addition to UDA rate
- The new patient premium will be a time-limited scheme launching in March 2024 and ending in March 2025.
- Patients are able to see which practices in their area are accepting new patients via the NHS website or the NHS app, and the public will be provided guidance via the NHS app and website on eligibility and details of the scheme

#### **Dental vans**

- Secretary of State priority. 6 in SW ICB areas; Gloucestershire is one of them
- Ambition to get vans on the road this year delivering dental services.
- NHS England central team leading on this implementation plan. Series of workshops to address issues and actions for this to progress

# NHSE Recovery Plan update - announced 7<sup>th</sup> February 2024

## Workforce

### **'Golden hellos'**

- To support practices in areas where recruitment is particularly challenging, we will launch a new 'golden hello' scheme.
- Funding up to 240 posts to benefit from a golden hello across the country to enable providers to recruit new NHS dentists to the area.
- £20,000 phased over 3 years, requiring a commitment from the dentist to stay in that area delivering NHS work for at least 3 years

**The ICB plan to align this scheme to a Health Inequalities incentive that has been scoped**

### **Training- government led**

- Reconfirm some of the expansion to training places from the NHS Long Term Workforce plan.
- Build a pipeline of new dentists for the future by expanding dental undergraduate training places nationally by 40% to more than 1,100 per year by 2031 to 2032, with an initial 24% increase to 1,000 places by 2028 to 2029
- National team will increase the number of dental therapists and other dental care professionals, through a 40% increase to more than 500 training places per year by 2031 to 2032.

# NHSE Recovery Plan update - announced 7<sup>th</sup> February 2024

## Prevention – for local government

**Smile4Life government programme** - A major new focus on prevention and good oral health in young children.

- Support family hubs to promote prevention initiatives.
- Support nurseries and other early years settings to incorporate good oral hygiene and daily toothbrushing as part of life.
- Mobile dental teams to visit state schools to provide advice and fluoride varnish to 165,000 children in underserved areas.
- Tooth decay is a significant, yet largely preventable public health problem in England. It affects people at all stages of life and is the most common oral disease affecting children and young people. Those in the most deprived 20% of areas of the country are 2.5 times as likely to have experience of tooth decay as those in the least deprived 20% of areas.
- Improving prevention is key to reducing the burden on other health services, such as visits to A&E and secondary care services, for tooth extractions.

**Water fluoridation**- national programme for most deprived areas

- The government to take forward a consultation on expanding fluoridation of water to the north-east of England - a highly effective public health measure.
- The UK Chief Medical Officers have concluded there is strong scientific evidence that water fluoridation is effective alongside other methods of increasing fluoride use. Around 1 in 10 people in England currently have fluoride added to their drinking water supplies, mostly in the West Midlands and north east, including Newcastle and Gateshead. The benefits are clear.



# PCN, General Practice and POD Highlight Report

March 2024



@NHSGlos  
[www.nhsglos.nhs.uk](http://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	27 March 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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

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

**PCN DES Assurance**

- All PCNs submitted their Enhanced Access and PCN Development Funding 2022/23 Assurances on time and are currently being reviewed by the PCN Team.
- 13 PCNs have submitted the Enhanced Health In Care Homes Assurance by the deadline of 14<sup>th</sup> March 2024. The PCN Team are in the process of chasing the remaining 2 PCNs.

**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 reviewed by the PCN Team in Q1 2024/25 in line with NHSE deadline of April 2024. This forms part of the PCARP (slide 2)
- Currently 3 practices are engaged in the Intensive programme, 14 practices are engaged with the Intermediate programme and 3 PCNs are engaged in a PCN Level programme.

**Investment and Impact Fund (IIF) 2023/24**

- Throughout the month of March the local PCN dashboard will be released weekly and has now been released with data up to 25<sup>th</sup> March 2024.

**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 22<sup>nd</sup> March 2024, 73.4% of LD AHC aged 14 years+ have been completed (national target is 75%), of which 97.7% have also had a Health Action Plan recorded. This is above the same time point in the previous year for LD AHC recorded (66.6% as at 1<sup>st</sup> March 2023)
- As of 22<sup>nd</sup> March 2024, 73.6% 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 (53.5% as at 1<sup>st</sup> March 2023).

**PCN Development Funding**

- PCN Development Funding (part of SDF) has been secured for PCNs. All PCNs have submitted proposals based on the criteria for how they plan to spend the funding. Following review process and further clarification where required, proposals have been approved and MOUS put in place to outline use of funding.

**ARRS Claim Process**

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

**PCN Quality Improvement Funding**

- For 2024/25 £500k has been secured recurrently for PCN QI Projects. Additional funding is being bid for some of which will be ring fenced for Health Inequalities and a Business Case is being taken through the system process for approval.
- A PCN QI evaluation workshop has taken place, hosted by ICB Business Intelligence colleagues and PCNs. This has helped to develop closer working relationships and to highlight some areas of development.

**Digital Neighbourhood Vanguard Programme**

- Two, externally facilitated, workshops have been held to date in North and South Gloucester (NSG) PCN to support the PCN to establish an Integrated Neighbourhood Team (INT). NSG is in receipt of the full NHSE offer which encompasses support to establish an INT; 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 is in receipt of the Brave AI tool and are invited to join the Community of Practice
- Five PCNs are able to join the Community of Practice.
- This programme aligns very closely to the development of all Neighbourhoods in the county as part of the Working as One Transformation Prevention Workstream. The first workshop, facilitated by the One Gloucestershire Improvement Community, for the first three PCNs (Inner City, Cheltenham Central and Rosebank) took place on 21<sup>st</sup> February.

# PCN, General Practice and POD

## 2 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	27 March 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 9<sup>th</sup> 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. See digital section for digital updates.
- 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 14 to the intermediate. 3 PCNs are signed up to the PCN level support offer. 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 by actively promoting the offers available to Practices and PCNs.
- A further update for ICB board is scheduled to be presented on 27<sup>th</sup> March 2024. Work is in progress to produce this update and take through relevant governance ahead of this.
- 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 have now received the remaining 70% and the Primary Care Team have circulated an amended MOU to practices.

### 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 Primary Care Offer for 2024/25 is currently being discussed.
- Business cases for the IUCD for Menopause ES and Migrant Contingency Hotels ES have been reviewed by the System and will be finalised by the ICS Triple Lock process.
- 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 system and inflationary uplift discussions.

### Migrant Health

#### Contingency Hotels (January data)

Ramada	0	This hotel has closed
Orchard	68 people	Rosebank
Ibis	115 people	Aspen (2/3 patients) and GHAC (1/3 patients)
Prince of Wales (Berkeley)	31 people	Acorn, Walnut, Cam & Uley, Culverhay and Chipping Surgery (Equal split) This hotel is closing.
Regency Halls, Cheltenham	64 people	Split between the 2 practices in the Wilson Centre

- The Home Office has now confirmed that Regency Halls will also be closing in April 2024.

#### Beachley Barracks

Gloucestershire ICB is currently supporting Transitional Service Families Accommodation (TSFA) and Reception Staging and Onward Movement (RSOM) sites for Afghan Nationals at Beachley Barracks Chepstow; these Entitled Persons (EPs) have the legal right to remain in the UK due to their contribution to UK objectives in Afghanistan. There are currently around 370 EPs on site, the maximum the site could possible hold is around 870 EPs.

### Digital

- 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 29 practices who wish to move over to foundation, these will be rolled out in the new year. The digital team will work with the remaining practices who are not yet ready to move.
- As part of PCARP, the ICB and Procurement hub are supporting a number of practices with the digital telephony requests from NHSE and has received good feedback from patients. Phase 1 is for practices that did not have a digital system and funding was made available to support the move to suppliers on the framework, we have 12 practices in this phase. Phase 2 was around practices that have a digital system but did not have all of the the areas of functionality requested by NHSE. Additional funding was given to the ICB for Phase 2, cohort A, practices to support them to move to a supplier on the framework that could give all of the functionality, we have 16 practices in this phase.
- 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 due to a national challenge.

# PCN, General Practice and POD

## 3 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	27 March 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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

**Spring Summer 2024 (SS24) Plans:**

- The Spring Booster phase for 2024 will commence on the 15<sup>th</sup> April (Care Homes) followed by all other eligible cohorts on 22<sup>nd</sup> April. This phase will complete in ten weeks with final vaccinations given by 30<sup>th</sup> June
- As per Spring Booster 23, eligible cohorts for SS24 will include
  - Over 75s
  - Residents of a designated Older Adult Care Home
  - Immunosuppressed
- In total we expect to deliver around 75k vaccinations during SS24
- The delivery network will again include Community pharmacies, the ICB outreach team but will be delivered in major part by PCN led local vaccination services.
- Formal Opt In for SS24 concludes this week and we currently envisage the vast majority (14/15) of PCNs will participate

**Vaccination Strategy:**

- Wednesday 13<sup>th</sup> 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 .
  - The MMR accelerator work which has been underway since December 2023 has helped our System preparedness for any potential Measles outbreak with many having received missed MMR boosters in the last month
- Two further accelerator projects aligned to the vaccine strategy – one on evaluation (in conjunction with University of Gloucester) and one on Behavioural Insights (in conjunction with the Public Health team in GCC) – awaiting further detail.

# PCN, General Practice and POD

## 4 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	27 March 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.
- 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.
- Dental Governance Audit - BDO have completed an audit of the Governance arrangements the Primary Care Team set up post Delegation, specifically focussing on the transition of POD (dental) Services from April 2023. BDO reported that overall, the ICB has established a good governance structure and operational plans to ensure key priorities in dental commissioning are being progressed collaboratively with local partners and stakeholders. Therefore, BDO reported that the ICB had provided Substantial Assurance.
- The Transition Plan – The ICB, along with the 6 other SW Region ICBs, have worked 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 – NHSE have recently reported on its view of the outcomes and success of the Transition Plan. The ICB’s Primary Care Team have reviewed 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 proposal.
- The Transition Plan – Pre and Post Delegation, the ICB’s Auditors, BDO, have been continually monitoring the success of the Transition Plan, including that all outstanding ‘Actions’ had been completed.
- The Transition Plan – In February the Primary Care Team provided a final update on POD Transition, which has been provided to BDO to report to the Audit Committee at its March 2024 meeting. BDO commented – “...a very comprehensive update. We are proposing at the Audit Committee, to mark these actions as ‘closed’, as the work that has been done and continues, addresses the points that we had raised in the report.” The Audit Committee held on 7<sup>th</sup> March 2024 approved BDO’s recommendation.

**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 16<sup>th</sup> 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.
- In February 2024 the Government announced details of the Dental Recovery Plan that has 4 main strands, i.e. £28 minimum UDA price, New Patient Premium, Golden Hellos and Dental Vans. The Primary Care Team are currently working through the implications of this for our local contractors and its implementation.
- A knock-on effect of the Dental Recovery Plan is the 2024/25 planning the ICB had already in place for new/enhanced offers/initiatives. The Primary Care Team are working through the implications.
- The Primary Care Team continues to work with our CCH colleagues 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	27 March 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

<b>Programme Area/ Workstream</b>	<b>Pharmacy, Optometry and Dental Services (POD)</b>
-----------------------------------	--

**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 First**

- The Pharmacy First Service was launched nationally on 31<sup>st</sup> January 2024. This new advanced service includes 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 (acute otitis media), infected insect bites, impetigo and shingles.
- We are currently the leading ICB out of 42, with our Pharmacy First Opt/Ins with a 100% sign up rate, i.e. 105/105 Pharmacies signed up to deliver this service showing the overwhelming local appetite for the service launched on 31<sup>st</sup> January 2024.
- A Pharmacy First Steering Group has been set up comprising of various ICB representatives and other colleagues including Community Pharmacy Gloucestershire (LPC) and NHS111. The main aim of this group is to support the successful roll out of Pharmacy First in Gloucestershire and agreeing the way forward on a number of issues including key elements of communications and technology.

**Pharmacy Services**

- The ICB's Community Pharmacy Strategy group continues to meet and is developing links with contractors via LPC representation.
- Part of Primary Care Access and Recovery Plan (PCARP) includes new and extended community pharmacy clinical services, that include Pharmacy First, Contraception and BP Check Services.
- In November 2023 the ICB appointed its three 'pathfinder' pharmacy sites, across its integrated care system, enabling a community pharmacist to be an independent prescriber to further support primary care clinical services.
- This capacity and commitment to engage with collaborative and integrated working stems from a number of initiatives:
  - 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
  - Primary care offer asked each practice for a named CPCS Champion to work with their local pharmacy teams
  - 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.
  - Permanent contract for Community Pharmacy Clinical Lead (CPCL) working with Head of POD, Collaborative Commissioning Hub (CCH) and regional plus national NHSE colleagues
  - Teach and Treat Programme for Community Pharmacy Independent Prescriber (CPIP) Programme with the expansion of workforce and skill-mix - 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 Community Pharmacy in Gloucestershire, local Higher Education Institutes, PCN DPP's and Community Pharmacists around Gloucestershire in particular 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 wider health system and our local patients.
  - 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	27 March 2024
Programme Lead	Jo White / Helen Edwards	Report Author	Becky Smith	Previous RAG	AMBER		

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

**GP Recruitment initiatives**

- GP Partnership support offer launched. 5 GPs signed up to partnership fellowship, and a further 11 signed up to the support offer. The Programme is 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. For example Legal skills, leadership training, enhanced services, & management skills.
- Issued a partnership survey to understand where/why partners may be leaving their roles or retiring and what we can do to retain them in the system (in addition to supporting recruitment of new partners).
- '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.
- 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. Business case in development for Spark GP and being discussed with internal colleagues.

**Health and Wellbeing:**

- Majority of practices now have a Health and Wellbeing Champion in place (a role undertaken alongside substantive roles) – with the aim to provide awareness of full range of Health and Wellbeing offers available for practice staff.
- The Mindfulness offer is now available for all GPs with a Consultant Clinical Psychologist, over an 8-week duration.
- GP Support lead continues to provide confidential, pastoral support and career guidance to any Gloucestershire GP wanting to take up this offer.
- Health and Wellbeing page launched on training hub website to provide overview of full range of support on offer.
- The Wellbeing Line continue to provide a range of wellbeing support related to personal and/or work circumstances, for all staff in Primary Care.
- De-escalation training soon to be available to staff in General practice, to protect against risk of verbal and/or physical assault whilst at work.

