Thursday 22nd June 2023
10:45am to 12:20pm
Meeting Room 1, No 1 Lakeside, 920 Centre Park,
Warrington, WA1 1QY

NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB Primary Care Committee In Public

Agenda

Chair: Erica Morriss

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
10:45am	**Preliminary Business**			
PCC/06/23/P01	Welcome, Introductions and Apologies	Chair	Verbal	-
PCC/06/23/P02	Declarations of Interest *(Board members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Board Member Register of Interests)*	Chair	Verbal	-
PCC/06/23/P03	Actions/Minutes of last meeting/COI Held 20 April 2023	Chair	Paper Approval	Page
PCC/06/23/P04	Action Log of last meeting: Held 20 April 2023	Chair	Paper Approval	Page
PCC/06/23/P05	Questions from the public	Chair	Verbal	-
10:55am	**Business Items**			
PCC/06/23/P06	System Pressures	JG	Verbal	-
PCC/06/23/P07	Policy Update – Primary Care Contracting and Commissioning	CL/TK	Paper For Information	Page
PCC/06/23/P08	Primary Care Access Recovery Plan	CW/CL	Presentation tabled For Information	Page
PCC/06/23/P09	Dental Improvement Plan	TK/LD	Paper For Decision	Page
PCC/06/23/P10	Update from PC Workforce Steering Group for information	JG/CL	Paper For Information	Page
12:15pm	**Other Formal Business**			
PCC/12/22/P11	Closing remarks, review of the meeting and communications from it	Chair	Verbal For Agreement	- -
12:20pm	**CLOSE OF MEETING**			

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
Date and time of next meeting: **24th August 2023 @ 9am** **A full schedule of meetings, locations and further details on the work of the ICB can be found here:** www.cheshireandmerseyside.nhs.uk				

Speakers

JG	Dr Jonathan Griffiths, Associate Medical Director
TK	Tom Knight, Head of Primary Care, C&M ICB
LD	Luci Devenport, Dental Contracts Manager, C&M ICB
CW	Clare Watson, Assistant Chief Executive
CL	Christopher Leese, Associate Director Of Primary Care, C&M ICB

Meeting Quoracy arrangements:
Quorum for meetings of the Primary Care Committee will be at least five Committee members in total, including;

- at least one NED or system Partner
- at least one Clinically qualified Member
- at least two ICB Directors (or their nominated deputies)

NHS
Cheshire and Merseyside

Cheshire & Merseyside ICB System Primary Care Committee in Public

Held at
Meeting Room 1, No 1 Lakeside,
920 Centre Park,
Warrington, WA1 1QY
Thursday 20th April 2023
10.30am to 12.30pm

UNCONFIRMED Draft Minutes

MEMBERSHIP		
Name	**Initials**	**Role**
Erica Morriss	EMo	Chair, Non-Executive Director
Chris Leese	CLe	Primary Care Associate Director
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Mark Bakewell	MBa	Deputy Director of Finance, C&M ICB (nominated attendee for Claire Wilson as deputy)
Tony Foy	TFo	Non-Executive Director
Adam Irvine	AIr	Primary Care Partner, C&M ICB
Matthew Harvey	MHa	LPC representative
Dr Jonathan Griffiths	JGr	Associate Medical Director – (nominated attendee for Rowan Pritchard Jones as deputy)
Christine Douglas	CDo	Director of Nursing and Care, C&M ICB
Dr Daniel Harle	DHa	LMC Representative
Tony Leo	TLe	Place Director, C&M ICB
Mark Woodger	MWo	LDC representative
Suzanne Lynch	SLy	Chief Pharmacist C&M ICB
Kevin Highfield	KHi	Interim Head of Digital Operations
Tom Knight	TKi	Head of Primary Care, C&M ICB

IN ATTENDANCE		
Suzanne Lynch	SLy	Suzanne Lynch, Chief Pharmacist C&M ICB
Lorraine Weekes- Bailey	FMo	Senior Primary Care Accountant, C&M ICB
Hilary Southern	HSo	Governance and Corporate Services Manager, St Helens Place
Sarah Thwaites	STh	Healthwatch representative
Fionnuala Stott	FSt	LOC representative

Apologies

Name	Initials	Role
Prof. Rowan Pritchard Jones	RPJ	Medical Director, C&M ICB Member
Delyth Curtis	DCu	Place Director, CWAC
Louise Barry	LBa	Health Watch Cheshire

Item	Discussion, Outcomes and Action Points	Action by
	Preliminary Business	
PCC/04/23/01	**Welcome, Introductions and Apologies**	
	Chair welcomed all to the meeting. Apologies noted.	
PCC/04/23/02	**Declarations of Interest**	
	There following declarations of interest were received: • Dr Rob Barnett – GP Partner in a practice in Cheshire and Merseyside • Dr Jonathan Griffiths – GP Partner in a practice in Cheshire and Merseyside • Matthew Harvey – Pharmacy owner in Cheshire and Merseyside • Suzanne - Husband is a pharmacy contractor in Cheshire and Merseyside	
PCC/04/23/03	**Patient Story**	
	EM presented an email to the committee and the public, sent by a patient regarding dental services.	
PCC/04/23/04	**Minutes of the previous meeting/COI**	
	TLe on annual leave – for amending.	
PCC/04/23/05	**System Primary Care Committee Action Log**	
	Action log updated.	
PCC/04/23/06	**Questions from the Public**	
	Nil.	
	Business Items	
PCC/04/23/07	**Governance**	
	The ToR reflects inclusion of all four contractor groups and changes around quoracy and membership. **Recommendations:** • **Background** – contracts managed locally by place – Reflect in TOR • **4.3 – note** proactive exclusion re wider dental services. Quality and Performance committee for oversight of the wider dentistry pathway. Potential asterix reference of delegation from NHSE. • **4.3** – development and implementation of to be included • **6.2** – workable quoracy – this was agreed **Action:** CL to bring updated ToR to next meeting to sign off amendments.	
PCC/04/23/08	**Update on Operating Model**	

Item	Discussion, Outcomes and Action Points	Action by
	PDAF (Pre Delegation Assessment Framework) which was the assurance process by which Dental, Community Pharmacy and Optometry were transferred into the ICB, was now live and the staff aligned on 1st April. Meet and greet took place in March with another session in May with the wider primary care team. It was noted that the Governance structures are large but manageable, demonstrating the importance of primary care, particularly contractors within the system. It was noted these would be reviewed in 6 months' time. Further assurance was sought as to the connectivity of wider Dentistry with Quality and Performance Committee. **Action**: CW/TK to discuss wider dentistry connections with Q & P Committee Chair. Internal audit report on the transfer was highly assured and will be included in the papers for the next meeting as an appendix to the contracts update. The Committee ***noted*** the progress in terms of the operating model for primary care.	
PCC/04/23/09	**Contracting, Commissioning and Policy Update**	
	Cheshire and Merseyside ICB is responsible for the management of the national contracts for General Practice via a Delegation agreement with NHSE/I (NHS England and NHS Improvement). This delegation agreement commenced 1st July following a national assurance process. Contractor groups are now combined into one report. A national policy announcement was released regarding information about the Primary Care Network (Directed Enhanced Service) (DES) and the capacity and access payments (*links in meeting pack*). PCNs have been asked to submit access plans around the usage data by 12th May. The national access recovery plan had not been released at the time of the meeting so will be , if released, summarised at the next meeting. **Action:** section 2.7 of the paper states routine care appointments will be offered within 2 weeks of contact which is inaccurate. CL to confirm the actual contract ask at the next meeting, this was a reference in the DES supportive information pack. **<u>Dental</u>** TKn updated on the improvement and implementation plan requirements for dental access. There is a specific focus for the commissioning team- on urgent care and The Urgent Care Plus Pathway. Additional focus will be on new patients accessing a dentist, Starting Well prevention programme, the frail and elderly and further role out of the advanced childcare dental practice.	

Item	Discussion, Outcomes and Action Points	Action by
	Collaboration meetings are ongoing which includes a recent meeting with colleagues from London hearing about their experience of establishing training hubs. There have been early discussions regarding workforce training and development, recruitment retention with a specific focus on Trainee dentists with the Liverpool School of Dentistry and Foundation dentists. Any further plans and strategy regarding dental workforce will be required to feed into the bigger ICB workforce strategy. Commissioners are looking at existing arrangements with a view to developing what is in place already. **Pharmacy** The commissioning of community pharmacy has to be within the Pharmaceutical Services Regulations. One flagged concern regarding a service delivery issue relates to a number of potential closures at Lloyds Pharmacy. This is a national issue and other ICBs could be affected by these closures nationally Mitigation is required by commissioners to see how this affects pharmacy contractors, alongside the provision for patients. Delivery of the quality assurance process is underway which is a nationally determined process for community pharmacy. BMA has recently shared triage tools for receptionists to address appropriate bookings of appointments. Discussions took place re whether it would be possible to demonstrate increases in access. Collaboration is needed and develop the interface with Place. In addition, follow up appointments can be difficult to obtain following initial presentation which means stabilising people when accessing urgent care is essential. Earlier intervention will prevent urgent care presentations in the future. **Optometry** Following discussion/collaboration with Northwest ophthalmic leads, the recommended regionally agreed preferred model is for contract management of **additional contracts**, to sit within individual ICB commissioning teams as this ensures local management of contract assurance, reassurance around delivery and continuity of service and assurance that local providers are aware of local referral protocols. This will be the preferred Northwest regional position. The System Primary Care Committee supported this position.	
PCC/04/23/10	**Strategic Framework Update / Workforce Steering Group Update**	
	This overarching framework was presented by Dr Jonathan Griffiths and will allow flex for local places to have their own strategies that will speak to local need. This covers all four contractor groups and has commenced with general practice and community pharmacy. Dental and optometry will be implemented at a later date. NHSE have an expectation of one strategy for the ICB. This piece of work will be finalised once the primary care access recovery plan and associated documents are released. The primary care strategy thought paper allowed for significant	

Item	Discussion, Outcomes and Action Points	Action by
	engagement with place primary care leads and place directors / clinical directors, local LMC reps and local pharmaceutical committees. Questionnaires have been distributed to general practices and community pharmacies. Service delivery elements: • Commissioning, contracting and funding of general medical, dental, optometry, community and pharmacy services. • Population health and health inequalities. • Improving access. • Quality, performance, assurance and safety. • Role of general practice. Enablers: • Integration and partnership working • Workforce & organisational development • Infrastructure & Intelligence (encompasses digital and estates) • Working with patients • Research, innovation and model delivery. Going forward, feedback will be collated to inform the first draft of the board and public release papers, which will likely be June 2023 to allow time for the access recovery plan. Dental improvement plan for consideration. Further engagement with place required as the plan develops further. **<u>Primary Care Workforce Steering Group</u>** This group was previously chaired by NHS England on behalf of Cheshire and Merseyside and should now be an ICB led and chaired meeting, driven by system needs. Various feedback was received from members at the final previous meeting to ensure there is a focus on; *a clear work plan, clearer governance, roles and reporting arrangements, promoting Cheshire and Merseyside as a desirable place to work, all four contractor groups including Task and Finish groups reporting included, workforce wellbeing, is clinically led and links into provider collaboratives*. The terms of reference is under review with the people team following a first draft pulled together by Chris Leese. The first meeting will take place late May to be chaired by JGr. It will also report to people board and SPCC. Furthermore two place officers will attend to represent place views, those officers have been involved in an ongoing basis. One of the place Associate Directors for Transformation and Partnerships is also invited to be involved. Each place is expected to have a workforce plan agreed through forums. Support and trajectories from the BI (Business Intelligence) team, was flagged. CDo advised a people committee has been established with a drafted ToR, also to be chaired by CDo (subcommittee of Finance) which could cause a potential overlap. **Action: CDo/JGr to discuss outside of the meeting.**	

Item	Discussion, Outcomes and Action Points	Action by
	Involvement of SLy from a pharmacy workforce perspective was noted. Sly will be invited to the workforce steering group The ask for the committee is to acknowledge the process and work to date on SF and workforce. Feedback can be directed to JGr. The committee supported the establishment of the group as detailed, noting it will report into people board and quarterly into this committee.	
PCC/04/23/11	**Transformation – Place Updates**	
	TLe presented this item and mentioned that this surrounds general practice as a whole as primary care covers all four contractor groups. Primary care infrastructure at place has good representation across the contractor groups and clinical directors, as well as a primary care clinical lead. Well established forums, specifically for general practice, are in place. Places looking to expand their infrastructure – there is much greater interest and focus on community pharmacy, dentistry and optometry. There is a focus on strategic and development work and the issues that support this. Each place is working through integrated neighbourhoods and care communities. Some places are relooking at their maturity journey in conjunction with practitioners, local committees, LMCs etc. As well as the maturity assessments, place development plans for primary care are being finalised. There is a good level of reach into the communities across community Pharmacies in some place. Additionally, there is a further focus on the recovery of appointments post pandemic in all places . The last quarter also saw the implementation of ARI hubs. The next quarter will see work ongoing with workforce, access recovery and strategic transformation. Quality incentive schemes are under review. Furthermore, the spring booster scheme commenced 17th April 23. **Key risks**: • Very high levels of PC service demand • Partner and public engagement re PC access challenge • Sustainability of individual practices • Estates / workforce / financial resource capacity The benefit of championing smaller organisations alongside their flexibilities, efficiencies and good patient feedback was discussed and asked to take into consideration.	

Item	Discussion, Outcomes and Action Points	Action by
	An agreed set of principles has been implemented which are visible to stakeholders including acute trusts. Additionally, the principles will be 'tested' on test beds. An understanding of different roles with primary care may be necessary. Communications at all levels – national comms plan to address this.	
	Primary Care Capital, Estates / Digital	
PCC/04/23/12	**Digital Update**	
	This item was presented by Kevin Highfield in attendance for John Llewellyn. IT saw a recent appointment of two clinical leads as the digital team sits under the medical directorate. A risk was highlighted in the paper around reprocurement of clinical systems for primary care which is on the ICB risk register. The contracts for clinical systems are held by NHSE. Following the merge of NHS England and NHS Digital, there have been changes in the transition and how the procurement options will be available to primary care. NHSE presented at the digital primary care board yesterday, 19th April, chaired by KHi. The current timeframe for a structured procurement plan is June 2023. Feedback shows concerns re input of the chosen clinical systems, the effects of change, and the pressures this could cause to primary care – discussions are ongoing with NHSE. Discussions are ongoing with John Llewellyn, Chief Digital Officer and the three IT providers across PC to ensure there is a consistent model going forward. Further discussions took place regarding IT being a significant issue for clinical appointments. Although this is on the ICB risk register, recommendations sought this to be noted as extremely high because of the effects on patients and GP wellbeing. Risk re no connection to NHS information, such as PC to secondary care and vice versa. There is a window of opportunity to implement this in the system and ensure clinical systems work effectively. The committee noted the digital update.	
	Other Updates	
PCC/04/23/13	**System Pressures**	
	This item was presented by JGr for information. Various models are being developed to demonstrate the level of demand across the system, for example, trusts and other hospitals use the OPEL levelling system. Seasonal illnesses are reducing and causing less demand, though the RCN and junior doctors strikes have resulted in significant pressures. This effects PC as well as trainees/registrars are junior doctors and therefore able to take strike action, further causing a loss to a substantial number of	

Item	Discussion, Outcomes and Action Points	Action by
	appointments. Ongoing issues with primary/secondary care interface. There is increased workload on general practice from secondary care and an increased expectation re access. It was mentioned that the new contract was not negotiated but enforced. GPC requested for increased flexibility and funding but this was not considered. **Pharmacy** Out of stock medicines are on the increase – key risk. Pharmacists unable to purchase medicines causing frustration in patients. A pressure survey showed 92% of staff reported seeing more patients due to no accessible care elsewhere. A decline in the market and a 10% decrease in pharmacies has been tracked back to a contract position from 2015/2016 Fewer pharmacies are dispensing more prescriptions, therefore increasing pharmacy services. It is essential additional staff are sought. There has been a gradual drop in the delivery of NHS services and an increase in private services which is significant within dental and therefore limited NHS dentists are available. **Optometry** There is capacity for additional services in the sector, recruitment is not currently an issue.. Post code differences were noted re available services in some locations. Comms involvement and working in partnership with PCNs would be beneficial. Discussions ongoing re finances.	
	Other Formal Business	
PCC/04/23/14	**Closing remarks, review of the meeting and communications**	
	Nil.	
	Close of Meeting	

Date and time of next meeting:
22nd June 2023 @ 9am
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here: www.cheshireandmerseyside.nhs.uk

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside System Primary Care Committee

Date: June 2023

Primary Care Commissioning, Contracting and Policy Update

Agenda Item No	
Report author & contact details	Christopher Leese Associate Director Primary Care c.leese@nhs.net Tom Knight Head Of Primary Care tom.knight1@nhs.net
Report approved by (sponsoring Director)	Clare Watson, Assistant Chief Executive
Responsible Officer to take actions forward	Christopher Leese/Tom Knight

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Primary Care Commissioning, Contracting and Policy Update

<table>
<tr><td>Executive Summary</td><td colspan="5">The Primary Care Policy and Contracting Update provides the Committee with information and assurance in respect of key national policy and related local actions in respect of the four primary care contractor groups that now fall under the remit of the System Primary Care Committee ;

• GMS/PMS (General Medical Services/Personal Medical Services) and APMS (Alternative Providers of Medical Services) including DES (Directed Enhanced Services)
• General Dental Services/ Community Dental Services
• General Ophthalmic Services
• Community Pharmacy Services

This paper contains ;

• An update on any key areas of policy in the above groups
• Any update on Cheshire and Merseyside issues that the committee need to be aware of for assurance purposes</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>X</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Committee is asked to:

• Note the updates in respect of commissioning, contracting and policy for the four primary care contractor groups.
• Note and be assured of actions to support any particular issues raised in respect of Cheshire and Merseyside specific contractors</td></tr>
<tr><td>Key risks</td><td colspan="5">Risk registers for all four contractor groups are the subject of separate ongoing paper(s) presented to the Committee</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td>Estate</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td>Sustainability</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Route to this meeting</td><td colspan="5">None</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">Will be managed in accordance with the conflict details and by the management of the Chair of the meeting</td></tr>
<tr><td>Patient and Public Engagement</td><td colspan="5">None for this report, but for relevant actions for contract issues under national policy will have patient and public engagement expectations.</td></tr>
</table>

Equality, Diversity and Inclusion	None for this report, but for relevant actions under national policy will have expectations for Equality, Diversity and Inclusion.
Health inequalities	None for this report, but for relevant actions under national policy will have expectations for health inequalities.
Next Steps	Any next steps are including in the report narrative.
Appendices	

Glossary of Terms	Explanation or clarification of abbreviations used in this paper
Detailed in paper as part of Narrative	

Primary Care Commissioning, Contracting and Policy Update

1.0 Background

1.1 Cheshire and Merseyside ICB is responsible for the management of the national contracts for General Practice via a Delegation agreement with NHSE/I (NHS England and NHS Improvement). This delegation agreement commenced 1st July following a national assurance process. GMS, PMS, APMS (and DES) contracts are managed locally via place through the previously agreed matrix of decision making, through local primary care forums. Place are responsible for implementing any national policy changes locally, with any onward assurance collated by the central corporate team to NHS England

1.2 Number of contracts per place in relation to 1.1 is given below ;

	Number of GP Practices	Number of PCNs	Number of GMS Contracts	Number of PMS Contracts	Number of APMS contracts
Cheshire West	43	9	35	4	4
East Cheshire	36	9	20	15	1
Halton	14	2	1	13	0
Warrington	26	5	9	17	0
Liverpool	85	9	77	1	7
Knowsley	25	3	9	16	0
Sefton	45	2	23	12	5
St Helens	31	4	23	7	1
Wirral	46	5	29	15	3

1.3 Management of the national general practice contracts are through the Primary Medical Care Policy and Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/.

The ICB must manage the contracts in line with this Policy Book. Further detailed contract documentation can be found here NHS England » GP Contract

1.4 In addition, since 1st July, the National Community Pharmacy Contracts held previously by NHS England were transferred to the ICB as a core function under similar arrangements to Primary Medical Contracts, following a national assurance process. More information about the national Community Pharmacy Contract can be found via this link https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/. The number of community pharmacy contracts in Cheshire and Merseyside is 590.

1.5 Management of the general dental services (GDS) and PDS contracts is via policy-book-for-dental-services.pdf (england.nhs.uk). There are 335 primary care dental contracts and 26 orthodontic contracts in Cheshire and Merseyside. In addition there are commissioned urgent care services for both in hours and out of hours, along with 4 providers of specialist community dental provision.

1.6 Management of general ophthalmic services is via the National Policy Book for Eye Health NHS England » Policy Book for Eye Health . Provision of General Ophthalmic Services (GOS) including sight testing and dispensing is agreed by contract and there are 2 types of contracts: Mandatory Services contracts, which are contracts allowing provision of GOS in a fixed premises and Additional Services (domiciliary) contracts, which allow provision of GOS to a patient in their home address if a patients cannot attend a fixed premises unaccompanied. In Cheshire and Merseyside there are currently 204 active Mandatory Services contracts and 55 active Additional Services contracts.

2.0 Primary Medical Services (General Practice) Update

2.1 In May, NHS England published the joint NHS and Department for Health and Social Care (DHSC) Delivery plan for recovering access to primary care. This plan is seen as a first step in delivering the vision set out in Dr Claire Fuller's Next steps for integrating primary care. Developed and focuses on improving access to general practice, a key commitment in the government's Autumn Statement. It is also seen as a key action to support tackling the '8AM rush for appointments' and to ensure patients can receive same day support and guidance from their local practice, so they know how their needs will be met when they contact their practice

2.2 Nationally, a record numbers of general practice appointments are being delivered – half a million more every week compared with pre-pandemic. While patient satisfaction with the care received from general practice teams remains high, patients' experience of accessing their surgery has seen a significant drop over the past year, nationally.

2.3 Supported by investment, this plan responds to patient feedback and sets out measures that will make a difference now to staff and patients, focusing efforts on taking pressure off teams and restore patient satisfaction with improved experience of access. This plan provides the details of support for practices and primary care networks to deliver on the requirements of the 2023/24 GP contract.

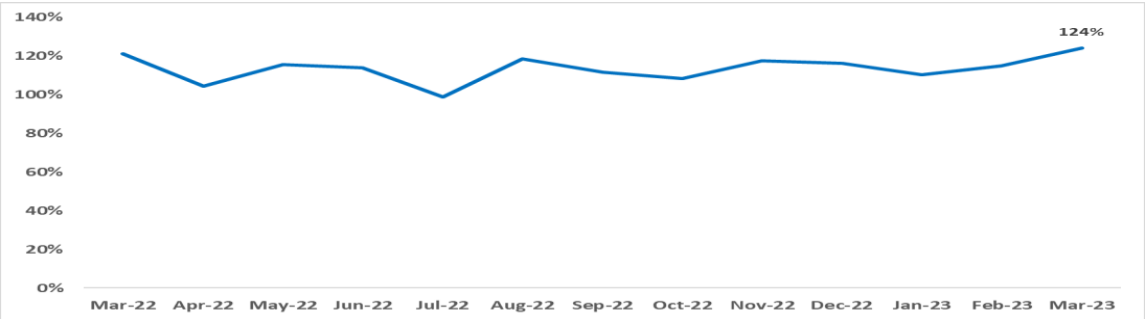
2.4 Proposals to expand the vital role of community pharmacies by consulting on a Pharmacy First service and the oral contraception and blood pressure services are also included in this plan

2.7 Following this paper there will be a **presentation on the ICB's response to the national delivery plan asks**, with the main output(s) being ;

- NHS England will ask ICBs to develop their own system-level access improvement plan, which includes a summation of the actions their PCNs and practices have committed to, including confirmation of the funding and offers each want to take up, and the outcomes expected.
- ICBs should take these plans to their public boards in October or November 2023 with a further update in February or March 2024.ICBs will want to ensure the actions in their plans align with the vision described in the Fuller Stocktake.
- Plans will include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions (including leading local improvement communities, leveraging and promoting universal support offer, and improving the quality of core digital patient journeys for patients and staff and usability of practice websites supported by the national website audit tool).
- Guidance/example system level access improvement plan to be published by 31 July. Guidance/example board report on plan and progress to be published later by 31 August.
- A major change in 2023/24, summarised in the last Committee update, was in relation to the Investment and Impact (IIF) Fund which is an incentive payment for PCS's outside of mandated core contract delivery. 30% of the retargeted IIF incentive to be awarded by ICBs conditional on PCNs achieving agreed improvement in access and experience. These plans are currently being worked up and will be signed off by Place at the end of June.
- This will require systems to understand the GP Patient Survey for their PCNs and practices and triangulate the data with local feedback and insights. NHS England regional teams will play a key role in supporting systems and providing assurance on the delivery of these plans. Local system-level access improvement plans should prioritise supporting those with the lowest patient satisfaction scores.
- Taking local plans and updates through the ICB public boards this autumn will raise transparency. The core data in these plans will be used in regional assurance and national-level public reporting.

2.8 The ICB continues to report via the planning team, in respect of GP appointment restoration and recovery, to the ICB Board. Overall the ICB remains above pre pandemic levels for all appointment forms, summarised below ;

Table 1 - Total appointments delivered against pre-covid baseline



Organisation	Jan-23	Feb-23	Mar-23
Cheshire and Merseyside	112.5%	117.2%	126.7%
North West	112.8%	118.2%	134.9%
England	109.6%	114.5%	129.6%

- Face to Face appointments stand at 105% against pre pandemic baseline
- Telephone appointment stand at 253% against pre pandemic baseline
- The above is reported systematically to the ICB Board

2.9 Previously the Committee had received updates from place in respect of SDF (System Development Funding) for primary care. This funding was (apart from a few system funding schemes), allocated to place to lead and manage. NHSE/I had previously requested a detailed spend and outcomes report which place supported completion of. Given the size of this report it is not included here but can be circulated on request to committee members.

2.10 Guidance for SDF funding for 23/24 has just been released and is currently being worked through, nd will be referenced in the finance update paper. This year's guidance is linked here ;https://www.england.nhs.uk/publication/primary-care-service-development-funding-and-general-practice-it-funding-guidance-2023-24/

3.0 Dental Update

3.1 Commissioners continue to respond to regular MP queries regarding access to routine dental care and liaise with the ICB Patient Experience Team.

3.2 Wherever a clinical need/priority is identified the team support the identification of a suitable practice.

3.3 The Dental Operational Group continues to manage and have oversight of primary care provision and support the restoration of dental activity by contractors. Commissioners met with the C+M Local Dental Committees at the beginning of June and will continue to brief monthly and hold a face to face meeting quarterly.