**Primary Care Nursing Workforce Development**

- Healthcare Assistants** – Study day took place in February, with 70+ attendees from across Primary Care. Significant interest in Student Nursing Associate (also known as Trainee Nurse Associate) role as a result.
- Fellowships** – 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. Business case is being developed.
- 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.
- Nurse on Tour** – HBA1C trial has started - Bid application to fund Point of Care (POC) testing i.e. for Diabetes, approved and testing will be undertaken as part of the Nurses on Tour Programme.
- Rotational Placements/Virtual Reality Placements** – Both being explored to increase placement capacity for students in Primary Care.
- Legacy Mentors** – 3 Mentors currently supporting Newly qualified Nurses and New to Primary Care Nurses, this can be extended to any Nurse in Primary Care who may need additional support from an experienced Nurse.

**Developing our future workforce pipeline**

- Gloucestershire Primary Care Training Hub delivered an inaugural multi-professional educator conference (MPEC) conference 20<sup>th</sup> February 2024. Attendees included a range of staff including GPs, Nurses, Advanced Practitioners, Physiotherapists, Paramedics, Pharmacists, Reception managers & Practice managers, with over 40 colleagues attending on the day. Key objectives of the event were to support inter-professional education, increase educator capacity and support retention and recruitment of educators. The day included a range of sessions and workshops with a focus on Equality Diversity and Inclusion as well as Health and Wellbeing. Feedback from attendees is being collated, but very positive on the day. Noting the success of the day, we are planning future events to further support multi-professional education and support.
- 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 clinical and business Apprenticeship numbers to support both staff retention and recruitment from entry level to senior roles. To support this, we launched our Apprenticeship awards during national Apprenticeships week (5<sup>th</sup>-9<sup>th</sup> February) to practices/PCNs to nominate an apprentice they are working with who has excelled in role. In addition, a range of further promotional activities and case studies were shared during Apprenticeships week, including case studies and a Q & A webinar.
- New Admin and receptionist page launched on Gloucestershire's Primary Care training hub website, providing a range of staffing resources and training opportunities.
- 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.
- Working with colleagues to develop communication for Secondary school pupils and career leads regarding careers in Primary Care and options for work-experience in Primary Care also being explored.
- Advanced practice scoping window for funding currently being promoted in Primary Care with objective to increase the number of APs in role in county. Programme objectives are to support colleague retention in role via upskilling as well as delivering enhanced care to patients.

**Primary Care Flexible Staffing Pool**

- Our Locum GP Flexible Pool is continuing to perform well with 92% of vacant sessions booked for practices during February 2024.
- 14 Healthcare Assistants are in the process of registering for the Healthcare Assistant pool and pool will go-live once sufficient number of Healthcare Assistants have completed their registration.

# PCN, General Practice and POD

## 7 of 7

Programme SRO	Helen Goodey	Clinical & Care Lead		Programme RAG	AMBER	Date of Report	27 March 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**

- Cross Cutting/ Enabling Themes:
- **Workforce & Integration** (including leadership & culture)
  - **Financial Resilience & Resources**
  - **Data/BI**
  - **Digital**
  - **Estates**
  - **Partnerships**

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

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 also held a separate session to discuss how primary care can contribute towards the net zero sustainability agenda over the next 5 years, which will be included in the draft strategy.

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 a number of meetings held to date. Two countywide PPG Network Events were held in November and January to discuss draft strategy themes, to gather views and feedback on the strengths and challenges seen by primary care and priorities for the next five years. Strategy engagement is a standing item on the monthly PCN Leaders meeting to gather their feedback. Engagement feedback from a wide range of sources is currently being collated to inform the strategy

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.

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.

A Resilience and Sustainability of General Practice Sub Group has been established to discuss and address the current operational pressures identified particularly around financial challenges and an audit of general practice demand is currently being undertaken to identify which areas/themes are driving the increase.

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 10**

**NHS Gloucestershire Primary Care & Direct Commissioning Committee,  
Public Session**  
Thursday 4<sup>th</sup> April 2024

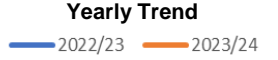




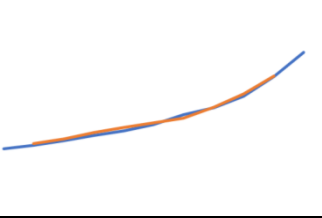



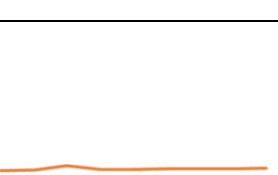

<b>Report Title</b>	<b>Performance Report</b> <ul style="list-style-type: none"> <li>• PCN</li> <li>• General Practice</li> <li>• Pharmacy, Optometry and Dental</li> </ul>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision</b>	
	X			
<b>Route to this meeting</b>				
	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














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











<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
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 	Progression	Comments
Investment and Impact Fund (IIF)	<b>VI-02:</b> 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	89.90% (Jan 24)	90.2% (Feb 24)		 0.30%	Most practices have now finished their flu campaign.
	<b>VI-03:</b> 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	88.30% (Jan 24)	90.8% (Feb 24)		 2.50%	Most practices have now finished their flu campaign.
	<b>HI-03:</b> 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	51.80% (Jan 24)	66.6% (Feb 24)		 14.80%	In 2022/23 this indicator was split in two HI-01 and HI-02 – 2023/24 sees the indicators merged together. Lower Threshold = 60% Upper Threshold = 80%
	<b>CAN-02:</b> 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	81% (Jan 24)	81.6% (Feb 24)		 0.60%	Gloucestershire is performing higher in February 2024 than at the same point in 22/23. Lower Threshold = 65% Upper Threshold = 80%
	<b>ACC-08:</b> Percentage of appointments where time from booking to appointment was two weeks or less (1st April - 30th Sept 2023) (Data source: GPAD).	77.6% (Jan 24)	77.9% (Feb 24)		 0.30%	ACC-08 was a deferred IIF indicator in 22/23. The indicator is cumulative Lower Threshold = 85% Upper Threshold = 90% Gloucestershire is performing poorly comparatively on this indicator

General Practice Appointment Data (GPAD)						
<b>Orange – Feb to Jan 24</b>  <b>Purple Feb 19 – Jan 20</b>	Total Appointments Gloucestershire	329,729 (Jan 20)	413,596 (Jan 24)		25.4%	Compared to a national increase of 8.1%.
	Total Number of GP Appointments Gloucestershire	160,956 (Jan 20)	178,410 (Jan 24)		10.8%	Compared to a national drop of 5.5%
	% F2F Appointments Gloucestershire	71.8% (Jan 20)	68.7% (Jan 24)		3.1%	Compared to a national drop of 13.3% However the number of actual appointments has increased from 236,722 in Jan 20 to 284,261 in Jan 24
	% Appointments which are same day Gloucestershire	38.1% (Jan 20)	41.3% (Jan 24)		3.2%	Compared to a national increase of 2.3%
	% Appointments up to 14 days Gloucestershire	78.5% (Jan 20)	74.4% (Jan 24)		4.1%	Compared to a national increase of 1.4% Nationally Gloucestershire do not fair well on this indicator
	<b>GP Patient Survey – Results from 2020 – 2023</b> <span style="float: right;"> </span>					
<b>Capacity and Access Improvement Plans (CAIP)</b>	<b>Q1: Generally, how easy is it to get through to someone at your GP practice on the phone?</b>	Gloucestershire 79% (2020) National 65% (2020)	Gloucestershire 63% (2023) National 50% (2023)			Despite a decrease, Gloucestershire is higher than the national average

	<b>Q4:</b> How easy is it to use your GP practice's website to look for information or access services?	Gloucestershire 80% (2020) National 76% (2020)	Gloucester shire 73% (2023) National 65% (2023)			Despite a decrease, Gloucestershire is higher than the national average
	<b>Q16:</b> Were you satisfied with the appointment (or appointments) you were offered?	Gloucestershire 86% (2021) National 82% (2021)	Gloucester shire 75% (2023) National 72% (2023)			National and Gloucestershire results only available from 2021
	<b>Q21:</b> Overall, how would you describe your experience of making an appointment?	Gloucestershire 74% (2020) National 65% (2020)	Gloucester shire 63% (2023) National 54% (2023)			Gloucestershire is higher than the national average.
	<b>Q32:</b> Overall, how would you describe your experience of your GP practice?	Gloucestershire 87% (2020) National 82% (2020)	Gloucester shire 80% (2023) National 71% (2023)			Gloucestershire has decreased, but not as much as national, and remains higher than national.
<b>Primary Care Access Recovery Plan (PCARP)</b>	<b>General Practice Improvement Programme:</b> Intensive (practice)		3 Practices (Jan 2024)			Update given by NHSE
	<b>General Practice Improvement Programme:</b> Intermediate (practice)	2 Practices (Nov 2023)	14 Practices (Jan 2024)			Update given by NHSE
	<b>General Practice Improvement Programme:</b> PCN Level	3 PCNs	3 PCNs			Update given by NHSE

	Support Level Framework (lead by PCNs)	15 Practices	20 Practices		Update given by NHSE	
	Telephony Phase 1 Critical List		13 Practices			
	Telephony Phase 2 (Long list)	25 Practices	47 Practices			
	Self Referrals		6/7 Self-referral pathways in place		Audiology self referral not in place for new patients – anticipated for Q4 of 23/24 – awaiting further updates	
<b>PCN DES Service Specifications</b>	<b>Anticipatory Care: AC-02:</b> Standardised number of emergency admissions for specified Ambulatory Care Sensitive Conditions per 1000 registered patients.					This indicator is no longer part of the IIF in 2023/24
	<b>CVD Prevention and Diagnosis:</b> 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.	31.8% (Nov 23)	35.2% (Jan 24)		 3.4%	This indicator is no longer part of the IIF, CVD is one of the PCN DES Service specifications.
	<b>Early Cancer Diagnosis:</b> % of suspected/recurrent cancer with safety netting in last 12 months	74.5% (Nov 23)	74.9% (Jan 24)		 0.4%	PCN DES Service Specifications are run quarterly.
	<b>Enhanced Health in Care Homes (EHCH)</b>					
	<b>EHCH-01:</b> recorded in care home as % of CQC beds	80.54% (Nov 23)	80.9% (Jan 24)		 0.36%	This indicator is no longer part of the IIF, EHCH is one of the PCN DES Service specifications.

	<b>EHCH-02:</b> % 18+ care home residents with Personalised Care Support Plan (PCSP) agreed/reviewed	16.9% (Nov 23)	20.2% (Jan 24)		3.3%	This indicator is no longer part of the IIF, EHCH is one of the PCN DES Service specifications.
	<b>Medication Review and Medicines Optimisation</b>	SMR indicators are not part of IIF for 23/24, however, is one of the PCN DES Service specifications.				
	<b>Personalised Care</b> <b>PC-01:</b> % registered patients referred to a social prescribing service	0.96% (Nov 23)	1.14% (Jan 24)		0.18%	This indicator is no longer part of the IIF, Personalised care and SPLW service is part of the PCN DES.
	<b>Tackling Neighbourhood Health Inequalities:</b> record the ethnicity of all patients registered with the PCN (or record that the patient has chosen not to provide their ethnicity)	97.4% (Nov 23)	97.4% (Jan 24)			HI-03 and SMI Physical Health Checks indicators in this table that relate to Tackling Neighbourhood Health Inequalities
<b>PCN Additional Roles Reimbursement Scheme (ARRS)</b>	ARRS claims WTE increase by month	348.24 (Jan 24)	365.87 (Feb 24)		17.63	This shows the difference between January claims and February claims.
<b>Severe Mental Illness (SMI)</b>	Physical Health Checks	50.6% (Jan 24)	73.60% (Feb 24)		23%	Most SMI HC are completed in Q4. Individual communications have been sent to practices advising of current figures and offers of support.
<b>Learning Disability (LD)</b>	Annual Health Checks	51.8% (Jan 24)	73.4% (Feb 24)		21.6%	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%	
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 4<sup>th</sup> March 2024 based on data from the Local PCN Dashboard –**

PCN Performance against IIF Indicators																			
IIF indicators 2023/24		LT	UT	ICB	Central	Peripheral	St Paul's	Stroud Cotswolds	TWNS	HQ	South Cotswolds	Forest of Dean	NSG	Aspen	Berkeley Vale	North Cotswolds	Severn Health	Inner City	RB
<b>VI-02:</b> 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%	90.2%	94.3%	93.2%	91.8%	90.8%	92.0%	92.2%	84.4%	90.9%	88.1%	91.1%	89.1%	84.3%	90.7%	89.7%	90.0%
<b>VI-03:</b> 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%	90.8%	96.7%	93.9%	94.7%	77.1%	97.3%	97.8%	82.3%	83.5%	95.2%	95.5%	96.9%	80.8%	93.1%	82.9%	94.8%
<b>HI-03:</b> 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%	66.6%	43.5%	81.3%	88.6%	73.0%	70.4%	82.3%	57.3%	74.4%	68.9%	65.7%	55.6%	32.9%	62.9%	52.5%	58.3%
<b>CAN-02:</b> 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%	81.6%	86.5%	81.6%	78.3%	85.6%	90.2%	86.6%	79.7%	76.5%	82.7%	81.9%	76.8%	82.6%	79.7%	87.4%	73.3%
<b>ACC-08:</b> Percentage of appointments where time from booking to appointment was two weeks or less	% Achievement	85%	90%	77.9%	76.7%	80.4%	83.3%	75.7%	78.0%	81.5%	85.3%	76.7%	80.7%	73.9%	70.8%	78.1%	72.0%	74.2%	81.2%

### 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
<b>1. Patient experience of contact</b>	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
<b>2. Ease of access and demand management</b>	Online consultation usage per 1,000 registered patients GPAD Data (February 2023)	2 per 1000 registered patients
<b>3. Accuracy of recording in appointment books</b>	<i>Current GP appointment data (see section 7)</i>	