3.4 Commissioners have been involved in discussions to help shape ICB quality reporting arrangements in primary care. The important role of Clinical Advisors in the quality assurance process has been recognised alongside national processes that have to be adhered to.

3.8 The ICB is working with NHSE regional colleagues to ensure that Clinical Advisors will transfer to the ICB in July as planned. This process is being undertaken across all primary care contractor groups not just dental.

3.9 Commissioners continue to update partners and key stakeholders and recently attended Warrington Health and Wellbeing Board, Warrington Borough Council Health Scrutiny and in the next few weeks will be back updating the Halton Health and Wellbeing Board.

3.10 Commissioners are working with the Local Professional Network and Public Health England on some of the EOIs have been received back from contractors and so far 36 contractors have signed up for the additional sessions regarding in hours urgent care and treatment completion.

3.11 Commissioners are awaiting the year end position from the BSA for 2022/23 and this is expected at the end of June and will be reviewed by the Dental Operational Group.

3.12 Commissioners are still engaged in the final phase or the orthodontic procurement as per the plan. The three incumbent providers have agreed to extensions as previously reported and agreed by the Committee and have still received new patient referrals.

3.13 Commissioners are being made aware of any issues regarding providers who are having difficulty in achieving contracts for 23/24 for example workforce issues. For example, a practice who are unable to recruit have taken a non-recurrent reduction on their target for 23/24. As this is early in the financial year this gives commissioners opportunity to recommission UDAs as non-recurrent within the financial year.

3.14 Commissioners are reporting monthly to the BSA regarding any contractual changes called PCAR (Primary Care Access Report). The last report commissioners updated had 1 practice handing back its contract in May 2023 and since April 2023 there have been 2 contracts handed back in total. The UDAs have been reallocated locally and were not large. Commissioners are sharing information with Place leads and Healthwatch as part of the process. The process is all managed within the NHS England Policy Book and the next Dental Operational Group is being held on 14 June – meetings are scheduled on 6 week meeting cycle.

4.0 Community Pharmacy Update

4.1 Pharmacy Regulations update

Various regulatory changes came into force on 25th May. A full summary of these changes has been included with the minutes from Pharmaceutical Services Regulatory Committee (PSRC), however the main changes that could affect service provision across the ICB are; 100 hour contracts and changes to core opening hours.

- **100 Hours**

Between 2005 and 2012, a number of pharmacies were added to the pharmaceutical subject to Them fulfilling “the 100 hours condition” i.e. they had to continue to be open for 100 hours per week. This was not allowed to be removed or varied.

With effect from 25 May 2023, such pharmacies can now apply to reduce their total number of core opening hours to not less than 72 hours. There are conditions attached to this to ensure that pharmaceutical provision at evenings and weekends is not adversely affected. This will also mitigate against potential impact on patients.

b) Reduction of Core Hours

Pharmacies have two different opening hours schedules – Core and Supplementary.
To change Core Hours contractors must *apply* to the PSRC to have amendments approved whereas supplementary hours changes require the Contractor to *notify* PSRC. Under the new regulations, Contractors may apply to either:

- reduce the total number of core opening hours or
- to keep the same total number, but change the times and days of them.

Previously, the Regulations required the contractor to prove that there had been a change in the needs of patients,to enable the application to be approved. This requirement has been removed. The information included in the application must now demonstrate that the proposed core opening hours are such as to maintain:

- as necessary the existing level of service for people in the area of the pharmacy premises or other likely users of them; or
- a sustainable level of adequate service provision for the people in the area of the pharmacy premises or other likely users of them, in circumstances where maintaining the existing level of service provision is either unnecessary or not a realistically achievable outcome.

Health & Wellbeing Boards are sighted on these changes and the Commissioning team will ensure that they highlight any potential gaps that may be created in the Pharmaceutical Needs Assessment and ensure that due process is followed.

Also, commissioners will need to work with Place and ensure they are fully informed of all changes so as any potential impact on patients and provision can be fully understood.

4.2 Pharmacy Quality Scheme

The details of the 23-24 scheme have been published.

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors who deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

Details of the PQS for 2023/24 have been provided in Part VIIA of the Drug Tariff.

The 2023/24 PQS consists of one gateway criterion and three quality domains:

PQS Domain	Quality Criteria	Points (Band 4 Contractor)
Gateway	Advanced Services – at least 15 New Medicine Service (NMS) consultations	N/A
Medicines safety and optimisation	High risk medicines – anticoagulant audit Palliative and end of life care (PEoLC)	15
Respiratory	Inhaler technique checks Inhaler waste management Referrals for patients using 3 or more bronchodilators in 6 months Use of a spacer in patients aged 5-15 years Personalised Asthma Action Plans (PAAP	25
Prevention	Antimicrobial stewardship and infection prevention and control	20
Total		**60**

Only contractors who have delivered a minimum of 15 NMS between 1 April 2023 and by the end of 31 December 2023 and have claimed for these by 5 January 2024 will be eligible for any PQS payment.

PQS 2023/24 includes an aspiration payment. The aspiration payment must be claimed between 09.00 on 4 September 2023 and 23.59 on 29 September 2023. The maximum number of points for which a pharmacy can be paid an aspiration payment is 70% of the number of points they aspire to achieve. The aspiration payment is optional for pharmacy contractors and not claiming it will not impact on the pharmacy contractor's ability to claim payment for the PQS 2023/24.

The total funding for PQS 2023/24 is £45 million. The funding will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum of £137.50 per point. Each point will have a minimum value of £68.75, based on all pharmacy contractors achieving maximum points. Payments will be made to eligible contractors depending on their band and how many domains they have declared they are meeting.

4.3 Advanced Contraception Service

Since April 24th, following a successful pilot within Cheshire & Merseyside, pharmacies have had the option to register for the Pharmacy Contraception Advanced service.
This service was designed in response to the Community Pharmacy Contractual Framework (CPCF) 2019-2024 commitment to "test a range of prevention services''.

The service is tiered in design and is an integrated pathway between existing services and community pharmacies to enable greater choice and to widen access to services and support for high-risk communities and vulnerable patients.

A person may self-refer or be referred by their general practice, sexual health clinic or equivalent to a participating pharmacy. The pharmacist will offer a confidential consultation regarding the supply of their current oral contraception, ensuring clinical appropriateness.

. The tiered approach will be as follows:

- Tier 1 – Ongoing monitoring and supply of repeat oral contraception (OC) prescriptions
- Tier 2 – Initiation of OC via a Patient Group Direction (PGD)
- Tier 3 – Ongoing monitoring and management of repeat long-acting reversible contraception (LARC), excluding intrauterine systems (IUS) and intrauterine devices (IUD)
- Tier 4 – Initiation of LARCs.

At present, only Tier 1 sits under the Advanced Service. The other tiers will need to be piloted and evaluated. Evaluation of Tier 2 is currently underway. The aim of the service is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics to support meeting the demand for more complex assessments.

This service will help address health inequalities by providing wider healthcare access and signposting service users to local sexual health services.

4.4 Lloyds Closures

Lloyds Pharmacy closure programme continues.

- **Inside Sainsbury.** 4 of these branches have already ceased operating. The remaining 5 are due to close before the end of July. In some cases, the planned closure date has had to be brought forward due to lack of staff and stock creating patient safety concerns. This is a pattern that has been mirrored nationally.

- **Rest of Lloyds.** These branches are currently up for sale. Within C&M there are currently 33 changes of ownership in process, with the remailing 10 branches having no applications listed against them at present.

The commissioning team is working closely with Health & Wellbeing Boards to ensure that the regulatory process is followed, and any gaps created in the Pharmaceutical Needs Assessment are highlighted and the relevant supplementary statements issued.

4.5 Consolidation Application Lodge Lane

An application was made to consolidate the pharmacy at 157 Lodge Lane, L8 0QQ into the existing pharmacy services also provided by Rowlands Pharmacy at 1 The Elms, L8 3SS. Several objections were received from both M.Ps and community representatives. The commissioning team worked closely with Place to ensure there was a full understanding of the regulatory constraints that were applicable in this case and to provide a full response to the required parties. The application was considered at the Pharmaceutical Services Regulation Committee on 16 May 2023.

The committee considered the application in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, but on this occasion made the decision not to approve the consolidation. Therefore, in line with the regulatory process, Rowlands Pharmacy has 30 days from notification to appeal against the decision and at present we are still within this appeal window.

5.0 Optometry Update

5.1 Service provision remains steady with 228 mandatory (High Street) services and 55 additional (domiciliary) providers operating within Cheshire and Merseyside ICB.

5.2 There is an ongoing national review of the contract assurance framework and advanced plans to adapt a new platform moving from a 3 year cycle of contractor declaration to an annual declaration with planned streamlining of the process to include more targeted questions around contractual requirements.

5.3The 1st Optometry Operations Group was held 5th June consisting of Senior Commissioning and Primary Care Leads and also Clinical Advisor, LOC, Digital, Quality and Finance leads with the aim to support co-ordination and delivery of service and to highlight transformational work across the region.

6.0 Recommendations

The Committee is asked to:

- Note the updates in respect of commissioning, contracting and policy for the four primary care contractor groups.
- Note and be assured of actions to support any particular issues raised in respect of Cheshire and Merseyside specific contractors
- Note following this paper, there will be a presentation on the ICB's response to the Delivery Plan for Recovering Access to Primary Care

Officer contact details for more information

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Cheshire and Merseyside ICB
System Primary Care Committee

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NHS
Cheshire and Merseyside

Committee Report

Cheshire and Merseyside ICB
Place Primary Care Meeting
Date: 22 June 2022

DENTAL IMPROVEMENT PLAN 2023-25

Cheshire and Merseyside ICB
Dental Improvement Plan

Date of meeting:	22 June 2023
Agenda Item No:	
Report title:	Dental Improvement Plan 2023-25
Report Author & Contact Details:	Tom Knight
Report approved by:	

Purpose and any action required	**Decision/ Approve**	**X**	**Discussion/ Gain feedback**		**Assurance**		**Information/ To Note**	

Route to this meeting / Committee/Advisory Group previously presented to (if applicable)

Executive Summary and key points for discussion
NHS Cheshire and Merseyside has the delegated responsibility for the commissioning of dental services including primary, community and secondary care. Access to dental services is a local, regional and national issue impacting negatively on patients. The Dental Improvement Plan signals NHS Cheshire and Merseyside's commitment and ambition to ensure that access is improved for both routine, urgent and dental care for our most vulnerable populations and communities impacted by the COVID pandemic.

Recommendation/ Action needed:	**The Committee is asked to:** • Approve the implementation of the Dental Improvement Plan 2023-25 and noting that finances are available and can be committed. • Note that monitoring arrangements will be established using the existing Dental Operational Group and progress reports will be provided to System Primary Care Commissioning Committee. • Note that the Dental Improvement Plan relates only to General Dental Services in primary care. • Note the risk that a national dental improvement plan could be published but commissioners are not aware of timescales and action needs to be taken now to improve access to dental care across the ICB.

Cheshire and Merseyside ICB
Dental Improvement Plan

Which purpose(s) of an Integrated Care System does this report align with?	
Please insert **'x'** as appropriate:	
1. Improve population health and healthcare	X
2. Tackle health inequality, improving outcome and access to services	X
3. Enhancing quality, productivity and value for money	X
4. Helping the NHS to support broader social and economic development	

C&M ICB Priority report aligns with:	
Please insert **'x'** as appropriate:	
1. Delivering today	X
2. Recovery	X
3. Getting Upstream	
4. Building systems for integration and collaboration	X

Place Priority(s) report aligns with: *(Place to add)*	
Please insert **'x'** as appropriate:	

Governance and Risk						
Does this report provide assurance against any of the risks identified in the ICB Board Assurance Framework or any other corporate or Place risk? (*please list*)						
What level of assurance does it provide?						
Limited		**Reasonable**		**Significant**		
Any other risks? Yes / No. If **YES** please identify within the main body of the report.						
Is this report required under NHS guidance or for a statutory purpose? (*please specify*)						
Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken.						
Any current services or roles that may be affected by issues as outlined within this paper?						

Document Development	**Process Undertaken & Impact Considerations**	**Yes**	**No**	**N/A**	**Comments** (i.e. date, method, impact e.g. feedback used). ***Greater detail to be covered in main body of report***
	Financial – any resource impact?	X			Detailed in the report. Confirmation that finances are available.
	Patient / Public Involvement / Engagement	X			Commissioners have shared a draft of the document with Healthwatch.
	Clinical Involvement / Engagement	X			Dental Local Professional Network

					NHSE Dental Public Health Team.
	Equality Impact Analysis (EIA) - any adverse impacts identified? EIA undertaken?			X	
	Regulatory or Legal - any impact assessed or advice needed?		X		
	Health Inequalities – any impact assessed?	X			Oral Health Needs Assessments for each Place have been completed post COVID-19. In addition to recent Needs Assessments for Paediatric and Special Care Adults and Children.
	Sustainable Development – any impact assessed?			X	

Next Steps:	Implementation of Plan as agreed by Committee Establish monitoring and reporting arrangements Agree criteria for evaluation of projects

Responsible Officer to take forward actions:	Luci Devenport

Appendices:	

Dental Improvement Plan 2023-25

1. Executive Summary

1.1 NHS Cheshire and Merseyside has the delegated responsibility for the commissioning of dental services including primary, community and secondary care. Access to dental services is a local, regional and national issue impacting negatively on patients.

1.2 National contract reform is very slow paced, leaving patients unable to access care when and where they need to.

2. Introduction / Background

2.1 The Dental Improvement Plan signals NHS Cheshire and Merseyside's commitment and ambition to ensure that access is improved for both routine, urgent and dental care for our most vulnerable populations and communities impacted by the COVID pandemic.

2.2 The Committee is asked to note that a national dental improvement plan is being developed however commissioners are unaware of timescale and no documents have been shared.

2.3 A national dental workforce plan is also expected soon. This presents a risk to local planning however doing nothing and waiting, commissioners believe is not an option.

2.4 Whilst national plans are being developed, the pace of contract reform has been historically slow and a local plan for 2023-2025 will ensure access for the population of Cheshire and Merseyside improves in the absence of national policy.

3. Finance and supporting information

3.1 The finances required to underpin the plan are listed in Table 1 on Page 5 and consist of both non recurrent and recurrent funding elements – identified as *ongoing* on the table below.

3.2 The finance required and projects listed relate only to General Dental Services in primary care. Community dental services and those delivered in secondary care settings are out of scope for the plan.

3.3 There are 283 General Dental Services contracts in primary care and 85 Personal Dental Services (this figure does however include out of scope orthodontic, oral surgery and by quirk of contract type community dental services).

3.4 Annually there is under performance against contract delivery and this allows commissioners to reinvest in year and on a non-recurrent basis.

3.5 There are two reviews of the contracted performance delivery completed each year by the Business Service Authority. The first is the mid-year review which is completed in November and is based on the first 6 months of activity. Contracts must have delivered over 30% of their full contracted activity by this review, if this activity has not been achieved then additional measures for the remainder of the financial year can be established by commissioners.

3.6 The second review is the annual review which is completed in July following all activity having been delivered and uploaded onto the BSA system for the financial year. At this point there is a nationally agreed tolerance for both under/overperformance, if underperformance is below tolerance (96%) the overpayment is 'clawed back'.

3.7 Some of the projects in the plan will require funding beyond 2023/24 and 2024/25 even if time limited and if they are more than 6 or 7 months in duration.

3.8 It should be noted that some of the projects have already commenced and were agreed by NHSE who at the time had commissioning responsibility. Specifically, this relates to Urgent Care provision and the ICB was party to the agreements made at the time. EOI's have gone out and arrangements put in place and subsequently reflected in the delegation process to the ICB and finance due diligence process.

3.9 Overall funding of dental services is listed below with the primary care allocation being by far the largest allocation. The 2023/24 funding allocations made to ICB are:

SECONDARY DENTAL	£36,677,186
COMMUNITY DENTAL	£12,410,872
PRIMARY CARE	£129,697,134

3.10 Commissioners have been working with finance colleagues who are able to confirm that funding is available to support the plan as listed below.

3.11 Commissioners have assessed the risk of double paying practices across all projects. Projects are based on different cohorts of patients, but this will be reviewed by commissioners on a regular basis.

Table 1. Funding requirements

Dental Improvement Plan funding requirement

Project reference	Funding Requirement			Comments
	2023/24 £'000s	2024/25 £'000s	Ongoing £'000s	
Project 1	0	0	0	Amendment to current contract. Flexible commissioning
Project 2	214	420	420	Assumes Oct 23 start, from contract underperformance
Project 3	2,275	3,900	3,900	Assumes Sept 23 start, from contract underperformance
Project 4	300.0	300.0	300.0	From contract underperformance
Project 5	108.0	215.0	215.0	From contract underperformance
Project 6	89	153	153	Assumes Sept 2023 start
Hard to Reach Groups	tbc	tbc	tbc	From contract underperformance
Workforce	250.0	550.0	550.0	Possible £550k per annum
Stakeholder Engagement	0	0	0	TBC
Total	**3,236**	**5,538**	**5,538**	

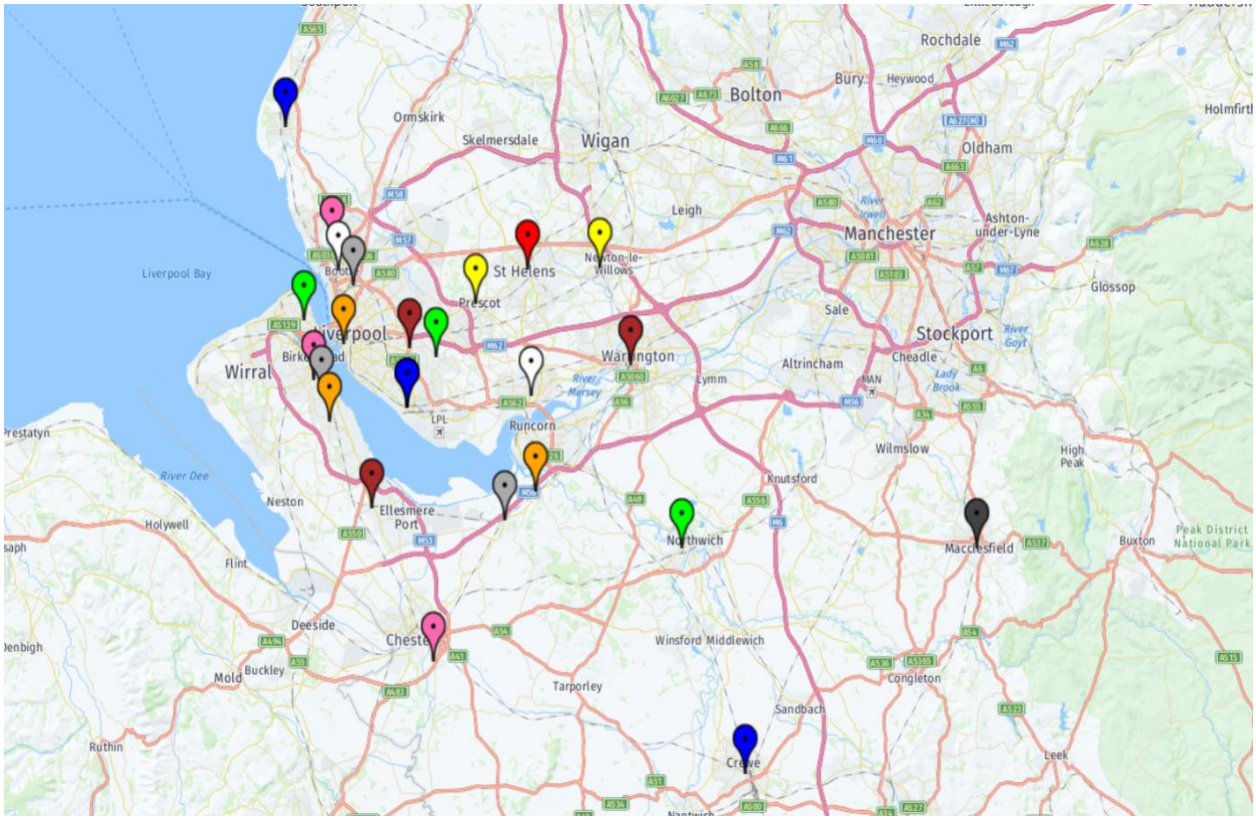
4. Project supporting information

4.1 The following information has been provided to support the projects outlined in the plan and should be read alongside.

Project 1

Agreed by NHSE up to March 2024.

The map below shows the locations of existing urgent dental care provision.



Updated oral health needs assessments have been used to additional sites/contractors. The timeline for any new providers will be over the next 4-6 weeks.

Commissioners are taking a flexible commissioning approach and activity will be within existing contract values.

Project 2

Commissioners will pilot initially. It is envisaged this will take two months, one month to evaluate and rollout from October onwards.

Project 3

This will commence immediately but will require issuing of Service Level Agreements. The figure has been confirmed by finance as being available non recurrently each year from dental under performance.

30,000 additional appts are planned to be made available and commissioners will use criteria to ensure the right practices are able to offer additional activity in the right places.

Project 4

Only a small number of practices achieved 100% based on year 22/23. Where there is capacity within a practice to allow over performance up to 110%, commissioners will work with the provider. Anticipated financial impact is circa £300k. In 2022-23 there were approximately 30 practices who performed over nationally agreed tolerance of 102% .

Project 5

Practices chosen by an EOI process and standard criteria used. Pilots undertaken in Sefton Liverpool and Knowlsey and based on local needs assessments.

Project 6

A proposal at this stage aimed at developing an integrated approach with Place. A lead GDP in each Place identified and working within Place primary care governance arrangements.

Project 7

Commissioners are currently working on final financial details regarding these projects. For ease they are grouped under one overall project.

Project 8

The model and complete costs are yet to be determined however the investment in Foundation Dentists could assist with recruitment and retention. It is envisaged that this would encourage dentists to remain in Cheshire and Merseyside. The costs are based on an MSc and an extended training pathway in each Place.

The ICB has established a Centre for Dental Development Task and Finish group to look at existing provision for Trainees, Foundation Dentists and a future model working with Liverpool School of Dentistry, former Health Education England Dental Dean (now NHSE) and other key stakeholders.

5. Recommendations

5.1 The Committee is asked to:

- Approve the implementation of the Dental Improvement Plan 2023-25 and noting that finances are available and can be committed.
- Note that monitoring arrangements will be established using the existing Dental Operational Group and progress reports will be provided to System Primary Care Commissioning Committee.
- Note that the Dental Improvement Plan relates only to General Dental Services in primary care.
- Note the risk that a national dental improvement plan could be published but commissioners are not aware of timescales and action needs to be taken now to improve access to dental care across the ICB.

6. Officer contact details for more information

Luci Devenport

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NHS
Cheshire and Merseyside

PRIMARY CARE DENTAL IMPROVEMENT PLAN 2023 - 2025

DRAFT VERSION 1.7 14/6/23

STRATEGIC AIMS	RISKS AND OPPORTUNITIES
TO IMPROVE ACCESS TO GENERAL DENTAL SERVICES AND URGENT CARE • **Recovering dental activity, improving delivery of units of dental activity (UDAs) towards pre-pandemic levels and in line with Operational Plan trajectories** • **Focussing on access for inclusion health and deprived populations and make sure they are prioritised** • **Delivering the ambition that no patient will wait longer than the nationally defined period for an urgent appointment at a General Dental Practice** • **Support greater workforce resilience and development in conjunction with NHSE colleagues (formerly HEE) and other partners**	**KEY RISKS** • Workforce recruitment, retention and fatigue • NHS contract hand backs and practice resilience • Pace of restoration delivery requirements • Lack of flexibility with national contract to innovate • Patient demand and oral health needs post COVID **OPPORTUNITIES** • Flexible commissioning within existing national contract • Commissioners and stakeholders can inform future contract reforms • Agreements to work differently/innovate • Stakeholder engagement and collaborative working • Working with Place and local Health and Wellbeing Boards • Focussing on improving oral health and prevention - good oral heath gives good general health • To inform patients and greater awareness of how dental services are commissioned and delivered • To focus on the broader dental workforce and develop portfolio dental careers • The dental allocation is ringfenced for two years and can be used to underpin restoration and recovery • Develop approaches to greater integration of dentistry with Primary Care Networks as part of Delegation Agreement • Inclusion of dentistry in the Cheshire and Merseyside Primary Care Strategic Framework.

RECOVER DENTAL ACTIVITY IN LINE WITH OPERATIONAL PLAN REQUIRMENTS	Supporting contractors in the delivery of UDA trajectories Recover and aim to commission previous levels of activity across the ICB. Monitor and review dental activity reporting. Commission dental services in line with NHSE Dental Policy Manual Work with Places to develop ways of working and integrating into commissioning cycle BUT not delegating to Place Ensure compliance with Dental Assurance Framework to monitor quality and safety. Encourage skill mix and increased use of wider dental team	• Increased activity by quarter and improved access to routine care • Contracts that are under performing as part of the mid-year review process are required to submit action plans to identify recovery • Reallocate UDAs where activity is handed back non-recurrently. • Practices that are more resilient and commissioners are informed earlier when a practice is struggling. • Practices that are performing well are able to accept additional UDA activity. • Early identification practices where there are quality concerns.	Dental Commissioning Group working with Place teams System Primary Care Commissioning Committee **OPERATIONAL PLAN METRICS:** **Quarter 1 2023/24** **807,594** **Quarter 2 2023/24 1,199,908** **Quarter 3 2023/24 1,182,605** **Quarter 4 2023/24 1,409,894** **Dental Access data source:** **NHSBSA/COMPASS reported by Place and aggregated for C+M** • **Adults** • **Children** **NHS Digital Annual Report** **Dental Assurance Framework/NHSBSA data**	2023/24 dental allocation to ICB	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **ENHANCING PRODUCTIVITY AND VALUE FOR MONEY**

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	**PROJECT 1** Continuation of network of practices formerly known as Urgent Care Centres. Maintain existing 24 sites for a further 12 months up to March 2025 with review in place in 2023/24 to influence 2024/25 Add additional 6 sites based on local needs in Knowsley Sefton East Cheshire Warrington Halton Chester Run EOI process in each Place and assess indicators such as: • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice	• Urgent dental care for patients that do not have a regular dentist with a follow up appt for definitive care following the urgent intervention. • Increased number of practices involved in provision of Urgent Care Plus Pathway • Support for care homes and evaluation will assess need for future provision- improving skill mix. • Increasing access with a focus on vulnerable patients including cancer care and cardiac • Supporting patients accessing the right care at the right time. • Local authorities will meet statutory requirements in terms of access and annual reporting and Looked After Children and those children at risk.	Dental Commissioning Group working with Place teams System Primary Care Commissioning Committee **METRICS:** **Number of Urgent Care Centres by Place and population** **Number of appointments booked by the Dental Helpline Service** **Target of additional 3600 urgent care slots per year (50 weeks) across C+M**	No additional funding required and provided within current contractual envelopes and using flexible commissioning model.	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS**