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

### 3.3. PCN Specifications

- The Network Contract DES specifications and their requirements implemented in previous years are still in place for 2023/24. To support monitoring of these specifications, numerous indicators relating to each of the specifications are included in the Local PCN Dashboard. The Specifications are:
  - Medication Review and Medicines Optimisation
  - CVD Prevention and Diagnosis
  - Personalised Care
  - Tackling Neighbourhood Health Inequalities
  
  - Early Cancer Diagnosis
  - Enhanced Health in Care Homes (EHCH)
  - Anticipatory Care

### 3.4. PCN Additional Roles Reimbursement (ARR) Scheme

- Based on ARRS Claims submitted by Gloucestershire PCNs, ARRS headcount has increased from 468 in January 2024 to 471 in February 2024 which is an increase of 17.63 WTE. The following PCNs have recruited additional ARRS roles in February:
  - Berkeley Vale PCN recruited an additional 2 Care Coordinators (total 1.813 WTE)
  - South Cotswolds PCN recruited an additional Advanced Physiotherapist Practitioner (0.733 WTE)
- A summary table for the number of and type of ARR staff across the 15 PCNs based on February 2024 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
Advanced Physiotherapist Practitioner									1							
Care Coordinator	11	26	4	3	16	13	8	11	5	12	6	7	5	9	1	137
Clinical Pharmacist	3	3	8	5	9	7	2	7	5	3	6	6	11	5	8	88
Dietician					1											1
Digital and Transformation Lead	1		2	1	1	1	1	1	5	1	2	1		6	2	25
First Contact Physiotherapist			2		4		1	2		1		2			4	16
General Practice Assistant		6		4	6			2				2		4	1	25
Health and Wellbeing Coach		6	1						3						2	12
Mental Health Practitioner Band 7	1		1	1	1		2	1	1		1		1		1	11
Mental Health Practitioner Band 8a						1										
Nursing associate	1	1								1						3
Paramedic		3	4					3				7	2		2	21
Pharmacy Technician	1	4	3		5	1	3	3	2	1	4	6	5	3	3	44
Physician Associate	2	1		2	1					1					2	9
Social Prescribing Link Worker	4	1	7	7	3	3	4	7	3	4	5		2	4	4	58
Trainee nursing associate		1	1		2			1		1		2		2	1	11
<b>Total</b>	<b>24</b>	<b>52</b>	<b>33</b>	<b>23</b>	<b>49</b>	<b>28</b>	<b>22</b>	<b>38</b>	<b>26</b>	<b>25</b>	<b>27</b>	<b>34</b>	<b>27</b>	<b>34</b>	<b>31</b>	<b>471</b>

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		0.75	0.4		7.10
Advanced Physiotherapist Practitioner									1							
Care Coordinator	8	17.74	4	2.6	12.532	9.094	5.013	8.374	4.107	10.396	4.333	5.441	3.6	5.707	0.64	101.58
Clinical Pharmacist	2.8	2.273	6.08	4.8	7.827	5.253	1.427	6.34	3.84	2.853	4.173	4.487	8.894	4.573	6.273	71.89
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	1.013	1	0.8	0.98	0.287	0.8	1	1	1	0.32	0	1	1	11.13
First Contact Physiotherapist	0	0	1.433	0	3.267	0	0.747	2	0	1	0	1.4	0	0	2.48	12.33
General Practice Assistant	0	5.054	0	3.066	3.512	0	0	1.146	0	0	0	1.227	0	2.439	1	17.44
Health and Wellbeing Coach	0	2.8	1			0	0	0	2.4	0	0	0	0	0	1.907	8.11
Mental Health Practitioner Band 7	1	0	1	1	1		1.6	1	1		1	0	0.8	0	1	10.40
Mental Health Practitioner Band 8a						1										
Nursing associate	0.747	1	0	0	0	0	0	0	0	1	0		0	0	0	2.75
Paramedic	0	2.8	3.853	0	0	0	0	1	0	0	0	6.013	1.5	0	1.5	16.67
Pharmacy Technician	1	3.507	2.8		4.653	1	2.387	3	1.8	1	3.6	4.466	4.173	2.627	2.08	38.09
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	2.747	2.86	4.84	2.8	2.88	3.594	0	1.387	2.187	3.8	46.35
Trainee nursing associate		0.8	1	0	1.6	0	0	0.8	0	0.8	0	1.707	0	2.114	1	9.82
<b>Total</b>	<b>19.76</b>	<b>37.17</b>	<b>28.38</b>	<b>20.67</b>	<b>39.78</b>	<b>21.34</b>	<b>15.20</b>	<b>29.30</b>	<b>18.75</b>	<b>21.93</b>	<b>20.70</b>	<b>26.06</b>	<b>21.10</b>	<b>21.05</b>	<b>24.68</b>	<b>363.87</b>

### Current ARR Claims (February 2024) vs Year End Plan Summary

PCN	Net variation (ARRS plans as submitted at Oct 23 v actual Feb 24 claims)*	Total Excluding Over recruitment
Aspen	0.780	1.243
Berkley Vale	+5.534	4.003
Chelt. Central	+1.699	0.090
Chelt Peripheral	9.034	9.034
Chelt StPauls	0.876	2.670
Hadwen	1.269	1.269
Inner City	0.599	2.119
Rosebank	+2.649	1.750
NSG	3.070	3.826
North Cots	1.783	3.560
South Cots	4.699	5.740
Stroud Cots	+1.397	0.576
Severn Health	2.560	2.560
FOD	3.952	6.016
TWNS	3.460	5.130
<b>Net Total</b>	<b>20.803</b>	
<b>Total Excluding over recruitment</b>		<b>49.586</b>

\*This column shows the total difference between roles anticipated to be post at end March 23/24 (i.e., based on each PCN's October 23 ARRS plans) and those shown on February 24's ARRS claims). In some instances, PCNs may have recruited over and above their Oct 23 plans on certain roles e.g. they had originally planned to recruited 5 Care-Coordinators but in the end recruited 7. This would impact the net figure shown in the 2nd column above. The 3rd column removes over-recruitment and shows the total WTE variance versus each PCN's ARRS plans as of Oct 23.

- Cheltenham Peripheral has the highest variance with – 9.034 WTE less roles recruited than v their October 2023 plan submission.
- The 2<sup>nd</sup> highest variance (negative) to plan is FOD, followed by South Cotswolds.
- Some PCN's are over-recruited in terms of total WTE if over-recruitment v plan on some roles is excluded then all PCN's are still in a negative recruitment position v plan.
- Over-recruitment on certain roles does not mean the PCN is over budget across recruitment of all roles.
- Roles with the largest negative variance to plan are:
  - Pharmacy Technicians
  - Mental Health Practitioners (Band 7) – *plans in place to recruit to 5 or 6 Band 6/7 MHPs.*
  - Clinical Pharmacists
  - Health and Wellbeing Coaches
  - Care Co-ordinators

Gloucestershire have previously had a very high recruitment rate for Clinical Pharmacists so availability of this role for additional posts now a potential factor.

#### 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 73.6% (as at 22<sup>nd</sup> March 2024) which is a large improvement on the same time point for the previous year (53.5% as at 1<sup>st</sup> March 2023).

## 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 73.4% (as at 22<sup>nd</sup> March 2024) of which 97.7% have also had a Health Action Plan recorded. This is above the same time point in the previous year for LD AHC recorded (66.6% as at 1<sup>st</sup> March 2023)

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 51.8% (as at 1<sup>st</sup> February 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 392,106 appointments are delivered on average each month (past 6 months) by GP practices across Gloucestershire, an increase of 26.35% on pre-COVID pandemic levels in 2019/20. In January 2024, Gloucestershire practices provided 35.93% more same-day appointments than in January 2020.

In addition, 69% of appointments are in person (face to face) with a clinician; the remaining 31% are conducted by phone or virtually.

#### 7.1.1 Total Appointments

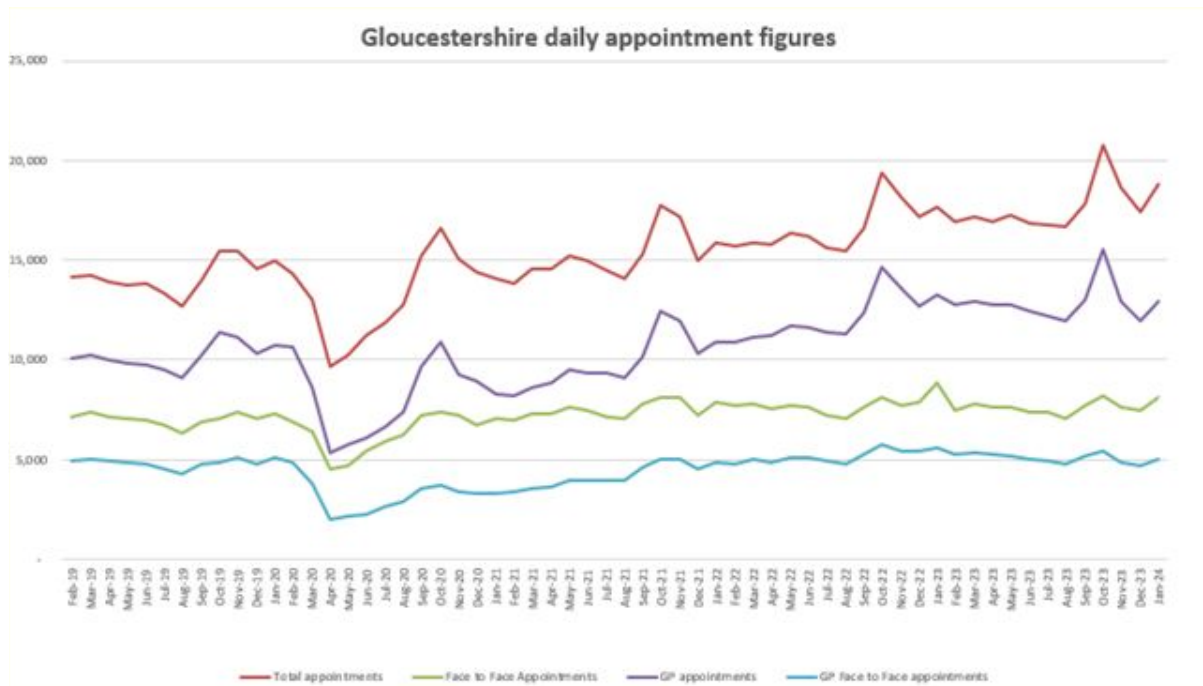
For the month of January 2024, data from NHS Digital shows the number of appointments in Gloucestershire was 413,596 this is an increase in the number of appointments provided from the previous month, this is in line with an increase in the number of appointments recorded nationally. This number equates to a 25.4% increase on January 2020 (329,729).



Appointment data for Gloucestershire in January 2024 shows:

- 43.1% of all appointments were with a GP.
- 41.3% of all appointments took place on the day they were booked.

The graph below details the average 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**

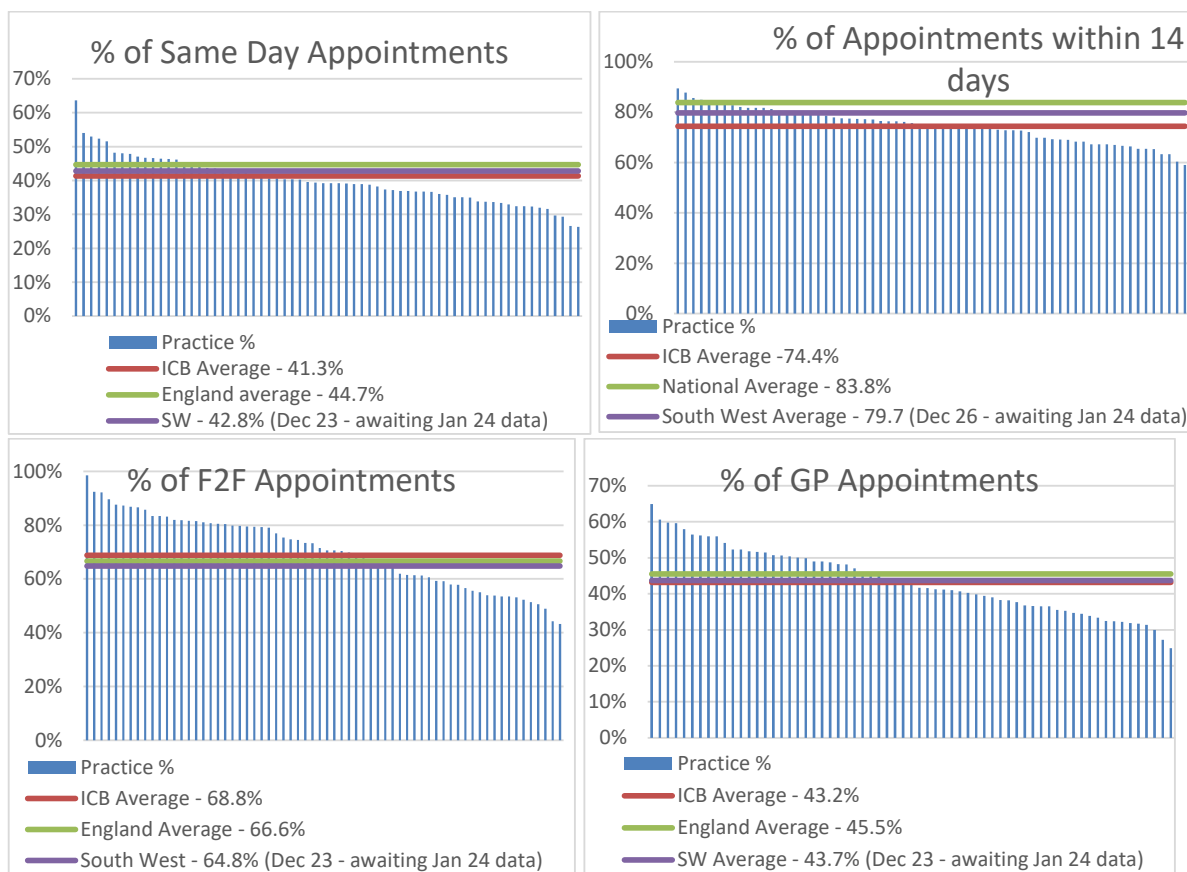
The graphs below show at practice level for January 2024:

- 1<sup>st</sup> row of graphs shows percentage appointment for Same Day and with 14 days booked
- 2<sup>nd</sup> 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 413,596 appointments offered in Gloucestershire in January 2024, the table below shows a breakdown of the appointments by type.