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	**PROJECT 2** Dental practices in place linked with care homes to support/facilitate with individual oral health plans/training/appt at practice where required/end of life care. Pilot for 2 months with 2 practices and subject to evaluation then roll out across C+M Run EOI process in each Place and assess indicators such as: • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice	• Support for care homes and evaluation will assess need for future provision- improving skill mix. • Increasing access with a focus on vulnerable patients • Supporting patients accessing the right care at the right time	Dental Commissioning Group working with Place teams System Primary Care Commissioning Committee **METRICS:** **Up to 50 practices in situ across C+M** **Each practice looks after/supports 3-4 care homes by Place**	One off fee for equipment of £300 Each session is 3.5 hours at £350 per session. 2 session per month required. Additional payment should a domicillary assessment be required. Investigate costs of transport arrangements Funding required: For pilot stage £3.5k plus initial set up costs. Following pilot stage and full roll out of 2 sessions per month (£350 per session) Funding required: £214k in 2023/24 £420k in 2024/25 *caution regarding domicillary as evaluation may identify further care	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS**

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	**PROJECT 3** Develop access sessions for all new patients across 60 practices. Capacity for additional 30,000 appointments Commissioners will also link with local authorities to identify suitable organisations who work with vulnerable populations e.g. • Homeless population • Asylum Seekers • Womens Refuges Run EOI process in each Place and assess indicators such as: • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice Monitor compliance with NICE recall guidance and ensure access for those with greatest care needs	• Access for new patients with no regular dentist • Patients would be assessed, made dentally fit within the sessions and accepted by a dental practice for ongoing routine care.	Dental Commissioning Group working with Place teams/Local Authority to identify priority vulnerable patient groups System Primary Care Commissioning Committee **METRICS** **Reporting:** • **Dental data Pack NHS England** • **Audit and/or via EDEN / Compass System**	Funding required: BD Guild rate £650 per session x 2 per week in additional to UDA delivery £2.275 million 2023/24 additional funding required.	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS**

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	**PROJECT 4** Pay for over achievement in UDA activity for all practices up to 110% of annual contracted activity for year 23/24 (as agreed for the last financial year) Monitor compliance with NICE recall guidance and ensure access for those with greatest care needs.	• Improving access in practices where there is capacity	Dental Commissioning Group System Primary Care Commissioning Committee **METRICS** **Reporting:** • **Dental data Pack NHS England** • **NHSBSA year end report**	Estimate of £300k based on year 22/23. From existing funding allocation.	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS**

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	**PROJECT 5** Expansion of Advanced Child Care Dental Practices (ACCDP) across C&M Training and development for practice teams prior to accepting referrals. Onward referral via the e-referral management system to a primary care dental practice where on assessment the child is deemed unsuitable for specialist service. Run EOI process in each Place and assess indicators such as: • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice	• Reducing referrals for GA and reducing waiting times for access to specialist service. • ACCDP practice focus on stabilisation and prevention for referred child. • Identify training need in referring primary care dental practice.	Dental Commissioning Group System Primary Care Commissioning Committee **METRICS** **Reporting:** • E-referral management system report. • **Data capture form**	30 Practices £500 set up fee £100 per referral Funding required: 30 x £500 = £15000 Expectation of approx. 2002 Referrals = £200,200	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS** **Core 20 plus 5**

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	**PROJECT 6** Develop integrated approach with primary care teams at Place across the ICB Identify Lead clinician at Place level Provision of training in leadership for local clinicians.	• Integration of dental commissioning at Place level and improved feedback loop • Identified lead for peer support for practices • Supporting Place with challenges/issues arising feeding into LDN • Support integration of wide primary care and working with PCNs	Dental Commissioning Group System Primary Care Commissioning Committee **METRICS** **Reporting:** • Number of monthly sessions • Number of lead clinicians identified	Funding required: BD Guild rate £340 per 3.5 hours Rate can be split depending on attendance at meetings Variable cost: 9 x 340 x 50 maximum (one session per week annually) = £153,000 Funding required 2023/24 £89K Funding required £153K	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS**

ACCESS FOR HARD TO REACH AND VULNERABLE GROUPS	**PROJECT 7** Special care MCN lead development of referral process for non-dental professionals Purchase of Bariactric chairs for CDS and one primary care practice per place (may need funding per referral for primary care Paediatric MCN review of needs assessment working towards single point of contact for referrals and collaborative working Ensuring MCM training completed for all care homes in C&M Pilot for MMCM in Alder Hey & Special school in Knowsley (Bluebell Park) Collaboration with Clatterbridge/LUFT – to further expand breast cancer pathway to other priority patients (cancer/cardiac) Starting Well-prevention schemes (in practice/ Community based) Introduction of enhanced UDAs to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.	• Targeted Prevention • Improving access for priority patients and ensuring no delays in cancer/cardiac care • Improving access for children • Improving/education on prevention with evidence based practice i.e. fluoride varnish application/supervised toothbrushing/distribution of paste and brushes. • Improved skill mix • Improved access for priority patients (may require funding for FDS depending on numbers.)	Local Dental Professional Network Managed Clinical Networks **METRICS:** • **Number of priority patients accessing care** • **Completion of training in Care Homes** • **Number of enhanced UDAs offered to practices** • **Number of Starting Well Prevention schemes**	Funding required 2023/24 TO BE CONFIRMED	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS** **LINKS TO CORE20PLUS5 AND CLINICAL PRIORITIES**

WORKFORCE	**PROJECT 8** Work with existing providers and develop training provision at River Alt and Leasowe. Produce baseline information of current arrangements with Trainees and Foundation Dentists. Consider development of one existing DFT training practice in each Place. Continue to develop links with Liverpool University School of Dentistry Link to ICB Primary Care Workforce Steering Group as part of overall future work plans Undertake dental workforce survey to inform overall C+M workforce strategy Investigating the use of PGDs to enable extended roles (DCPs) Long term development of a model for Centres of Dental Development **NOTE** **National workforce planning document due imminently**	• Universal framework for dental trainees in place. • Potential to contribute to dental access improvement • Extended roles for wider dental team including dental nurses, therapist and hygenist (DCP) • Dental Workforce data baseline established as part of wider workforce strategy • Patients will be seen by the most appropriate professional within the scope of practice • Develop a model that retains Foundation Dentists with offer of additional training pathway / qualifications and agree return of service agreement.	Dental Commissioning Group C+M Workforce Steering Group **METRICS:** **Number of dental trainees in practices** **Number of additional sessions provided by trainees** **Number of Foundation Dentists** **Dental Data Reporting - Dentistry - FutureNHS Collaboration Platform:** **Percentage of CoTs assisted by Dental Care Practitioners (DCPs)** **Percentage of UDAs assisted by Dental Care Practitioners**	2023/24 dental allocation to ICB Delivery of existing PDS agreements. Funding required: Foundation Dentists training and development 2023/24 £250k 2024/25 £550k	**CHESHIRE AND MERSEYSIDE PEOPLE BOARD** **ENHANCING PRODUCTIVITY AND VALUE FOR MONEY**

STAKEHOLDER ENGAGEMENT	Establish Dental stakeholder group building on existing LPN structures. Continued Engagement with Healthwatch across C+M Continuing to work in partnership with dental public health teams in local authority Continued collaboration with NHSE NW regional Dental Public Health team. Development of combined oral health strategy with LAs. Support Place Directors / Place Teams when briefing HWBs and local stakeholders. Utliise ICB Patient Experience Teams at Place level	• Clear and transparent messages to the public and patients about what to expect from primary care dentistry • Healthwatch are informed and kept up to date on service developments and able to report patient feedback to commissioners • Continue to work with LDCs	Stakeholder group meets every 6 months Patient Experience Teams at Place NHSE NW Dental Public Health team Quarterly Healthwatch meetings	No additional funding required	**IMPROVING POPULATION HEALTH AND HEALTHCARE.** **TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS**

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside System Primary Care Committee

Date: 22nd June 2023

Primary Care Workforce Update

Agenda Item No	
Report author & contact details	Dr Jonathan Griffiths Associate Medical Director, Primary Care jonathan.griffiths@cheshireandmerseyside@nhs.uk
Report approved by (sponsoring Director)	
Responsible Officer to take actions forward	Christopher Leese c.leese@nhs.net

Primary Care Workforce Update

Executive Summary	This paper presents updates in relation to primary care workforce, primarily based on updates from the Primary Care Workforce Steering group and ongoing initiatives across the system, complimenting work being undertaken at place level, which will be included in any place transformation updates. It should be noted that primary care workforce issues are also discussed at the People Board. This paper covers issues in all four primary care contractor groups.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

Recommendation	The Committee is asked to ; • Note and discuss the update in relation to primary care workforce issues, including workforce figures. The report is for assurance purposes.
Key risks	Any relevant risks are highlighted in the body of the report

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
			X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**

Route to this meeting	
Management of Conflicts of Interest	Will be managed in accordance with the conflict details and by the management of the Chair of the meeting
Patient and Public Engagement	None for this report, but for relevant actions would be managed under the defined programme areas.
Equality, Diversity and Inclusion	None for this report, but for relevant actions would be managed under the defined programme areas
Health inequalities	Would be managed under the defined programme areas.
Next Steps	
Appendices	**Appendix 1 – Draft Terms Of Reference for Primary Care Workforce Steering Group** **Appendix 2 - Primary Care workforce report**

Glossary of Terms	**Explanation or clarification of abbreviations used in this paper**
Detailed in paper as part of Narrative	

Primary Care Workforce Update

1.0 Background

1.1 It had previously been agreed that the System Primary Care Committee would receive a regular update on Primary Care workforce issues, given it is a key enabling factor for much of the ongoing system pressures, transformation work and is a noted contributory issue to risks on the primary care risk register.

1.2 It should be noted that the People Board, also receive information in relation to primary care workforce issues and many place undertake their own local integrated approach to workforce. Both the People Board and respective places are developing approaches and strategies that may include specific areas in relation to the primary care workforce.

1.3 Primary Care workforce is also a key part of the 'Building Capacity' pillar of the Primary Care Access Recovery Plan with considerable cross over into other elements of the overall plan.

1.4 Since the last Committee meeting, the Primary Care Workforce Steering Group has met, and the outputs from that meeting form part of the update to the Committee.

1.4 The Primary Care workforce update covers all four primary care contractor groups.

2.0 Update

2.1 **GP Retention Return** – in May the ICB was asked to submit a GP Retention System Delivery Plan return focusing on planned numbers , evaluation and some narrative on delivery in relation to GP retention initiatives planned or in train. The SDF (System Development Funding) guidance had not been released at that time so the return pre dates that – but it was noted that the following areas should continue to be considered for funding as broad themes, pending the guidance ;

(i) Supporting Mentors
(ii) GP Fellowships.
(iii) Local Retention initiatives
(iv) Flexible Pools

- Fellowships and Supporting Mentors;
  - Allocations would be made based on planned delivery and monies are paid to ICBs based on actual delivery.
  - Although a fair share allocation is planned for Q1, this will be adjusted based on planned numbers in system delivery plans and subsequent delivery reported via usual reporting.
  - Fellows joining the Fellowship Scheme in 2023/24 will be funded for two years.

- Local GP Retention Fund and Flexible Pools;
  - Flexible Resource Pools are pools or groups of workers managed flexibly and proactively to make the most efficient use of an organisation's workforce, this can be digital or a 'bank' approach. There is some national guidance in relation to flexible pools ; https://www.england.nhs.uk/long-read/primary-care-flexible-staff-pools-guidance-2022-23/
  - It is intended these schemes are pooled into the Primary Care Transformation budget and ICBs will have local autonomy over the scale of delivery.
  - The requirement remains that each ICB must support retention through local retention schemes and must have a digitally enabled flexible pool.
  - System delivery plans should be prepared based on receiving fair share allocations.

2.2 Each place was asked to contribute towards the GP retention plan and submitted a local version that was incorporated into the overall system response. This was collated by the Cheshire and Merseyside training hub, who then triangulated their workplan into the return so that there were sets of high-level initiatives and themes for the return, as requested by NHS England.

2.3 Themes pulled out as part of local GP retention based initiatives were ;

- Networking and engagement
- Portfolio career development
- Coaching and mentoring
- Equality, diversion, and inclusion initiatives
- Training and skills development
- Wellbeing offers
- Flexible pot to allow for specific place led retention initiatives.

2.4 The return is currently being moderated at national level but the feedback from region has been positive, noting that there is allowed flex within the plan between areas, in line with the newly released SDF funding guidance. A summary of the subsequently released SDF funding rules is linked in the policy and contracting update and has been summarised in the finance update. There will need to be a further triangulation of the return against the ICB's action plan to support delivery of the national access recovery work, by the relevant lead(s). A copy of the submitted retention plan is available from the officers named in this report.

2.5 In May, the first meeting of the ICB's **Primary Care Workforce Steering group** took place, with multi speciality, officer, clinical and place representatives in attendance. The draft terms of reference for the group are given in **Appendix 1**, these are being submitted to the People Board for approval. But, as agreed, outcomes and issues from the meeting will be reported to the System Primary Care Committee, noting Dr Jonathan Griffiths who attends this Committee, is the Chair of the steering group.

2.6 The key issues discussed at the meeting were as follows ;

- ARRS (Additional roles) Progress - Funding is due to increase this year and plans/momentum to ensure this happens this year. As part of this it was recognised we needed regular system level actual numbers and spend updates.
- Presentations on initiatives such as 'Next Gen GP', 'Wise GP' and the collaborative staff bank(s)
- Agreement on approach to the Professional Education Development (PED) from NHS England
- Presentation on Workforce data/Workforce dashboard and agreement on what metric are required and what data gaps exist.
- Presentation on the Training Hub programme for 23/24
- Presentation on the draft Primary Care Strategic Framework workforce elements.
- A Dental Deanery update on dental workforce challenges
- LPC (Local Pharmaceutical Committee) feedback on Community Pharmacy challenges in relation to workforce, including pharmacist retention.
- Optometry workforce update including issues in relation to prescribing training

Other issues recognised/discussed were ;

- Importance of connectivity to each place's approach to workforce and ensuring this is part of the overall system approach.
- Having access to a single set of metrics for all contractor groups, in one place

- The challenge of accessing/collating information for all the contractor groups in terms of workforce.
- Ensuring balanced time in the meeting for all contractor groups, noting there may need to be task and finish groups outside of the steering group
- The scale of the challenge in particular for dental, community pharmacy and general practice
- Development of a system wide workforce plan for primary care, for discussion with the people board (noting the workforce plan that underpins the recovery plan for access, is still awaited)
- Agreeing a process for considering initiatives requiring funding, as part of the discussion with the People Board.

2.7 A project group is looking at the feasibility of a **Primary Care Staff Bank**. The current status of the project was also brought to the workforce steering group. There has been mixed response from General Practice with regard to the proposals, but it was felt that work should continue to explore what could be developed. The workforce steering group supported the need for this scoping to continue.

2.8 **Workforce numbers** – at the last meeting it was requested that we provided an update on available primary care workforce numbers. This is given as a separate attachment to the paper as **Appendix 2**, for ease of reference. These were discussed at the workforce steering group and will underpin actions in relation to the access recovery plan. It was noted that for contractor groups other than general practice, there is a void of available information/metrics and further work is required in this area.

3.0 Recommendations

The Committee is asked to ***discuss*** and ***note*** the update in relation to primary care workforce including the latest workforce figures in appendix 2. The report is assurance purposes.

4.0 Officer contact details for more information

Chris Leese
Associate Director of Primary Care – c.leese@nhs.net
c.leese@nhs.net

Appendix 1 – Draft Terms of Reference for Primary Care Workforce Steering Group

Cheshire and Merseyside ICB

Primary Care Workforce Steering Group

Terms of Reference

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Document revision history

Date	Version	Revision	Comment	Author / Editor
30.3.2023	1.0	Initial ToRs		Christopher Leese
22.5.2023	2.0	Amended following first meeting		Christopher Leese

Awaiting feedback from People Board

Review due 1.9.2024

NHS Cheshire and Merseyside ICB

Terms of Reference Primary Care Workforce Steering Group

1.0 Background

- The Primary Care Workforce Steering Group focuses upon ensuring the primary care workforce aspects of the wider ICB workforce programme are achieved. Reporting also into the C&M People Board and System Primary Care Committee to ensure that there is visibility of Primary Care Workforce developments across the health and care sector of the ICB and region . Primary Care includes – General Practice, Community Pharmacy, General Ophthalmic Services and Dental services

2.0 Purpose

- To manage and/or make recommendations for funding streams relating to primary care workforce under SDF funding and other sources, in line with delegated authority from the People Board
- To support the development of a Primary Care Workforce vision and strategy at System and Place level
- To ensure that there is a credible and agreed baseline profile for the general practice and primary care workforce within Cheshire and Merseyside, to aid effective workforce planning and modelling across Primary Care Networks (PCN).
- That critical workforce gaps and risks are clearly identified with an informed and appropriate prioritised plan developed to address the gaps & risks identified.
- To support the future development of the workforce action plan ensure it reflects the level of local progress within the context of any other emerging priorities or risks within PCNs.
- To consider and plan how the utilisation of any national and local workforce development and education initiatives, including access to available funding relevant to general practice and primary care, might be connected and presented to enable their best application and adoption within Cheshire and Merseyside through the Primary Care Training Hubs across C&M.
- To monitor and report progress on the workforce aspects of the Planning Guidance and other national policy,
- To connect place, corporate and other primary care workforce leads and stakeholders to achieve common aims of improving workforce retention, recruitment and maximisation of workforce resources
- to ensure wider workforce needs such as health, wellbeing, training, support and OD are factored into planning at all levels
- To facilitate partnership working with the training hub including overview of delivery of work programme
- To further support the NHSE delegation of Primary Care to the ICB which includes responsibility for workforce development
- Supports the role of the People Board and the Boards responsibilities.

- Supports Place in relation to it's workforce responsibilities and place level primary care workforce plans
- To receive and assess national workforce policy, guidance and contractual requirements in relation to Primary care, ensuring implications are identified
- To support the development of robust implementation plans across C&M, across all 9 Places
- To support and underpin the ICB's Primary Care Strategic Framework
- To support roll out of national contractual asks such as ARRS (Additional Roles)
- To support and lead new initiatives in relation to wellbeing of practice staff.

3.0 Membership

Core membership of the C&M primary care workforce steering group will include the following representatives who may nominate deputys to attend:

- Associate Medical Director for Primary Care (Chair)
- Associate Director of Primary Care
- Head of Primary Care
- AD for Transformation and Partnerships (PC AD Lead)
- Officer Place Representatives PC Leads x 2
- Associate GP Dean (Cheshire and Merseyside) / Deanery Representative
- Representative from People Team, ICB (Vice Chair)
- BI Lead for People/Workforce
- NHS England workforce team rep
- C&M Primary Care Training Hubs Representatives
- LMC representative
- LDC representative
- LOC representative
- LPC representative
- Dental Deanery Rep
- ICB Finance representative
- ICB Lay representative

Other stakeholders will be co-opted as necessary dependant on the agenda

4.0 Working Arrangements

4.1 Frequency of Meetings:

Meetings shall be held bi monthy

4.2 Administration:

To be supported by the ICB Primary Care primary care contracting (central) team

- providing facilities to support the effective operation of the steering group
- coordinate meeting agendas and papers, distributed five working days in advance of any meeting
- providing a record of discussions and agreed actions following each meeting within 5 working days

4.3 Expectations of members:

Each member of the steering group will:

- attend or endeavour to send an appropriate delegate to each meeting to ensure the agenda moves forward to agreed timescales
- ensure there is a system in place to cascade information within their organisation
- be responsible for supporting the development and implementation of the work plan
- be open, honest and transparent
- provide the steering group with timely updates and progress against work plan

5.0 Governance and Reporting

Primary Care Workforce Steering Group will report directly to:Cheshire Merseyside People Board on progress and use of any allocated resource.

A report will also be provided to Cheshire and Merseyside System Primary Care Committee

The Primary Care Workforce Steering Group will receive reports from any task and finish group established in relation to the workforce

6.0 Review

The terms of reference will be reviewed after 6 months from date of ratification

Cheshire & Merseyside Primary Care Workforce Overview March 2023

NHS Cheshire and Merseyside

Contents:

2. C&M Total Workforce Overview

3. C&M Age Profile

4. GPs

5. GPs in Training Grade

6. Nursing

7. Direct Patient Care

8. Admin

9. GP Projections

10-18. Old CCG Area Overviews

19-21. PCN Workforce (ARRS) Overviews

22. NWRS Data Quality Summary

Cheshire & Merseyside Total Workforce Overview

GP Workforce Dashboard

Percentage of staff type

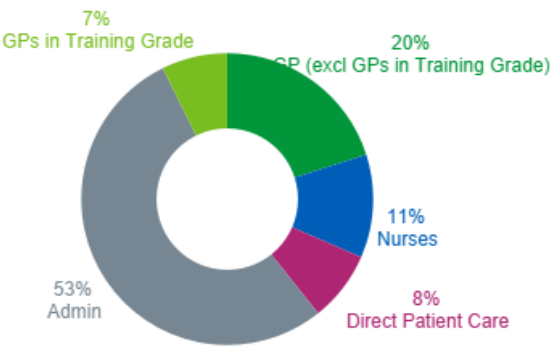
NHS England

Clear All

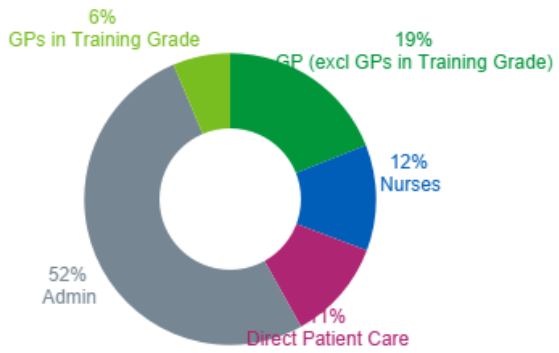
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	All	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
1,351	489	773	525	3,599	6,737

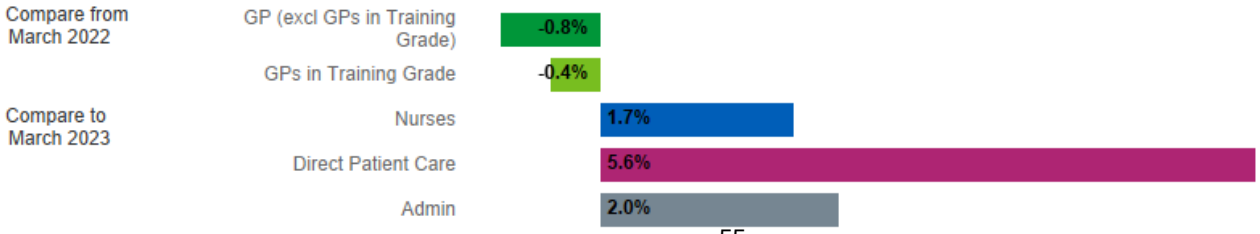
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Cheshire & Merseyside Age Profile

GP Workforce Dashboard

Age Profiling

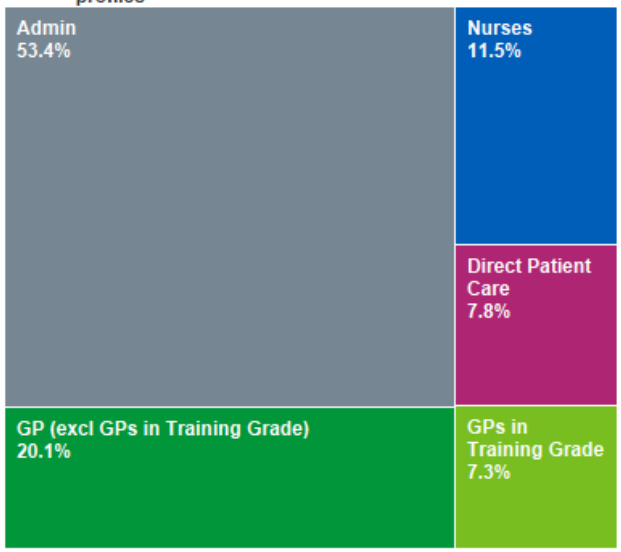
NHS England

Clear All

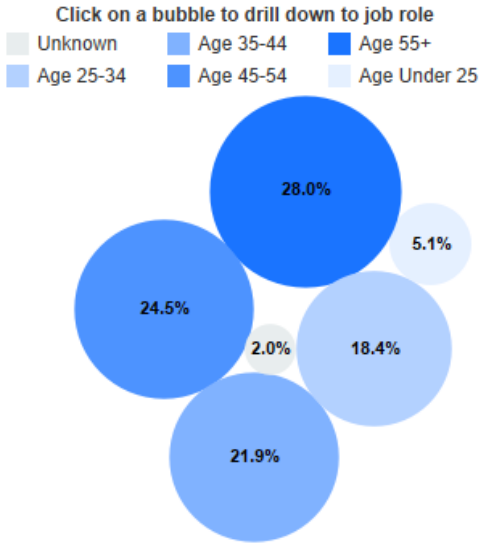
Region Name	ICB Name	Sub-ICB Name	Census Date	Select FTE or Head Count
North West	NHS Cheshire and Merseyside ICB	All	3/31/2023	FTE

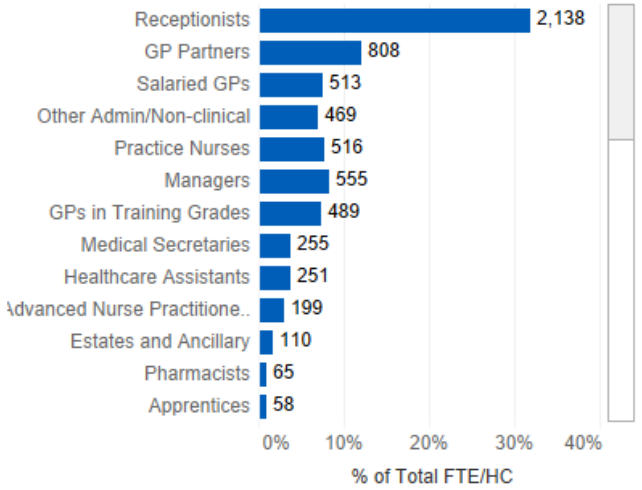
This analysis does not inlcude FTE nor headcount estimates