Appointment Type	No of Appointments
Face to Face	284,261
Telephone	93,234
Unknown	17,725
Video/Online	14,636
Home Visit	3,425
Other	315

**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 January 2024.

National Appointment Category	No of Appts	% of Total Appts
General Consultation Routine	103,811	25.12%
General Consultation Acute	75,386	18.24%

Planned Clinics	71,374	17.27%
Planned Clinical Procedure	46,338	11.21%
Clinical Triage	43,272	10.47%
Inconsistent Mapping	37,575	9.09%
Unmapped	11,588	2.80%
Unplanned Clinical Activity	7,898	1.91%
Patient Contact During Care Home Round	3,971	0.96%
Home Visit	2,530	0.61%
Structured Medication Review	2,181	0.53%
Care Related Encounter but does not fit into any other category	2,039	0.49%
Social Prescribing Service	1,970	0.48%
Care Home Visit	1,681	0.41%
Service Provided By Organisation External to The Practice	741	0.18%
Care Home Needs Assessment & Personalised Care And Support Planning	338	0.08%
Walk In	330	0.08%
Non-contractual chargeable work	132	0.03%
Group Consultation And Group Education	126	0.03%

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

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

### Appointment Trends

Appointments	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Total Appts - National	26,740,950	29,442,878	27,257,347	31,418,948	23,892,526	27,877,599	29,389,537	27,761,361	28,194,029	31,091,178	34,199,547	31,455,487	25,771,947	29,369,373	
Total Appts - Glos	344,128	370,840	339,045	395,886	300,335	344,695	371,040	352,531	367,337	375,067	455,526	409,308	330,854	413,596	
<b>Glos Data</b>															
% of Same Day Appts	44	40	40	38	42	40	39	40	41	37	33	39	41	41	
% Appts within 14 Days	79	78	77	74	78	73	73	74	75	71	67	74	75	74	
% Face to Face Appts	75	76	75	75	71	74	74	73	71	73	76	70	71	69	
% GP Appts	46	46	44	45	47	44	44	44	43	45	40	42	44	43	
No of Appts per 1000 Patient	502	585	494	496	439	504	541	513	532	548	672	583	480	600	

## 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 - March 2023	Next steps
Support practices to improve their 2-week and 4-week appointment wait data;	<p>No PCNs are currently achieving the IIF lower or upper threshold for the ACC-08 indicator.</p> <p>In Gloucestershire, same-day and next day appointments are similar to the national average, reflecting that patients may be being prioritised based on need.</p> <p>PCNs have noted in their CAIP that they are reviewing appointments to ensure they are appropriately mapped, which could be an influencing factor on this data.</p> <p>There will be cases where due to patient preference, or clinical advice, the appointment wait is longer than 2 weeks. NHSE is working with IT system suppliers to implement exception categories reflecting this.</p>	Further analysis is being undertaken to understand the rationale behind the higher appointment waits beyond 14 days.	It has been identified that there are technical issues within the dataset from TPP to GPAD, which is severely impacting our PCNs ability to achieve the IIF ACC-08 indicator. This has been raised with NHSE, to understand a way forward.	Continuing to liaise with NHSE regarding GPAD data.
GPAD appointment mapping for practices and PCNs	<p>Practices/PCNs need to map appointments correctly to ensure data is accurate.</p> <p>As above, this may be an influencing factor for appointment wait times. It is also potentially an influencing factor for online</p>	GPAD mapping guidance has been shared with PCNs/Practices and the ICB digital team are continuing to work with practices to ensure appointments are mapped correctly.	The ICB Digital and Primary Care team are scheduling meetings to support practices in identifying issues relating to the digital elements of PCARP, including mapping of appointments. Practices are being prioritised using GPAD and POMI data to identify areas of greatest support needs.	Review GPAD data to identify practices which have high number of unmapped appointments.

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - March 2023	Next steps
	<p>appointment data which currently is very low in Gloucestershire.</p> <p>PCN data has been made available via GPAD. PCNs have advised that this is not correct, and does not match the clinical system, NHSE have advised there is a known problem with the data flow which they are working to resolve.</p>		Technical issues as noted above	
<p>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</p>	<p>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.</p>	<p>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.</p>	<p>Audiology: In Gloucestershire this is the only service that is currently not accessible via self-referral routes</p> <p>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 can contact the service directly to book their appointments rather than being referred via the GP.</p> <p>Concerns have been raised at a local, regional, and national level about the potential for self-referral in audiology to significantly increase referral demand. NHSE are gathering evidence from areas that have already adopted self-referrals to understand the scale of this issue and inform ongoing discussions.</p> <p>Due to the concerns above and competing pressures on the audiology service, notably delivering the national paediatric hearing services improvement programme and supporting elective recovery in ENT any</p>	<p>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.</p> <p>-</p>

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - March 2023	Next steps
			consideration of the audiology service moving to a self-referral model is currently on hold.	
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' practices to support this change.	12 Practices (previously 15) have been identified as on the phase 1 'critical list' needing to move from analogue to digital telephony. This has reduced due to practices implementing digital telephony independently. The ICB are continuing to work with these practices and the NHS Procurement Hub to support these practices. The 12 practices will move over to digital telephony by 31 <sup>st</sup> March 2024 and national funding has been allocated to these practices to enable the change.	
Reduce bureaucracy within the system to establish local mechanisms to facilitate the primary-secondary care interface;	Approval within the system to have a Primary Care liaison officer has yet to be agreed.	Progress with approval for Primary Care liaison officer and finalise Job Description.  Interface document to be circulated in Q4 of 23/24	<b>GP and Consultant Specialist Advice survey:</b> Revealed a very clear sense of frustration amongst primary and secondary care clinicians with how interactions at the interface between primary and secondary care are working, and the need for focused work on the themes of culture, communication, and clinical process to improve the situation.  <b>Primary-Secondary Care Interface Principles document:</b> A Primary-Secondary Care Interface Principles document has been drafted and is currently going through a consultation process before being signed off and put in place. The document has been circulated and discussed with the Medical Council, LMC and PCN Clinical Directors for their input and feedback. Further work is needed to gather feedback from secondary care clinicians and managers before the principles can be finalised.  <b>Building relationships:</b> A time limited primary and secondary care interface working group is being established to drive improvement, with a	<b>Finalisation of Primary-Secondary Care Interface Principles document</b>

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - March 2023	Next steps
			<p>particular focus on building relationships across the interface. In addition to this a GP and consultant networking event is being considered to bring people together and help create a shared understanding of the pressures and issues across the system.</p> <p><b>Improving communication:</b> Work is underway to understand and improve mechanisms for GPs to raise issues with secondary care, with an initial focus on developing an effective and consistent process for expediting appointments through the Elective Care Hub. Consideration is also being given to the value of introducing a primary care liaison officer.</p>	
Supporting PCNs/practice take up of the national GP Improvement Programme towards implementing the Modern General Practice Access model	<p>All Gloucestershire practices and PCNs have been offered and encouraged to participate in the GP Improvement Programme.</p> <p>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.</p> <p>Locally uptake has been slow, which likely is related to many reasons, such as workforce pressures, and limited capacity within General Practice.</p>	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.	<p>As at November 2023:</p> <p>Intensive (Practice): 3 practices are signed up to the programme</p> <p>Intermediate (Practice): 14 practices are signed up to the programme</p> <p>PCN Level: 3 PCNs are signed up</p> <p>The ICB Primary Care Team have continued to promote the GPIP offers available to General Practice and we have seen an increase in interest and uptake.</p>	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	The ICB Patient Engagement Team have shared supportive	<b>Supporting the recruitment of PPG members:</b>	

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - March 2023	Next steps
	city and rural practices. This could be due to the patient population engagement and other factors such as language barriers and rurality of practice.	information with practices/PCNs to help with the development of PPGs and local surveys	<ul style="list-style-type: none"> <li>• 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.</li> <li>• In each case, lots of people registered with the practices expressed their interest in getting involved given practice teams lots of choice.</li> <li>• During PPG Awareness week (31 May–6 June) we made a short film with representatives from PPGs around Gloucestershire. We asked them to describe how they became involved in the PPG at their practice and share their views on some of the benefits such involvement brings. PPGs and practices are now using this film to promote recruitment. It can be viewed here: Patient Participation Group Network   Get Involved In Gloucestershire (glos.nhs.uk)</li> <li>• 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.</li> </ul> <p>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).</p>	
SLF conversations	There is limited capacity within both the practices and ICB which	ICB communication is being sent to practices offering Practice conversations (lasting approx. 1-2 hours) to Practices who have not signed up to the	The ICB Primary Care Team have engaged with PCNs to discuss completing the SLF with their practices to develop actions to be implemented within practices and across the PCN. The ICB have reviewed the practices engaged in the	The ICB to contact individual practices to take part in an SLF conversation facilitated by the ICB.

Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - March 2023	Next steps
	<p>has delayed progress with the SLF conversations.</p> <p>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.</p>	<p>national offer to help Practices to identify areas for improvement to move to the modern general practice access model.</p>	<p>General Practice Improvement Programme and are planning to contact the remaining practices that haven't yet engaged in GPIIP to take part in an SLF conversation, to ensure they have the support needed.</p>	
Expansion of community pharmacy services	<p>Insufficient links with community pharmacy and General Practice Teams.</p> <p>Existing workload and community pharmacy contractual framework 2019-2024 currently being negotiated restricting progress with the expansion of community pharmacy services.</p>	<p>Working with community pharmacy leads to build communication and relationships across the pharmacy network and member practices within each PCN.</p> <p>Preparing pharmacy teams to create clinical capacity (i.e. teach and treat programme and community pharmacy independent prescribing pathfinder programme).</p>	<ul style="list-style-type: none"> <li>Pharmacy First Service Launched 31st January 2024; reducing pressures on General Practice and increasing patient access to assessment, advise and appropriate treatments by making pharmacies first contact for minor illness (see table for 7 clinical pathways).</li> <li>Introduction of contraception initiation (in addition to ongoing supply for women as part of the pharmacy contraception service).</li> <li>Expansion of Blood pressure check service supporting the identification of people with undiagnosed hypertension at risk of heart attack and stroke, better utilising skill-mix to support delivery of clinical services.</li> <li>Community Pharmacy PCN Leads to build collaborative relationships between local pharmacy teams and their member practices to support increased clinical activity</li> </ul>	



Priority Area	Reasons / Barriers	Next Steps/Action	Latest Progress - March 2023	Next steps
<p><b>Implementation of the local communication plan to support the national communication plan.</b></p>	<p>NHS England have launched a major communications campaign to explain the evolving nature of Primary Care to the public and how they can best use the NHS.</p> <p>Helping patients understand how practices function and how their requests for an appointment will be handled, based on clinical need.</p> <p>Also helping patients to understand that they may not always need to see a GP and other healthcare professionals may be best placed to deal with their concern.</p> <p>Local communications will support the national comms in a more localised and targeted way.</p>	<p>Plans to engage with communities in ways that work best for them.</p>	<p>National comms resources for PCARP have been shared with practices via the weekly primary care bulletin, in December 2023</p> <p>Focus of communications is currently on Pharmacy first since launch in January 23 (table describes recent/upcoming actions). Actions from Comms plan are in progress.</p>	

### 9. Selected POD Performance Data

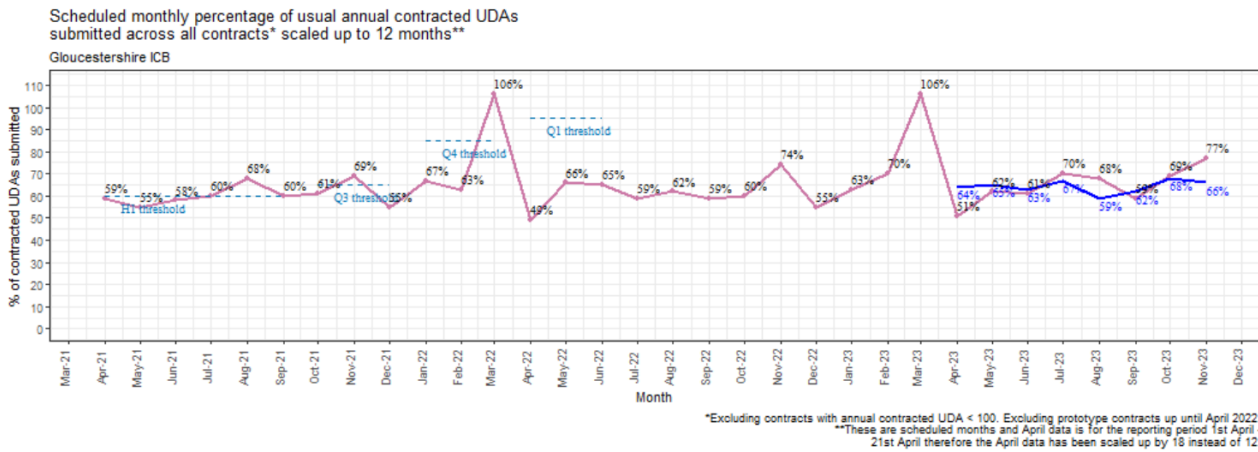
The following data is sourced from a Monthly Information Pack provided by the South West Collaborative Commissioning Hub

#### Dental

#### UDAs (Units of Dental Activity)

Activity performance for 21/22 and 22/23 are shown in the graphs below.

The monthly percentage of usual annual contracted UDAs submitted and scaled up to 12 months for the South-West was 73%. The value for Gloucestershire was 77%.

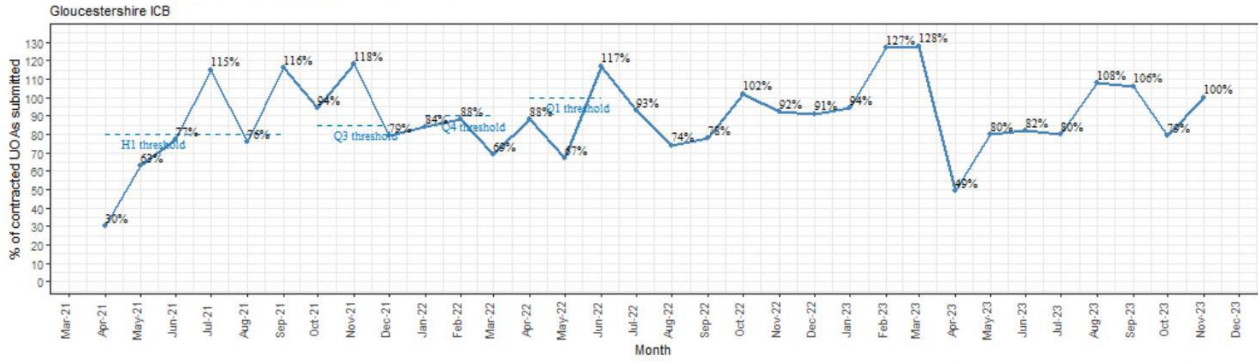


- This graph shows the average monthly performance of the 71 GDS/PDS/PDS+ contracts scaled up by 12 months measured against the delivery thresholds (60% for Apr-Sep 21, 65% for Oct-Dec, 85% for Jan-Mar and 95% for Apr-Jun 22).
  - The blue line in the graph shows an alternative method of calculating 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 104%. The value for Gloucestershire was 100%.

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



\*Excluding contracts with no annual contracted UOAs. Excluding prototype contracts up until April 2022.  
 \*\*These are scheduled months and April data is for the reporting period 1st April - 21st April therefore the April data has been scaled up by 16 instead of 12.

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

## Pharmacy

### Dispensing Medicines

The following table below shows the number of items dispensed across the South West for April to July 2023. Devon is the highest area for dispensed items at 23% with Gloucestershire recording 12%.

Number of Items Dispensed by South West Community Pharmacies								Reporting April to October 2023
	BNSSG	BSW	Cornwall & IOS	Devon	Dorset	Gloucestershire	Somerset	Total
Apr-23	1243609	1198845	820964	1803187	1132330	894497	709029	7802461
May-23	1317389	1281321	836247	1883968	1178128	976636	748222	8221911
Jun-23	1360441	1309173	864799	1936190	1228908	987103	752201	8438815
Jul-23	1332695	1253156	862771	1896132	1167230	963789	724963	8200736
Aug-23	1360602	1291225	861280	1919618	1192246	986450	740898	8352319
Sep-23	1308883	1241629	856142	1852242	1160431	958982	747675	8125984
Oct-23	1352307	1272510	857358	1916495	1187972	985821	739204	8311667
Data provided by NHS BSA	<b>9275926</b>	<b>8847859</b>	<b>5959561</b>	<b>13207832</b>	<b>8247245</b>	<b>6753278</b>	<b>5162192</b>	<b>57453893</b>
	16%	15%	10%	23%	14%	12%	9%	

## 10. Recommendations

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



**Agenda Item 11**

**NHS Gloucestershire Primary Care & Direct Commissioning Committee,  
Public Session**  
Thursday 4<sup>th</sup> April 2024

<b>Report Title</b>	<b>PC&amp;DC Risk Report</b>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision</b>	
	<b>X</b>			
<b>Route to this meeting</b>	These risks are discussed and updated at monthly team meetings.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	Primary Care Team	March 24		
<b>Executive Summary</b>	<p>This is the confidential risk report for the PCDC Committee. This has been produced using the Corporate Risk Register (CRR) for Gloucestershire ICB and aims to provide the Committee with a more meaningful dashboard report prompted by the CRR as an appendix. The reports include the sub-section of the BAF which is reviewed at ICB Board and Audit Committee.</p> <p>PC&amp;DC Committee see risk assigned to the Committee that is scored 12+. As a reminder, these risks are also reported to Audit Committee.</p> <p>To note, the public session of the Committee currently have 1 assigned risk to PC&amp;DC that score 12 or above.</p>			
<b>Key Issues to note</b>	There have been no risk score changes since the last report and no risks requested formally escalation.			
<b>Key Risks: Original Risk (CxL) Residual Risk (CxL)</b>	<p>The risk associated with not reporting risks is that key issues may not be identified and/or discussed at committee and board level.</p> <p>(4x3) 12 (4x2) 8</p>			
<b>Management of Conflicts of Interest</b>	There have been no conflicts of interest in producing this report. If there are conflicts of interest identified, they should be managed in line with the Standards of Business Conduct Policy.			
<b>Resource Impact (X)</b>	<b>Financial</b>		<b>Information Management &amp; Technology</b>	
	<b>Human Resource</b>		<b>Buildings</b>	
<b>Financial Impact</b>	Risk around the Primary Finance have been captured within the CRR and in this report.			

<b>Regulatory and Legal Issues (including NHS Constitution)</b>	The ICB Constitution requires the ICB to have appropriate arrangements for the management of risk.		
<b>Impact on Health Inequalities</b>	There are risks pertaining to health inequalities within the Risk Register		
<b>Impact on Equality and Diversity</b>	An Equality Impact Assessment is included in the Risk Management Framework and Strategy		
<b>Impact on Sustainable Development</b>	No specific risks relating to sustainable development included in the corporate risk register.		
<b>Patient and Public Involvement</b>	There has been no patient and public involvement in relation to recording these risks.		
<b>Recommendation</b>	The Committee is requested to: 1. Note the content of the confidential risk report.		
<b>Author</b>	<b>Christina Gradowski</b>	<b>Role Title</b>	<b>Associate Director of Corporate Affairs</b>
<b>Sponsoring Director (if not author)</b>	<b>Helen Goodey</b>		

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

## NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 4<sup>th</sup> April 2024

### PC&DC Risk Report

#### 1. Strategic BAF

- 1.1. The below is a sub-section of the ICB Board Assurance Framework. The BAF provides an overview of the current strategic risks facing the ICB and have been aligned to the ICS Three Pillars / Strategic Objectives / Priorities for 2023-24 as agreed by ICS partners. The ICB Executive Committees have then been assigned to the BAF.
- 1.2. Risk included within the CRR have also been mapped to the BAF where appropriate and where scoring is rated 15+.
- 1.3. Risk can now be identified within the CRR as requiring escalation or inclusion within the BAF and can be supported with discussion from the Executive Committees or Governance Team.

Pillar 3		Strategic Objective 6: Address the current challenges we face today in the delivery of health and care							
Improving health and care services today	BAF 6	Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.	15/11/23	08/02/2024	Director of Primary Care & Place	4x4=16	5x4=20	5x1=5	Primary Care & Direct Commissioning Committee

Pillar 3: Improving health and care services today								
Strategic Objective: Address the current challenges we face today in the delivery of health and care								
23-24 key priorities: Support a resilient and accessible primary care for the public and increasing workforce recruitment and retention.								
Risk Ref: BAF6	Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high				Original Score	Current Score	Target score (l x L)	Movement in score

	<p>workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.</p> <p><b>Due:</b> Practices are facing new financial challenges due to the increase in costs associated with staffing, energy, goods and supplies as well as a significant increase in patient demand due to the changing nature of general practice, therefore impacting increasing workloads. Practices are increasingly unable to afford to replace staff and are having to consider ways to reduce costs at a time when they are holding more risk due to extended wait times for secondary care. There is also a general concern regarding workforce resilience and retention across all roles within primary care and estates constraints to delivery.</p> <p><b>Impact:</b> These challenges could result in practices facing serious financial hardship with potential contract hand backs and foreclosure of loans on premises. If GPs are made bankrupt they are unable to hold a medical services contract, therefore the local population could have no contract holder for medical services or premises to operate from, leading to significant instability. This is also impacting on delivery of services with waiting times increasing for patients to see primary care professionals, poor morale and hence higher turnover of staff. There is also a wider risk to the system of increased demand on other services if primary care are unable to deliver core services due to complete saturation or through taking steps to manage down capacity.</p>	(I x L)  4x4=16	(I x L)  5x4=20	4x1=4	↑
<b>Risk Appetite (include colour)</b>	<b>Cautious</b>				
<b>Strategic Risk Owner (Director)</b>	<b>Helen Goodey, Director of Primary Care and Place</b>				
<b>Aligned to other system partners risks (include ref no.)</b>	<b>GHC ID8</b> There is a risk that the ICS prioritises acute care demand over the demands of Mental Health, Community, Primary Care and Learning Disabilities (risk rating 9)				
<b>Aligned to current ICB Risks</b>	<b>PC&amp;P 2</b> There is a general risk that the ICB's requirements of providing Primary Medical Services for practices that are facing resilience challenges (RED 15) <b>PC&amp;P 9</b> Current and future GP Training Capacity will be reduced due to challenges with GP educators and estate (RED 16).				

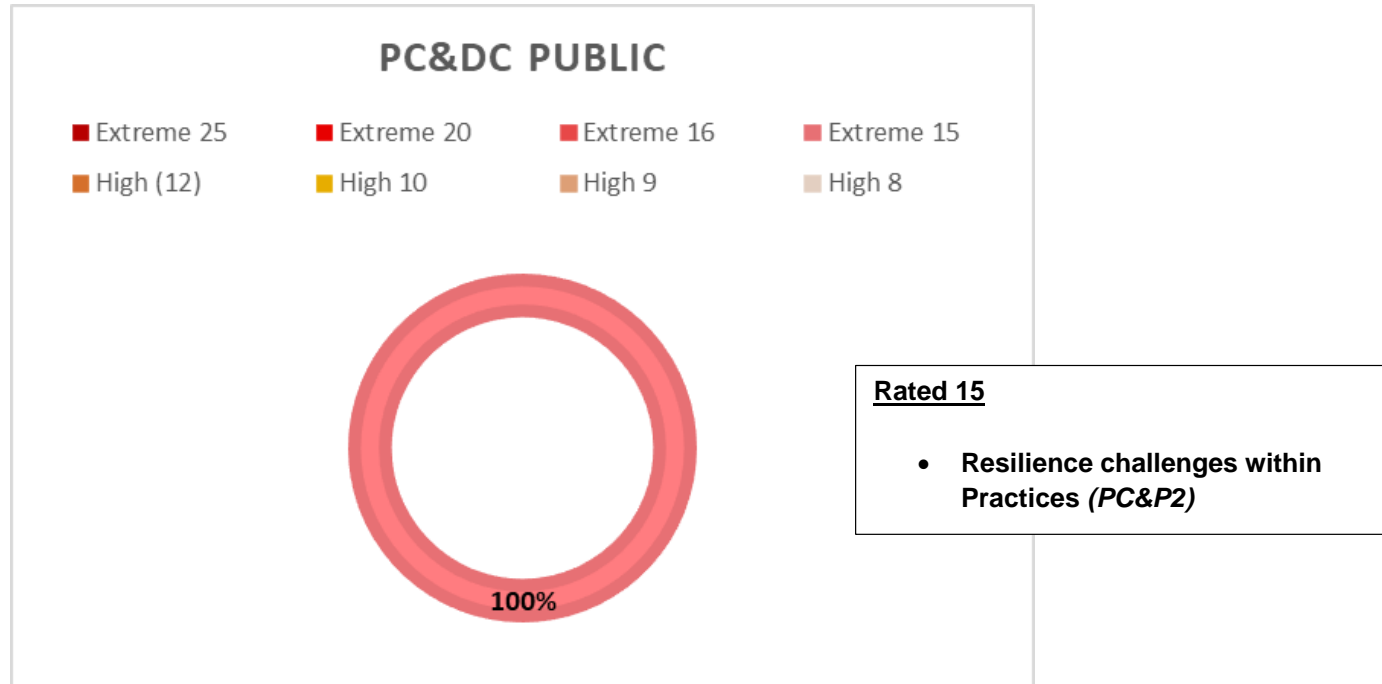
Committee	Primary Care & Direct Commissioning Committee		Review Date:	15 <sup>th</sup> November 2023
Current Controls ( <i>what do we have in place to mitigate the risk?</i> )		Gaps in Controls	Current Assurances ( <i>how do we know the controls are working?</i> )	Gaps in Assurance
<ul style="list-style-type: none"> <li>• Primary Care Team continues to provide on-going support to practices, to identify mitigations and provide resilience funding where appropriate</li> <li>• Resilience and Sustainability of General Practice Sub Group (to the PC strategy group) established</li> <li>• A standard operating procedure (SOP) is being put in place to ensure a fair and consistent approach with good governance</li> <li>• An independent accountant working with the practices and ICB finance team to review the position and put in controls where appropriate</li> <li>• There is a monthly review of practices to assess the issues that have arisen and where additional support may be needed</li> <li>• Primary Care Workforce Strategy is in place and is being implemented with a vast array of projects and initiatives including supporting new roles ARRs, recruitment and retention schemes, open days and campaigns</li> <li>• Workforce data is analysed on a monthly basis to ascertain early any problems with staffing and support is provided to practices where required</li> <li>• ARR underspend process completed to enable PCNs to maximise recruitment.</li> <li>• Primary Care Strategy is in place with associated plans</li> </ul>		<ul style="list-style-type: none"> <li>• Continue to seek clarification for funding for 2024/25 from NHSE</li> <li>• National direction for 2024/25 onwards</li> </ul>	<p>The Primary Care Operational Group receives regular reports on practice resilience and the schemes and initiatives to support practices including workforce reports. The Primary Care and Direct Commissioning Committee receives those reports from PCOG and provides oversight and scrutiny. The resilience and sustainability of General Practice sub group has been established to further develop the ICB response to struggling practices.</p>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Actions to mitigate risk & implementation dates			Director's update on actions to date (quarterly update)	
<ul style="list-style-type: none"> <li>• Further Admin and Reception Staff Training Events - planned - conflict resolution and customer service</li> <li>• Primary Care Induction Sessions - supporting knowledge and training of those new to general practice.</li> <li>• Collaboration with the Wellbeing Line to support staff and retention within roles</li> <li>• Joint working with Gloucestershire Skills Hubs to support people returning to work.</li> </ul>			<ul style="list-style-type: none"> <li>• Financial issues are now the main focus to ensure general practice sustainability.</li> <li>• The introduction of an independent accountant is proving to be key to understanding a practice's financial position</li> <li>• The approach supports budget and cash flow management</li> </ul>	



<ul style="list-style-type: none"> <li>• Working with ICS 'We Want You' Programme to support promotion of Primary Care roles to secondary school age children.</li> <li>• Collaborating with Gloucestershire College on T-Level Placements &amp; working on bespoke apprenticeship opportunities with practices</li> </ul>	<ul style="list-style-type: none"> <li>• The aim is for partners to ensure they are paid appropriately and that clinical models, practice administration and costs are brought with an affordable budget</li> <li>• Benchmarking of salaries and costs is also being undertaken</li> <li>• Awareness training is also being investigated for all partners</li> </ul>
	<p><b>Relevant Key Performance Indicators:</b> (taken from the Integrated Performance report)</p> <ul style="list-style-type: none"> <li>• Reporting on Access to Primary Care</li> <li>• Quarterly surveys and data relating to primary care.</li> </ul>

## 2. Committee Assigned Risk

2.1. The below graphs display the risks assigned to the confidential PC&DC as captured within the CRR and assigned to this Committee. Details of the risks, controls and actions can be found within appendix 1.