Click on a chart segment to drill down to age profiles



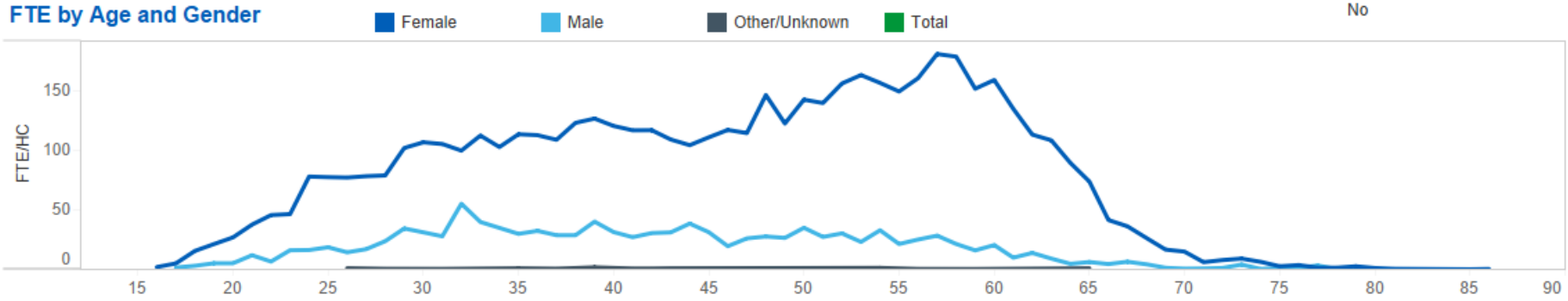
Click on a bubble to drill down to job role





Show Total
No

FTE by Age and Gender



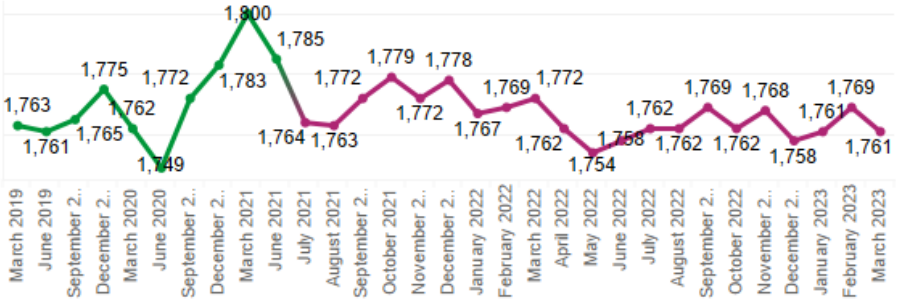
Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

GP (excl GPs in Training Grade) - NHS Cheshire and Merseyside ICB

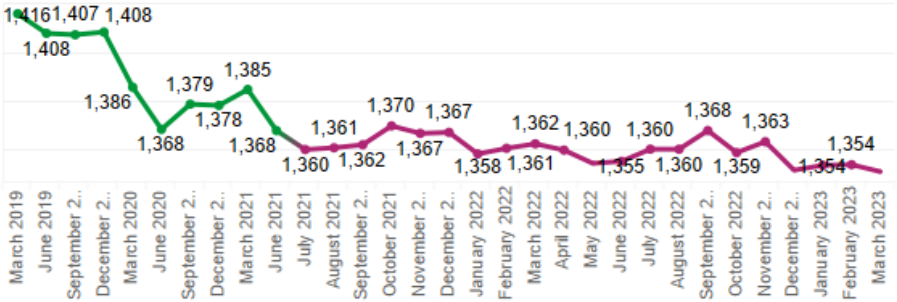
Region Name
North West

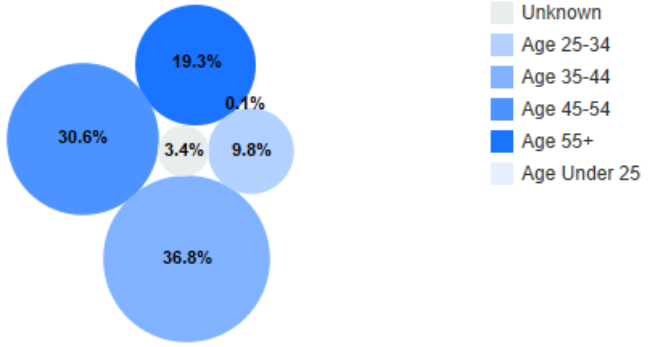
ICB Name
NHS Cheshire and Merseyside ICB

Headcount - GP (excl GPs in Training Grade) - All - March 2023

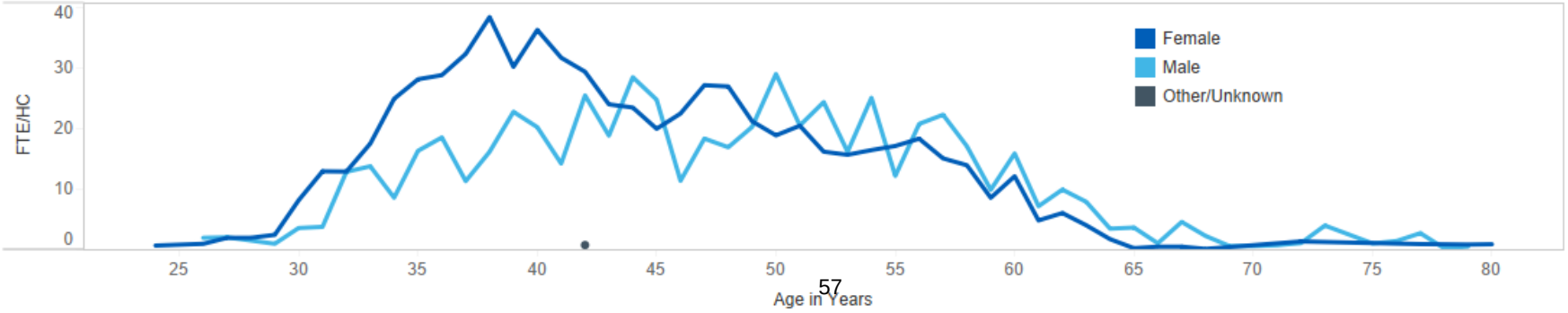


FTE - GP (excl GPs in Training Grade) - All - March 2023





FTE by Age and Gender - March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

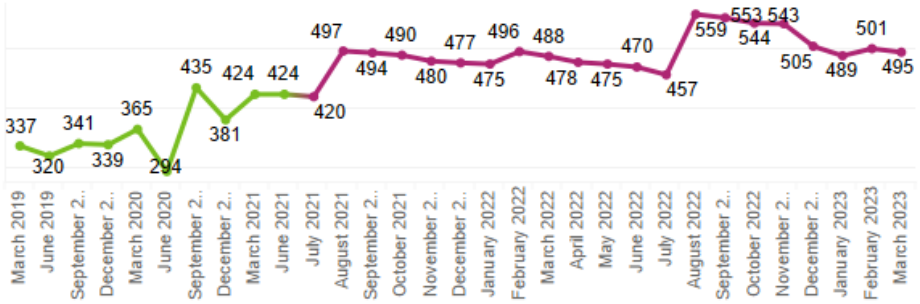
GPs in Training Grade

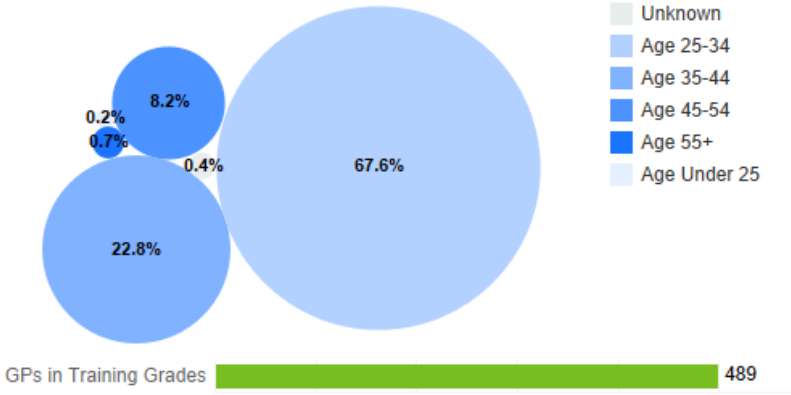
GPs in Training Grade - NHS Cheshire and Merseyside ICB

Region Name
North West

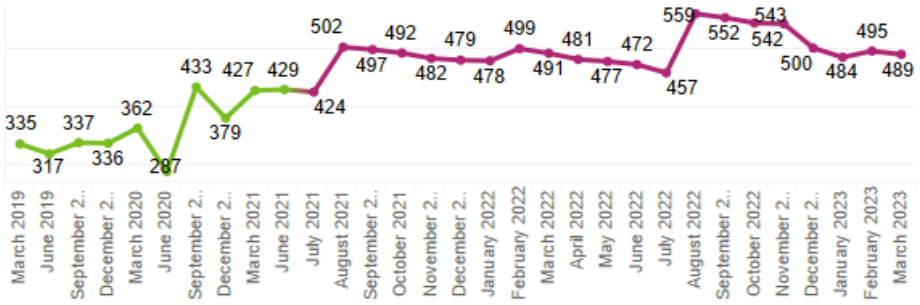
ICB Name
NHS Cheshire and Merseyside ICB

Headcount - GPs in Training Grade - All - March 2023

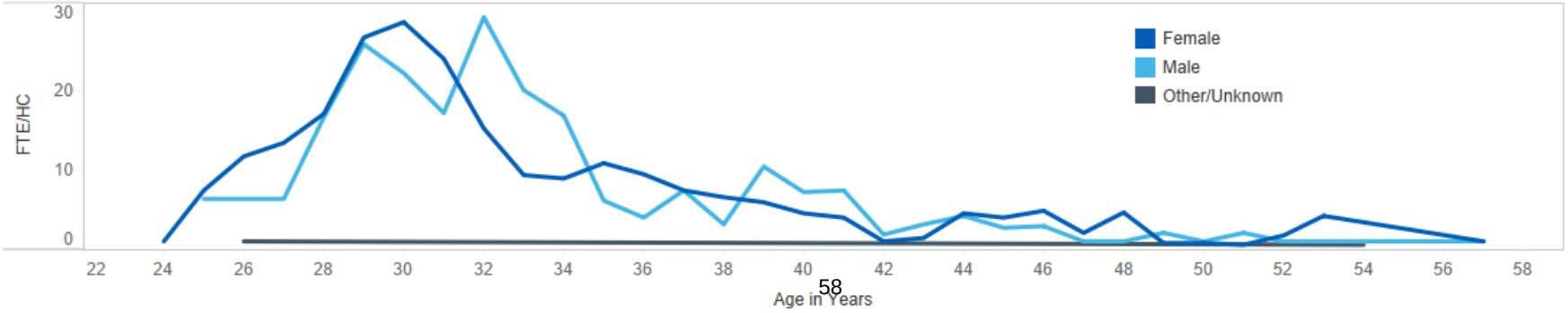




FTE - GPs in Training Grade - All - March 2023



FTE by Age and Gender - March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

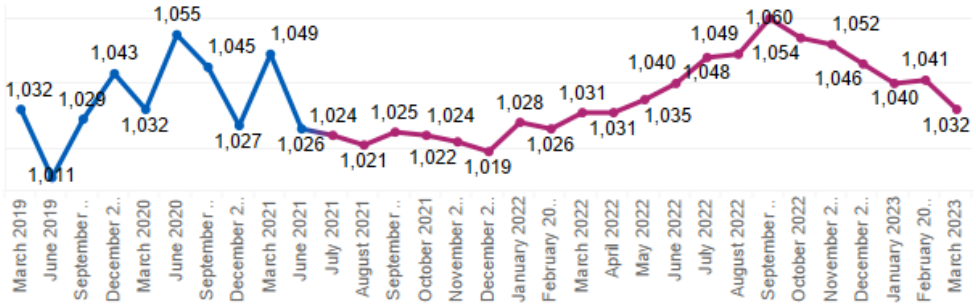
Nursing

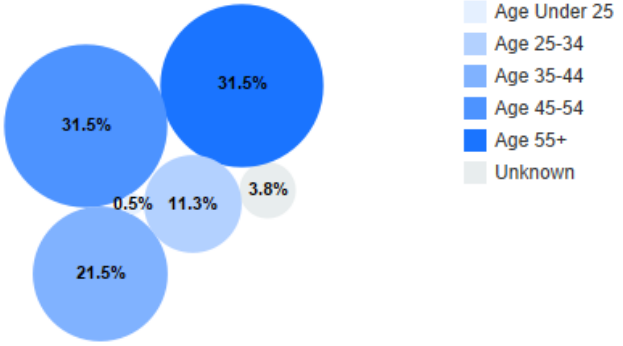
Nurses - NHS Cheshire and Merseyside ICB

Region Name
North West

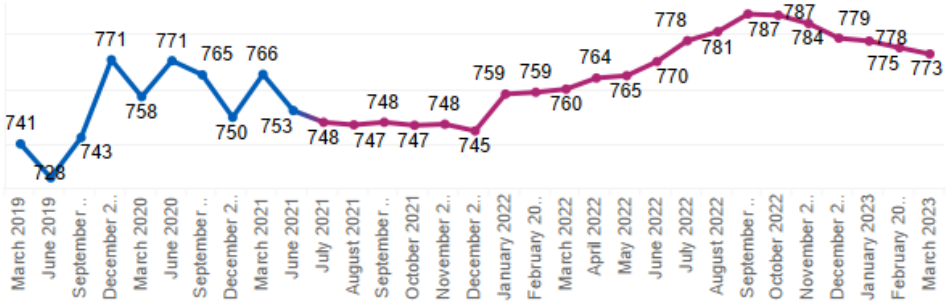
ICB Name
NHS Cheshire and Merseyside ICB