## 3. Risk Assurance

3.1. The CRR now provides the opportunity for risk leads to give assurance that the appropriate security and review is being given to each risk. This can be found within appendix 1. Currently, no risks have been marked for formal escalation. As mentioned above, risk have been mapped to the ICB BAF and this has been noted within the CRR.

## 4. Risk Movement

4.1. No risks have seen a change in scoring since February PCDC.

## 5. Recommendations

- PC&DC are asked to note the content of the risk report

NHS Gloucestershire ICB Corporate Risk Register - LIVE

M:\Corporation\Policy\02\_Live Policies\14\_Risk Framework Strategy and Policy\_Jan23\_v1.docx

Risk ID	Date created	Executive Lead	Risk Lead	Risk Directorate	Risk Category/ Sub-Category	Risk Title	Risk description	Cause	Effect	Initial Risk Scoring	Current Risk Scoring	Risk Controls (A risk control is an ongoing or regular activity which reduces the likelihood of a risk occurring.)	Gaps in Controls	Risk Actions in Place				Target Risk Scoring	Review Date & High-Level Summary	Movement since last reporting period	Closed Date	Risk Assurance				
														Action Detail	Expected Completion Date	Action Owner	Action Update					Where is the risk being discussed?	Does this Risk Require Formal Escalation?	Does this need adding to ICB BAF?	Is there a risk to the System?	
ICB-21		Helen Cowley	Jo White	Primary Care & Race	Dental Risk	Resilience challenges within practices	There is a general risk that the ICB's requirements of providing Primary Medical Services for practices that are facing resilience challenges cannot be met.	Mostly due to partnership changes or impending partnership changes. Concern re general workforce resilience and retention is increasing. Practices may be struggling to afford locum cover when required. Financial challenges.	Risk of harm to patients if they are unable to access a suitable service in a timely way with practices reducing services. Risk of practice staff burnout.	3	3	An ongoing action for the ICB to support practices and provide resilience funding as appropriate.  Monthly review of Gloucestershire workforce data  Bi-monthly updates to PCOG and PCADC. Extraordinary meetings called as required.  Monthly review for practices for whom we have resilience concerns.		1) BI report to be built which will provide a monthly PC dashboard focused on workforce numbers.  2) PCN Additional Reimbursable Roles (ARR) workforce planning  3) Continued focus on supporting existing programmes and development of new programmes/initiatives to support both retention of existing general practice roles and recruitment of new roles in Primary Care.	18/03/2024	Helen Edwards	1) Dashboard completed, access issues to be resolved, awaiting go live date. Currently using alternative data sources to provide monthly workforce updates due to access issues.  2) Still awaiting clarification for funding for 2024/25 from NHS. Still awaiting NHS guidance. ARR underspend process was run in parallel to PCN Workforce submissions - to enable PCN to maximize recruitment. PCNs who have bid for underspend have been informed of outcomes - all PCNs that bid have now received. Additional funding allocated for further AMSP roles.  3) Action ongoing - Update for the last two months.  New to Partnership Fellowship Programme launched, with GPs interested in partnership already signing up.  ARR Resource Packs provided to all PCNs, covering useful ARR information  Further Admin and Reception Staff Training Events planned - on-site resolution and customer service  Primary Care Induction Sessions - supporting knowledge and training of those new to general practice  Collaboration with the Wellbeing Line to support staff and retention within roles  Joint working with Gloucestershire Skills Hubs to support people returning to work - several	2	3	January 2024: Risk reviewed and updated by KJ on 24/01. There have been no amendments to the risk.  February 2024: Risk reviewed by PC Team. There have been no major changes to the risk. Actions have been updated.		Primary Care Directorate  PCADC	No	Yes	Already included as revised BAF risk. (BAF 7)	No



**Agenda Item 12**

**NHS Gloucestershire Primary Care & Direct Commissioning Committee,  
Public Session**  
Thursday 4<sup>th</sup> April 2024

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

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
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 4<sup>th</sup> April 2024

#### 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/ PSIRF
- POD delegation
- Provider updates
- Migrant Health

#### Safeguarding

- The ICB Safeguarding team have had another busy month. The team held a team away day to review work plans, priorities and individual responsibilities. It has been agreed that safeguarding will formally report to the ICB System Quality Group, and we have developed a template quarterly report to be launched in Q1. The team are progressing work both internally and with NHSE safeguarding team to understand our safeguarding responsibilities for Pharmacy, Optometry and Dental services and how to engage with the CCH, as well as safeguarding elements of contracts for services the ICB commission. Funding is available to deliver a level 3 safeguarding conference for Primary care later in 2024, led by the ICB team once we are clear what our responsibilities for POD are and if team capacity allows.
- 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 and signposting to training.
- In addition to these events the safeguarding team have supported several GP practices with individual safeguarding issues. They are collating data on the number of contacts for advice and themes to share in our reporting structures above (SQG) in 2024. GPs are continuing to engage positively in statutory safeguarding reviews for both adults and children by providing patient information in a timely way when requested and engaging in the process as required.

- GP Practice Annual Safeguarding Assurance - As part of this year’s Local Enhanced Service agreement with GP practices, there is a statutory requirement to undertake a safeguarding audit of the practice’s policies and procedures (as are all NHS services). This audit satisfies NHSE requirements that the ICB is assured of the safeguarding arrangements in practices. The team have had a good response but still awaiting some returns (submission due Dec 23). The first of the safeguarding support practice visits begin in late Feb to review the audit and give additional support and assurance to practices.
- The team and the Chief Nurse have been leading on multi agency escalation and support processes regarding child protection medicals that are requested and must be undertaken by a paediatrician (and not any other health professional e.g., GP/HV) as part of an agreed child protection strategy discussion plan.

**Patient Experience & Engagement**

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.

The number of overall contacts received in Q3 23/24 remain consistently high; with, calls, letters and emails received by the ICB PALS team often being both complex and time consuming, with many clients requiring multiple contacts before their cases can be closed. Casework can involve multiple providers across the One Gloucestershire ICS and out of county and country (into Wales).

Type	Quarter 1 23/24	Quarter 2 23/24	Quarter 3 23/24
Advice or Information	60	139	118
Comment	4	10	11
Compliments	9	8	5
Concerns	119	95	70
Complaints About the ICB	2	5	9
Complaints About a Provider	26	59	46
Other	12	8	5

NHSE	16	45	37
Gluten Free	0	0	0
Total Contacts	248	369	301 (plus 49 additional contacts still to be logged) totalling 350

PALS enquiries received and recorded which are related to GP Primary Care services within the county: **196** (number does not include 49 from Q3; which are still to be logged).

The subjects of enquiries have ranged from communications between patients and GP Practices, waiting times when telephoning and some waits reported well over an hour held in a telephone queue. Access to face-to-face appointments continues to be a frequently occurring issue raised with PALS.

**General PALS themes:**

- Shared care of ADHD medications where a private provider has initiated medication. This still remains a hot topic.
- General prescribing decisions
- Choice of registration when outside of catchment areas
- Poor communications with GP practices & reception staff
- Unhappy with entries on medical records
- NHS dental provision, access to treatment and unhappy about NHS dentistry provision in county
- IFR concerns where patients have been declined funding. Identifying submitted applications from clinicians requiring more detailed information.
- Patients who must now access the Primary Care Special Allocation Service (SAS) where they are unhappy with the decision and removal from their registered surgery.

**NHSE Primary Care complaints 37:**

- 25 GP
- 3 pharmacy
- 9 dental

**Compliments**

A total of 5 compliments have been received:

- One to Gloucestershire Hospitals NHS Foundation Trust
- One to ICB for the new Tetbury surgery
- Three directly to the ICB PALS team

**ICB complaints**

A total of 9 complaints have been received:

- 1 IFR fertility
- 1 where the Parliamentary & Health Service Ombudsman is reviewing.
- 4 NHS CHC funding/assessments
- 3 planning communications related to Cotswold District Council reference the new Tetbury surgery.

Complaints about other providers: 22 covering hospital services, GHC, out of hours and County Council.



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

Two highlights to share from the recent work of the ICB Engagement Team:

### **One Gloucestershire People's Panel**

In 2023 the ICS launched the new One Gloucestershire People's Panel to proactively seek 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 results from the first survey; which focuses on sharing information and using digital technology; have been shared with colleagues and will be published shortly at <https://getinvolved.glos.nhs.uk/> There was an approximately 40% response rate and a good spread of responses from across all ICS localities.

### **Accessible Information Standard**

The Accessible Information Standard (AIS) sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard see: <https://extranet.nhsglos.nhs.uk/accessible-information-standard/>

We are aware from both patient/carer and staff feedback that compliance with the AIS could be improved across all health and care services in Gloucestershire. Whilst statutory organisations need to audit current practice and seek to improve awareness and compliance with the standard, we recognise the need to inform and empower those people the Standard aims to support.

Therefore, the ICB Engagement Team has coordinated an Accessible Information Standard Programme Group chaired by a Lay representative and with a wide membership across One Gloucestershire and voluntary and community sector partners. The aim of the group has been to take a creative and proactive approach to informing and empowering people to initiate and actively participate in discussions with health and care professionals about their communication support needs.

Membership:

- Forest Sensory Services
- Gloucestershire Deaf Association
- Gloucestershire Health & Care NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Inclusion Gloucestershire
- Insight Gloucestershire
- NHS Gloucestershire
- Sight Loss Council

A new video to promote the AIS has recently been produced and promoted. Watch the video below to learn how the AIS affects patients and service users from across Gloucestershire.



<https://youtu.be/H-eAOPkDtqU>

## **System Clinical Effectiveness Group**

- The System Clinical Effectiveness Group (SCEG) has reformatted it's agenda and will now focus on:
  - **Regulator and National Updates**
  - **Prioritization and Improvement**
  - **Assurance and Outcomes**
  - **CPGs**
- It is the intention of the group to improve the links between the SCEG and CPGs

## **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 \(www.gov.uk\)](https://www.gov.uk/government/news/pharmacy-first-letter-to-contractors)
- **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
  - 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 \(www.gov.uk\)](https://www.gov.uk/government/news/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)
- **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 has 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

- As part of the MMR Accelerator project the Vaccine Team are now working with 16 practices across Gloucestershire and a total of nearly 9000 patients without 2 recorded doses of the MMR vaccine. Work is well underway to look at the patient data to see if there are any coding issues, or if it cannot be recorded offering for it to be given. The team are supporting practices to deliver MMR vaccine clinics and so far, there are 14 clinics booked for this.
- The team are working closely with the three Universities to raise awareness of measles and the importance of being vaccinated. In February the team worked alongside some journalism students to make a film that will be shared with all students at the University of Gloucestershire.
- The team are also helping to support GP practices to ensure that their staff are all vaccinated with 2 doses of the MMR and are helping to co-ordinate fit testing for FFP3 masks for primary care.

### Patient Safety

- The ICB Quality Committee ratified both GHC and GHFT's Patient Safety Incident Response Framework (PSIRF) Plans at the last meeting.
- The ICB's policy has subsequently been approved ready for formal implementation of PSIRF on 1<sup>st</sup> March.
- At launch, PSIRF will not apply to primary care including POD. However, NHSE are now developing a Primary Care Patient Safety Strategy which will move to slowly bring Primary Care into line with Secondary Care. The Primary Care Strategy will launch later this year.
- New processes including weekly Huddles, Rapid Safety Reviews and a quarterly Patient Safety and Learning Group will be embedded as part of PSIRF, which will aim to drive learning and improvements. Primary Care will be included wherever possible.

### 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.
- GHC is now using LFPSE with GHFT coming online in early April.
- As part of the development, a new shortened taxonomy is being rolled out in March, which we hope will reduce the burden on those reporting and this may help us to roll out the system into primary care.
- Once fully operational, NHSE will close the NRLS, meaning Primary Care will need to use LFPSE.
- The Quality Alert link has been restored to G-Care and a new Patient Safety page is now available on the intranet to support PSIRF, LFPSE and other safety related issues.

### Inner City Gloucester PCN Mortality

- The 2023 South West Epidemiological Population Assessment (brought together by the NHSE Critical Thinking Unit) identified that Inner City Gloucester PCN had the highest mortality in the southwest.

- The latest report, which is due to be presented by NHSE at the next ICB System Mortality Group, shows that while some improvements have been made, four PCN's in county (Gloucester Inner City, Aspen, Rosebank and Severn Health) have higher Directly Standardised Rates (DSR) of mortality than the southwest or national average.
- There are many factors that influence mortality rates. Areas of higher deprivation are likely to have higher DSR, hence the focus on NHS England's Core 20+5 agenda.
- Work is underway by both ICB and GCC colleagues to better understand the influencing factors.
- The full report will be discussed in the System Mortality Group on 20<sup>th</sup> March.

### **POD Delegation**

- There have been no further POD Quality updates from NHSE since the last report. A further update will be provided when we receive the Q3 report.

### **Serious Incidents update Primary Care:**

- Since the last report the ICB has been made aware of one Serious Incident or Adverse Incidents declaration in Primary Care. The incident involved a rare ENT presentation and will require a joint investigation approach with secondary care speciality colleagues. Immediate action identified in the report have been actioned and any learning from the investigations will be shared across Primary Care Networks and at GHT ENT MDT's.

### **Leg Ulcer Services**

- Unfortunately, the pathway mapping and scoping event led by the ICB QI Team and planned for the 25th of January had to be cancelled at short notice. Two further workshops have now been planned for the February and March. There has been good support from providers willing to attend and contribute to these sessions and the ICB team are looking forward to commencing work on mapping, reviewing current pathways and collaboratively working with partners to identify issues, gaps and areas for improvement.

### **CHIP Team update**

#### **January Highlights:**

- Over winter the CHIP team offered Point of Care testing for Influenza to care homes as part of a package including IPC advice and support to obtain antivirals when required. From 1 November to 31 January 2024, 56 care homes reported of Acute Respiratory Infections (ARIs) to UKHSA. The team were asked to do testing in 8 of the homes with 2 outbreaks of Influenza identified. IPC support was offered by phone and through onsite visits to all homes.
- In January while continuing the routine IPC support and IPC training, providing support in outbreaks the focus was on completing the current phases of our UTI Project and Mouth Care Project.

- For the UTI project the team is visiting 112 homes over 3 months to audit catheter care, provide training resources, opportunistic training to staff on catheter care as well as change all residents to the DAC selected by the ICB. The results of this work will be feedback to the care home teams on 22 March 2024 at a Catheter Care Study Day.
- The Mouth project is now in its third phase with a focus on teaching individual carers how to clean a resident's teeth effectively twice a day. The project has highlighted the difficulty carers have when a resident has mental health issues making them resistant to care. With the help of a dental hygienist the team have been doing 1-2-1 sessions with these residents and their carers demonstrating strategies for tailoring mouth care. This phase will be reported on by the 18 March 2024.
- The CHIP Team is working with partners to help care homes prevent measles and be prepared if a staff member or visitor reports contacts with measles. This has included a webinar.
- The team also continue work to reduce 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) and other communicable infections.

### **Current measles plan**

Fit-Testing options for Primary Care colleagues are currently being explored by the Infection Prevention and Control team, Vaccination team and the Primary Care Contracting team. Due to the escalating measles cases in West Midlands and other parts of the country, as part of the measles preparedness plan, the teams have agreed on an urgent plan to Fit-Test a number of clinicians per Practice while a long-term plan on measles management is being explored. GHC Fit-Testing team agreed to support and offer Fit-Testing to two clinicians per Practice. The team was able to provide this service from 04/02/2024 to 22/02/2024. Practices took the offer but unfortunately GHC were unable to support any longer. Following this, the current plan is to resume Fit-Testing for more primary care colleagues as soon as possible and this is being looked into by the teams mentioned above. Fit-Testing will be offered directly by the ICB. In the meantime, whilst Fit-Testing providers are sourced, it has been agreed by the ICS IPC group and Consultant Microbiologists both at GHC and GHFT and approved by CNO, that offering FP3 respirators to Primary Care and an action card on how to Fit-Check is an appropriate interim measure. This is currently underway across all Practices and the OOH service.

### **Migrant Health**

#### **Contingency Hotels**

- The third hotel (located in Cheltenham) is scheduled for closure on 11<sup>th</sup> April 2024 leaving 2 hotels functioning in Gloucestershire. Arrivals through these 2 remaining estates has increased significantly in February with approximately 60 new arrivals in month to date requiring Primary Care registration. There have been the equivalent number of service users moving on from the hotels with a drop in the average length of stay overall.

- Personalised care notes continue to be completed for those due to depart in order to ease the transition when located to other areas.
- Recruitment for Deputy Lead Nurse for the team is underway with interviews in March.

### **Beachley Barracks**

- 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 12<sup>th</sup> 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.
- There are currently approximately 250 EP's living in the TSFM accommodation at Beachley. All those EP's requiring registration with Primary Care are now being registered through Lydney surgery.
- On site GP provision has been commenced since the handover from the previously contracted ACP nursing team, with medical services on site for an average of 3 clinic sessions a week. All service provision is being run through GDOC, including procurement and governance structures.
- Nurse led initial health screening is available on site 3 days a week, to allow for rapid identification of any Public Health concerns.
- Those EP's living in RSOM accommodation who will not be registered with GP services due to their rapid turnaround, will have equitable access to the on-site GP for any acute medical need. There are currently approximately 100 EP's on site living in the RSOM accommodation.
- Health Visiting and Midwifery services are also accessible to the EP's with Health Visiting teams offering regular on-site clinic hubs.
- MMR vaccination clinics are planned for those eligible EP's at the base in mid-March.

- At the last Beachley Barracks Multi-agency Forum, the Defence Afghan Relocation and Resettlement (DARR) team advised that they have been in contact with the Council to explain the decision to increase the numbers of Entitled Persons (EPs) held in Beachley Barracks in the 'outside the wire' Transitional Service Families Accommodation (TSFA). Currently there are 71 properties available, with 60 occupied by about 256 EPs. This will need to increase to 100 properties, with an associated increase of about 170 EPs, giving a total of about 430 EPs in TSFA in Beachley Barracks.
- The reason behind this decision is that the soldiers accommodated in the TSFA at Weeton Barracks, another one of our TSFA sites, who are overseas at present, are returning to the UK and will need their housing back. This takes out of service one of the 4 TSFA sites we are currently running as part of OP LAZURITE. This TSFA consisted of about 54 SFA properties.
- The team have been advised that the drawdown of the TSFA at Weeton will start to happen shortly but don't yet have a fixed date yet.
- The ICB continues to work with GDOC on an NHS Standard Contract 2024/25 for the Afghan Entitled Persons Service, to support the NHS legal obligations for health provision.

**The Committee is asked to note this report.**

**Agenda Item 13**

**NHS Gloucestershire Primary Care & Direct Commissioning Committee,  
Public Session**

Thursday 4<sup>th</sup> April 2024

<b>Report Title</b>	<b>Finance Reports for Delegated Primary Care and Pharmacy, Optometry and Dental (POD) – Month 10</b>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision</b>	
	x			
<b>Route to this meeting</b>	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	PCOG			
<b>Executive Summary</b>	<p>At the end of the January 2024 the ICB’s Delegated Primary Care co-commissioning budgets are showing a £0.490m overspend position on £100.2m budget YTD. The budgets have been reviewed and realigned based on planned expenditure.</p> <p>The YTD POD position is £4.865m underspend with a £4.097m forecast underspend.</p>			
<b>Key Issues to note</b>	<p>The Month 10 position is £0.490m overspent, with a £0.750m forecast overspend.</p> <p>Further work is ongoing to firm up the POD outturn position</p>			
<b>Key Risks:</b>	Risk of overspend against the delegated budget:			
<b>Original Risk (CxL)</b>	Original Risk: 3 x 3 = 9			
<b>Residual Risk (CxL)</b>	Residual Risk: 3 x 2 = 6			
<b>Management of Conflicts of Interest</b>	None			
<b>Resource Impact (X)</b>	<b>Financial</b>	X	<b>Information Management &amp; Technology</b>	
	<b>Human Resource</b>		<b>Buildings</b>	
<b>Financial Impact</b>	<p>The delegated forecast is £0.750m overspent. The POD forecast is £4.097m underspent.</p>			
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	None			
<b>Impact on Health Inequalities</b>	None			
<b>Impact on Equality and Diversity</b>	None			
<b>Impact on Sustainable Development</b>	None			



<b>Patient and Public Involvement</b>	None		
<b>Recommendation</b>	PCOG is asked to <ul style="list-style-type: none"> <li>• note the content of this report.</li> </ul>		
<b>Author</b>	<b>Matt Lowe</b>	<b>Role Title</b>	<b>Head of Management Accounts</b>
<b>Sponsoring Director (if not author)</b>	<b>Cath Leech Chief Finance Officer</b>		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
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

## January 2024

# Delegated Primary Care Financial Report

## Summary (M10)

- At the end of January 2024 the Integrated Care Board's (ICB) Delegated Primary Care co-commissioning budgets are showing a £490k overspend position on a £100,193k year to date budget.
- The month ten forecast position remains at £750k overspend as shown in the table below.

Cost Centre	Cost Centre Description (Internal)	YTD Budget	YTD Actual	YTD Variance	Total Budget	TOTAL Forecast Outturn	Total Forecast Variance
960211	DELEGATED GP	100,192,837	100,683,045	(490,208)	118,315,913	119,065,913	(750,000)

# Delegated Primary Care Financial Report

## Financial Position

- The financial position at 31st January 2024 for delegated primary care budgets is a £490k overspend with a year end forecast of £750k overspent. The key YTD variances are:
  - General Practice Contract Payments £190k 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 £81k underspent – Enhanced Access is a monthly fee that has increased from last year, and is overspending monthly and is forecasting to be £500k overspent by the end of the year. This is offset YTD by underspends within Learning Disabilities health check, and the forecast underspend of £249k by the end of he year.
  - Prescribing and Dispensing £129k underspent year to date, all costs for Dispensing and prescribing have been accrued for as the data is always two months in arrears, a further review of the run rate will ensure the costs have been accrued and the year end position is correct.
  - Premises including rent, rates and waste contracts: £217k overspend  
Further reviews on the accruals for rates and waste have been undertaken and as a result, the position has improved from Month 8.
  - Other GP services £426k  
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 £315k overspent.  
This is due to the final 2022/23 IIF payments which are paid in 2023/24, being £415k higher than budgeted creating an overspend in this financial year. This will not reduce in year. This is driving the £501k overspend position.

<b>Gloucestershire ICB</b>						
<b>2023/24 Delegated Primary Care Co-Commissioning Budget</b>						
<b>January - 24</b>						
<b>Category of Expenditure</b>	<b>Total Budget 2023/24 £'000</b>	<b>Year to date Budget £'000</b>	<b>Year to date Expenditure £'000</b>	<b>Year to Date Variance £'000</b>	<b>Total Forecast Outturn £'000</b>	<b>Total Forecast Variance £'000</b>
Enhanced Services	5,650	4,709	4,627	81	5,899	(249)
General Practice	71,155	59,296	59,106	190	71,155	0
Other GP Services	2,144	1,787	2,213	(426)	2,144	0
PCN	15,166	14,235	14,549	(315)	15,667	(501)
Premises	10,699	8,915	9,132	(217)	10,699	0
Prescribing and Dispensing	3,587	2,989	2,860	129	3,587	0
QOF	9,915	8,262	8,195	68	9,915	0
<b>Totals</b>	<b>118,316</b>	<b>100,193</b>	<b>100,683</b>	<b>(490)</b>	<b>119,066</b>	<b>(750)</b>

# 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 have been prioritised and approved by directors.
- GPIT Infrastructure and resilience has no expenditure associated with it this year, and has been checked with the primary care team that it cannot be utilised elsewhere.
- Fellowships and supporting mentors have received their Quarter 2 and Quarter 3 funding.
- The items highlighted are further reviewed on the next slide – this is the £1,859k Transformation Funding.

SDF Funding 2023/24			
Resources	Confirmed NR £'000	Total Allocation £'000	Forecast Outturn £'000
Local GP Retention	127	127	127
Training Hubs	131	131	131
Primary Care Flexible Staff Pools	123	123	123
Practice Nurse Measures	44	44	44
Transformational Support	853	853	853
PCN Leadership and Management funding	461	461	461
ICB Infrastructure	116	116	120
Fellowships	892	892	892
Supporting Mentors	74	74	74
GPIT - Infrastructure and Resilience	142	142	-
<b>Totals</b>	<b>2,963</b>	<b>2,963</b>	<b>2,825</b>

# Delegated Primary Care Financial Report

## Service Delivery Framework (SDF)

SDF – Transformation Funding – reviewed and agreed.

The £1,855k SDF Transformation funding has been thoroughly reviewed and discussed and is utilised as below.

<b>SDF Transformation Funding and Expenditure</b>	<b>£</b>
Local GP Retention Fund	£127,000
Training Hubs	£131,000
Primary Care Flexible Staff Pools	£123,000
Practice Nurse Measures	£44,000
Transformational Support - Digital First primary care	£624,000
Transformational Support - PCN Development Funding	£229,000
PCN Leadership and Development	£461,000
ICB Infrastructure - Max is £188,000	£50,000
New to partnership fund	£70,000
<b>Total Transformation Funding and Expenditure</b>	<b>£1,859,000</b>

# Delegated Primary Care Financial Report

## Risks and Mitigations

The table below highlights the potential risks and mitigations relating to 2023/24 and 2024/25.

Risks	Mitigations
SDF funding for 204/25 – Funding will be reduced again in 2024/25 and expectations on the funding are rising. It is not yet known what the funding envelope will be.	The SDF funding envelope for 2024/25 is not yet known. The Primary Care team has been working on the aspirations and commitments required for 2024/25, and have a detailed plan. At this point the plan is higher than 2023/24 funding, so will require further scrutiny once the funding is known.
Delegated budget in 2024/25 will be under further pressure due to cost of living crisis and potential issues with challenged practices.	Ongoing reviews are happening with challenged practices, which may impact the Delegated budget in 2024/25.
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 10 Finance Report for Gloucestershire



## POD Summary

£000's	Year to date			Forecast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
Dental	27,152	22,541	4,611	32,427	28,551	3,877
Pharmacy	11,253	11,489	(236)	13,508	13,896	(388)
Optometry	4,940	4,822	118	5,928	5,787	141
Other	418	47	371	540	73	468
<b>Total</b>	<b>43,763</b>	<b>38,898</b>	<b>4,865</b>	<b>52,404</b>	<b>48,307</b>	<b>4,097</b>

# Dental – Month 10

£000's Gloucestershire Secondary Care Dental	Year to date			Forecast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
NHS	6,959	6,920	39	8,216	8,493	(278)
Non NHS	284	236	49	343	247	96
Reserves	0	0	0	(23)	0	(23)
<b>Total Secondary Care</b>	<b>7,244</b>	<b>7,156</b>	<b>88</b>	<b>8,535</b>	<b>8,740</b>	<b>(205)</b>
<b>Community Dental</b>						
Community Dental NHS	3,146	3,146	(0)	3,775	3,775	0
Community Dental Non-NHS	0	0	0	2	0	2
Community Dental Income	0	0	0	0	0	0
<b>Total Community Care</b>	<b>3,146</b>	<b>3,146</b>	<b>(0)</b>	<b>3,777</b>	<b>3,775</b>	<b>2</b>

## Dental – Month 10 cont.

£000's Gloucestershire Primary Care Dental	Year to date			Forecast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
Contract costs	22,381	22,235	146	26,858	26,949	(92)
Other Compass Costs	962	710	252	1,154	1,154	0
Referral systems	0	0	0	0	0	0
Toothbrushing	77	25	52	92	91	1
Dental School	0	0	0	0	0	0
Other Surgery	0	1	(1)	0	0	0
<b>Total Contract Costs</b>	<b>23,420</b>	<b>22,971</b>	<b>448</b>	<b>28,104</b>	<b>28,194</b>	<b>(91)</b>
Patient Charge Revenue	(5,520)	(4,989)	(531)	(6,624)	(6,624)	0
Clawback	(3,859)	(5,750)	1,891	(4,631)	(5,631)	1,000
<b>Sub Total</b>	<b>(9,379)</b>	<b>(10,738)</b>	<b>1,360</b>	<b>(11,255)</b>	<b>(12,255)</b>	<b>1,000</b>
Other costs	0	1	(1)	0	0	0
Investments	2	0	2	2	96	(93)
Contract Reserve	2,720	0	2,720	3,264	0	3,264
<b>Sub Total</b>	<b>2,722</b>	<b>1</b>	<b>2,721</b>	<b>3,266</b>	<b>96</b>	<b>3,170</b>
<b>Primary Care Dental Total</b>	<b>16,763</b>	<b>12,234</b>	<b>4,529</b>	<b>20,115</b>	<b>16,036</b>	<b>4,080</b>

# Dental Commentary

## Budget & forecast Outturn

The budget is unchanged at £20.1m Having actioned the release of ringfenced underspend a forecast year end underspend of £4.0m.

## Contracts

Several contract changes have occurred this year with a forecast overspend of £0.01m.

## Patient Charge Revenue

Due to the lower than anticipated performance there has been a reduction of PCR against YTD plan of £0.5m. Forecast for the year is still on budget at £6.6m

## Other

Commercial Sector spend is £51k 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 Dec and Jan.

Payments back to practices continue to be lower than budget. The YTD position is £1.9m better than budget.

Current forecast outturn is £5.6m .



## 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
<b>Total</b>	<b>393</b>	<b>6,556</b>

### Investments

Further Primary care investments are under consideration and presented separately by the Primary Care Team.

# Pharmacy – Month 10

£000's Gloucestershire Pharmacy	Year to date			Forecast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
Patient Charge Revenue	(6,080)	(6,327)	247	(7,296)	(7,296)	0
Prescription dispensing charges	13,903	14,137	(234)	16,684	17,044	(360)
Essential services charges	736	1,133	(398)	883	883	0
Advanced services charges	1,427	1,568	(141)	1,712	1,712	0
Quality Schemes	670	477	193	804	804	0
Local fees and charges	93	60	33	111	111	0
Commercial Waste charges	475	396	79	570	628	(58)
Other charges	30	45	(15)	40	10	30
GP Prescribing	0	0	0	0	0	0
<b>Total Pharmacy</b>	<b>11,253</b>	<b>11,489</b>	<b>(236)</b>	<b>13,508</b>	<b>13,896</b>	<b>(388)</b>

## Pharmacy – Month 10

- The national forecast overspend on the Pharmacy contract will be held centrally and not passed on to ICBs.
- Professional fees remain high this month, on top of the expected seasonality impact and is currently overspent £234k.
- Transactions for Advanced Services have continued to increase in line with expectations, with claims often taking a few months to start flowing properly. This area is now overspent by £141k YTD with full year forecast still expected to be breakeven.
- Transactions for Prescription Charge income remain consistent . YTD we are over recovered (£247k).



# Optometry – Month 10

£000's Gloucestershire Optometry	Year to date			Fore cast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
Domiciliary Visists	303	407	(104)	363	363	0
Sight tests and glasses	4,113	4,334	(220)	4,936	4,936	0
Professional training	68	78	(9)	82	82	0
Other charges	1	3	(3)	1	406	(405)
Reserves	455	0	455	546	0	546
<b>Total Optometry</b>	<b>4,940</b>	<b>4,822</b>	<b>118</b>	<b>5,928</b>	<b>5,787</b>	<b>141</b>

## Optometry

- The underspend YTD and FOT on the cost centre is driven by the unused General reserve (£455k YTD, £546 FOT). Otherwise, most subjectives are overspending.

## Other – Month 10

£000's Gloucestershire Other	Year to date			Forecast outturn		
	Budget	Actual	Variance	Budget	Forecast	Variance
Other	51	47	4	75	73	2
Contingency	367	0	367	465	0	465
<b>Total Other</b>	<b>418</b>	<b>47</b>	<b>371</b>	<b>540</b>	<b>73</b>	<b>468</b>

### Primary IT & 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	455,000	-	455,000	546,000	-	546,000
			NONPAY	4,484,981	4,821,677	(336,696)	5,382,000	5,787,429	(405,429)
	<b>960212 Total</b>			<b>4,939,981</b>	<b>4,821,677</b>	<b>118,304</b>	<b>5,928,000</b>	<b>5,787,429</b>	<b>140,571</b>
	960213	DELEGATED PHARMACY	NONPAY	17,333,176	17,816,158	(482,982)	20,804,116	21,192,116	(388,000)
			INCOME	(6,080,000)	(6,327,070)	247,070	(7,296,000)	(7,296,000)	-
	<b>960213 Total</b>			<b>11,253,176</b>	<b>11,489,088</b>	<b>(235,912)</b>	<b>13,508,116</b>	<b>13,896,116</b>	<b>(388,000)</b>
	960214	DELEGATED COMMUNITY DENTAL	NONPAY	3,145,521	3,145,532	(11)	3,776,979	3,774,636	2,342
	<b>960214 Total</b>			<b>3,145,521</b>	<b>3,145,532</b>	<b>(11)</b>	<b>3,776,979</b>	<b>3,774,636</b>	<b>2,342</b>
960215	DELEGATED PRIMARY DENTAL		BALSHT	2,719,844	-	2,719,844	3,263,814	-	3,263,814
			NONPAY	19,562,868	17,222,989	2,339,879	23,475,469	22,659,783	815,686
			INCOME	(5,520,000)	(4,988,816)	(531,184)	(6,624,000)	(6,624,000)	-
			PAY	-	5,293	(5,293)	-	-	-
	<b>960215 Total</b>			<b>16,762,712</b>	<b>12,239,466</b>	<b>4,523,246</b>	<b>20,115,283</b>	<b>16,035,783</b>	<b>4,079,500</b>
960216	DELEGATED SECONDARY DENTAL		BALSHT	-	-	-	(23,277)	-	(23,277)
			NONPAY	7,243,756	7,155,754	88,002	8,558,247	8,740,269	(182,022)
	<b>960216 Total</b>			<b>7,243,756</b>	<b>7,155,754</b>	<b>88,002</b>	<b>8,534,970</b>	<b>8,740,269</b>	<b>(205,299)</b>
960218	DELEGATED PRIMARY CARE IT		BALSHT	366,998	-	366,998	465,484	-	465,484
			NONPAY	38,530	23,489	15,041	54,500	52,417	2,083
			PAY	12,300	23,325	(11,025)	20,500	20,500	-
	<b>960218 Total</b>			<b>417,828</b>	<b>46,814</b>	<b>371,014</b>	<b>540,484</b>	<b>72,917</b>	<b>467,567</b>
<b>Grand Total</b>				<b>43,762,974</b>	<b>38,898,331</b>	<b>4,864,643</b>	<b>52,403,832</b>	<b>48,307,150</b>	<b>4,096,682</b>

The above table is the Delegated POD budgets I&E as per the GICB ledger at M10.

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



# ICS Transformation Programme Highlight Report

March 2024



@NHSGlos  
[www.nhsglos.nhs.uk](http://www.nhsglos.nhs.uk)

Part of the One Gloucestershire Integrated Care System (ICS)

## Integrated Locality Partnerships

<b>Programme SRO</b>	Mary Hutton	<b>Clinical &amp; Care Lead</b>	Clinical Directors & ILP Chairs	<b>Programme RAG</b>	<b>GREEN</b>	<b>Date of Report</b>	4 <sup>th</sup> March 2024
<b>Programme Lead</b>	Helen Goodey	<b>Report Author</b>	Bronwyn Barnes	<b>Previous RAG</b>	<b>GREEN</b>		

<b>Programme Aim</b> <small>(from delivery plan)</small>	<b>Decisions / Actions Required of Board</b>
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

<b>Programme Area/ Workstream</b> (as per delivery plan)	<b>Key Achievements from last reporting period</b> (from delivery plan)	<b>Key Upcoming Milestones for the next reporting period</b> (from delivery plan)
<b>Place Based Model</b>	<ul style="list-style-type: none"> <li>Development of ILP programme ambitions for the year ahead supported by the delivery of collective priorities including proactive care for pre frail and mildly frail people in all ILPs.</li> <li>The Cheltenham Proactive Care working group supporting delivery of strength and balance classes across Cheltenham. Session include Leckhampton and Up Hatherley. It is hoped that SPLWs from across the locality will offer health advice and guidance following the exercise activity.</li> <li>Cotswolds Social isolation and frailty working group developing 2 booklets that contains frailty/socially isolated offers and community hub activities localised for North and South Cotswolds. This will be used by community transport drivers, social prescribers, Cotswold friends befrienders and frailty nurses and community matrons.</li> <li>Forest of Dean ILP workshop looked at potential areas of focus for CYP wellbeing. The group reviewed health and Pupil Wellbeing Survey data. An initial targeted focus will be young carers.</li> <li>Gloucester ILP Smoking Cessation training for 12 front line VCSE staff took place in January. Feedback will further training in other areas of Gloucester</li> <li>Stroud and Berkeley Vale CYP workshop held with over 60 people from early year and CYP providers to discuss key priorities, challenges and potential gaps in provision. Additionally an opportunity to encourage VCSE organisations to collaborate on delivery supported by funding assigned for children and young people’s mental health and wellbeing.</li> <li>SLC funding agreed to support a Digital Prescriber pilot across Tewkesbury to impact digital equity findings from the Digital Divides report, taking learnings from the Cotswold locality pilot.</li> </ul>	<ul style="list-style-type: none"> <li>Complete programme of Community Health and Wellbeing hubs in Core20 areas of the county in Gloucester, Cheltenham and the Forest of Dean, leveraging the opportunity for outreach in communities where access to services may be more difficult in future years and linked to their respective ILP.</li> <li>Finalise reporting arrangements to Enabling Active Communities and Individuals Board with a dotted line to the Gloucestershire Neighbourhood Transformation Group for the Proactive Care priorities of the ILP with interventions for cohorts of people in the pre frail and mildly frail cohorts.</li> <li>Complete rollout of annual ILP member surveys to collect feedback to inform development of each partnership.</li> <li>Finalise 24/25 workplans for each ILP to collectively set direction in each partnership for the year ahead.</li> </ul>

<b>Key Risk, for escalation</b>	<b>Current Scores</b>			<b>Risk Mitigation</b>	<b>Mitigated Scores</b>		
	<b>Likelihood</b>	<b>Impact</b>	<b>Total</b>		<b>Likelihood</b>	<b>Impact</b>	<b>Total</b>
There is a risk that limited primary care capacity impacts participation in Place/partnership agenda in some geographies	2	4	<b>8</b>	Continued focus on impactful and meaningful systemwide priorities with greater alignment across all Localities.	2	3	<b>6</b>

# Integrated Locality Partnerships impact in numbers....

Cost of living in the Cotswold. Healthy Cooking and eating classes – Attended by 106 people, 27 families who cooked over 25 different meals and took home a variety of cookbooks and utensils

Supporting 102 Socially Isolated and Frail people in the Cotswold via signposting to VCSE organisations such as GRCC and the Cotswold Friends.

Welcoming 30-40 guests each month for a two course meal at the Lunch Club/Warm Space in the Forest of Dean.

Supporting the isolated and lonely in the Forest of dean community hub, welcoming 25-30 local people plus a growing number of Volunteers

Community events in Tewkesbury to raise awareness of local services, activities and groups promoting wellbeing attended by 146 local residents

117 young people aged between 12 & 16 participated in the Tewkesbury Youth Voice Forums providing support for wellbeing, confidence and resilience

Offering health, housing benefit and job support to over 40 people in West Cheltenham through the new Health and Wellbeing ?

Supporting over 15 parents and carers with understanding and accessing CYP support offers from relevant Children and Young people offers in West Cheltenham.

Gloucester ILP Strengthening local communities grant funded 27 organisations to support 14,000 individuals. 121 volunteers were involved providing 1457 hours of time

Supporting 17 primary care staff and 18 VCSE organisations to work together to support Gloucester city communities.

Promoting mental health and wellbeing in SBV through Harmony Singing classes 525 cumulative attendances, Crafts & Art sessions 40 cumulative attendances, Natural Wellbeing sessions x 40 cumulative attendances & Mindful Photography sessions x 40 cumulative attendances

Proactively supporting over 3000 carers in SBV with information and resources/ identifying over 600 new carers.