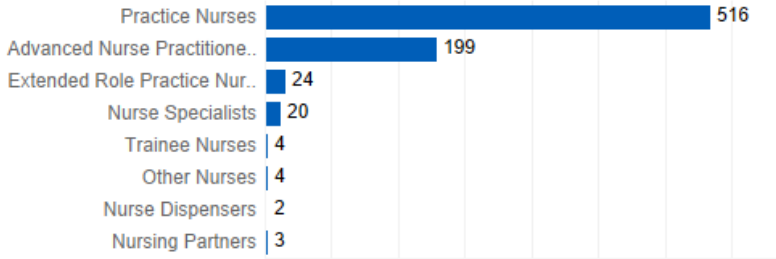
Headcount - Nurses - All - March 2023



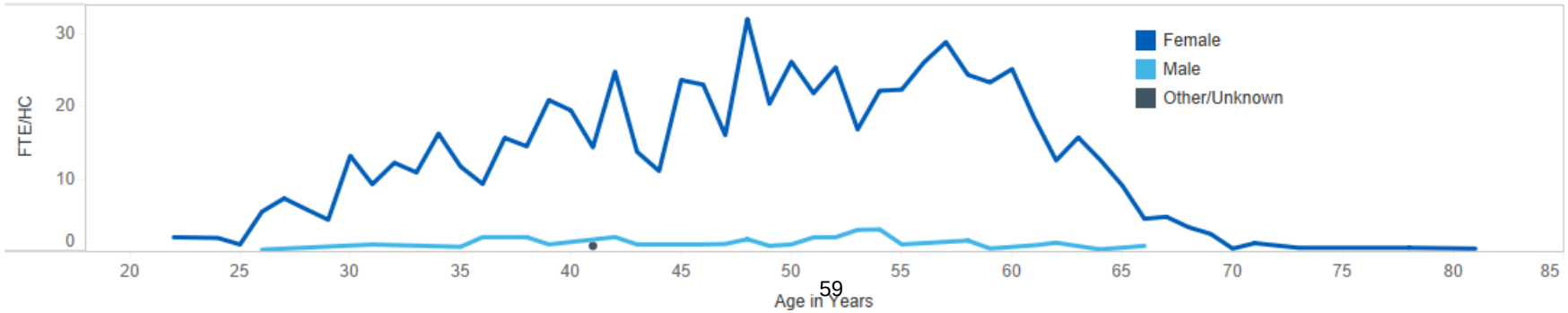


FTE - Nurses - All - March 2023





FTE by Age and Gender - March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

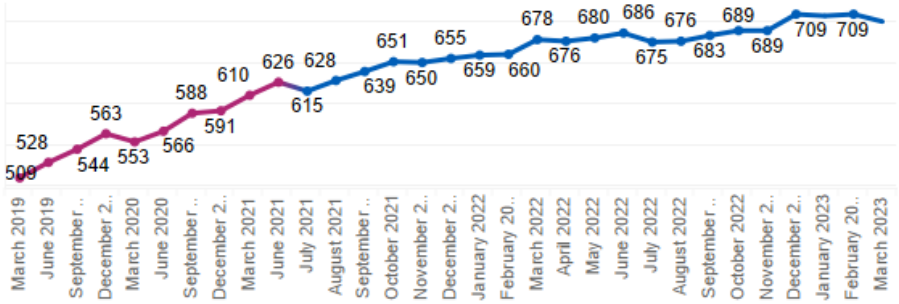
Direct Patient Care (Non-ARRS)

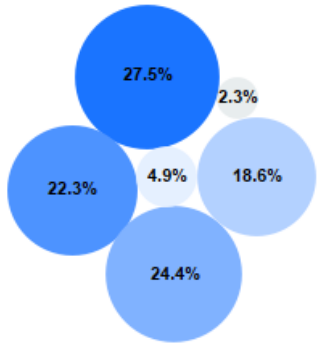
Direct Patient Care - NHS Cheshire and Merseyside ICB

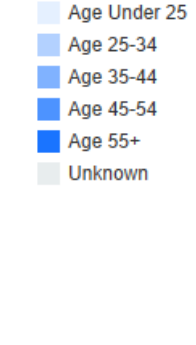
Region Name
North West

ICB Name
NHS Cheshire and Merseyside ICB

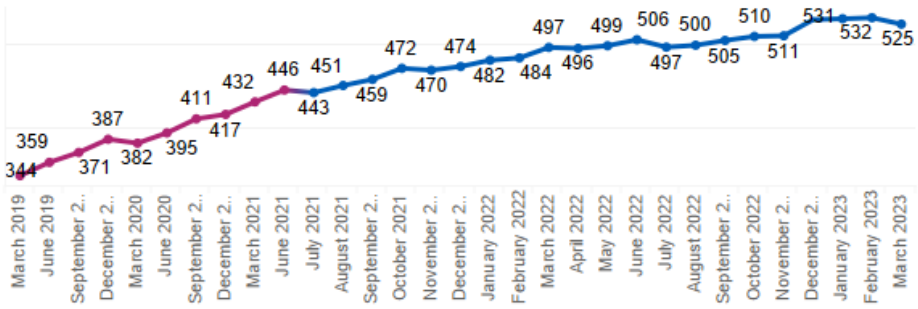
Headcount - Direct Patient Care - All - March 2023

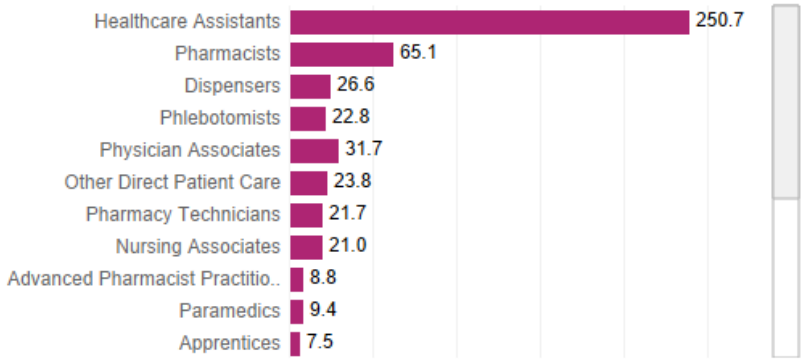




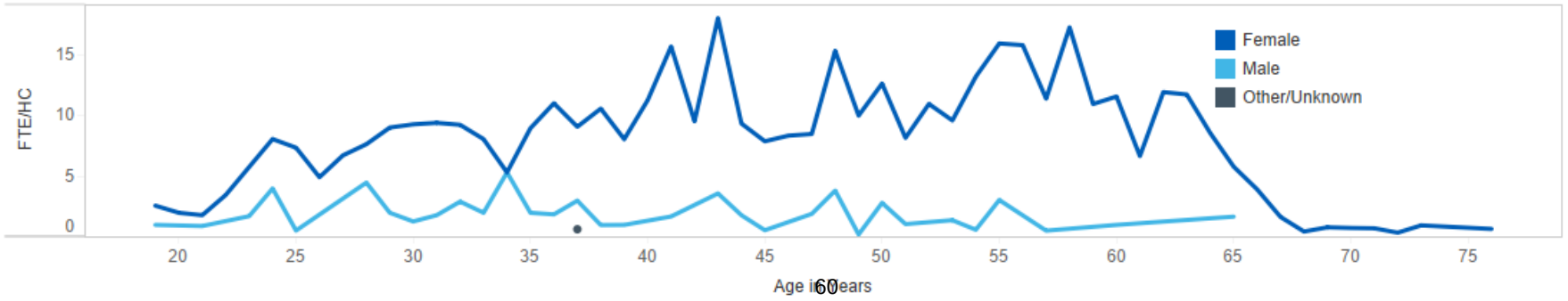


FTE - Direct Patient Care - All - March 2023





FTE by Age and Gender - March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

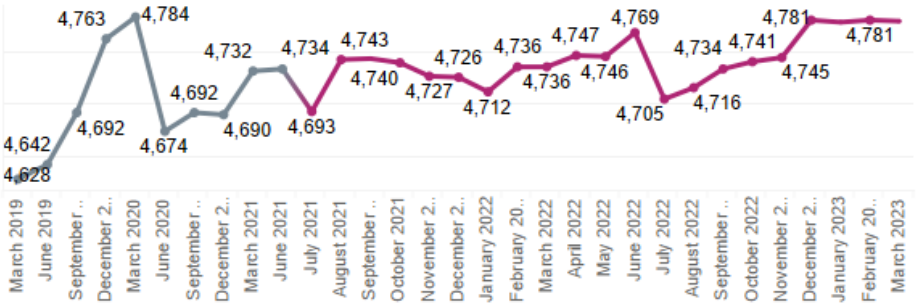
Admin

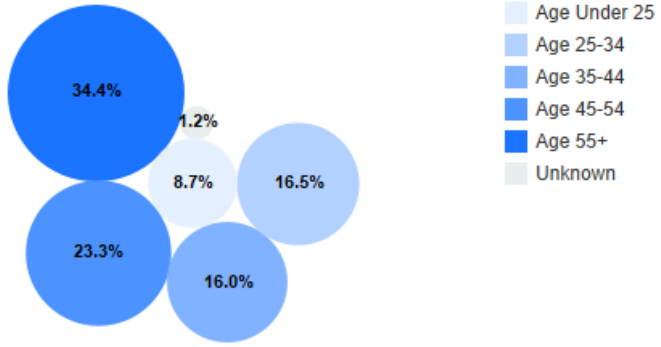
Admin Staff - NHS Cheshire and Merseyside ICB

Region Name
North West

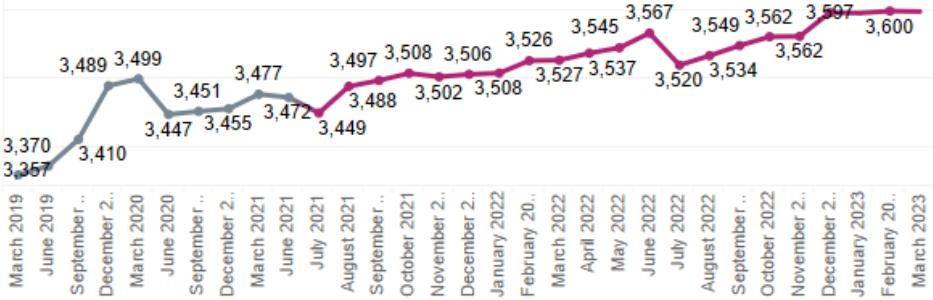
ICB Name
NHS Cheshire and Merseyside ICB

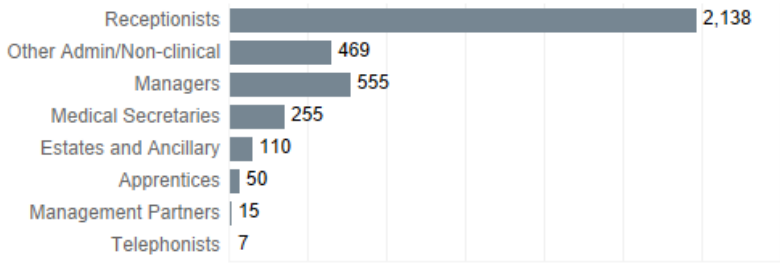
Headcount - Admin - All - March 2023



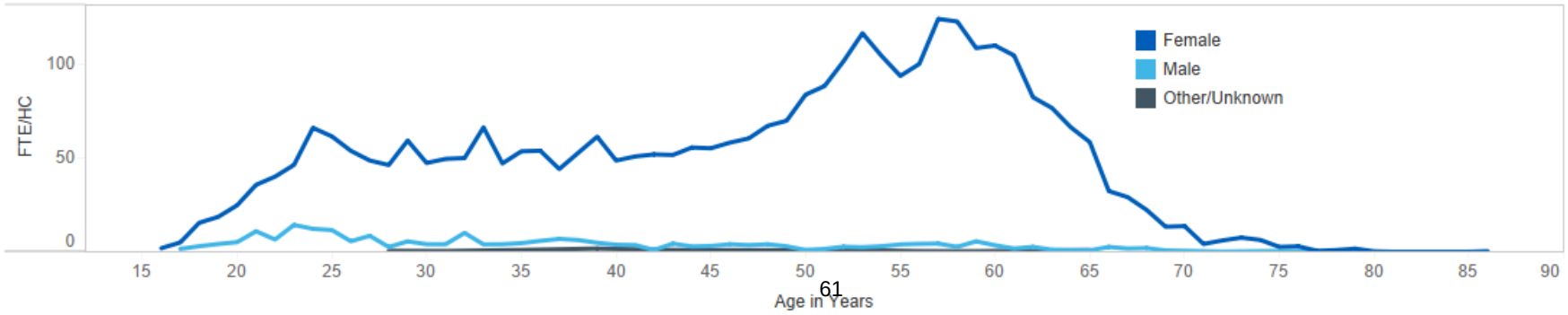


FTE - Admin - All - March 2023





FTE by Age and Gender - March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

GP Projections

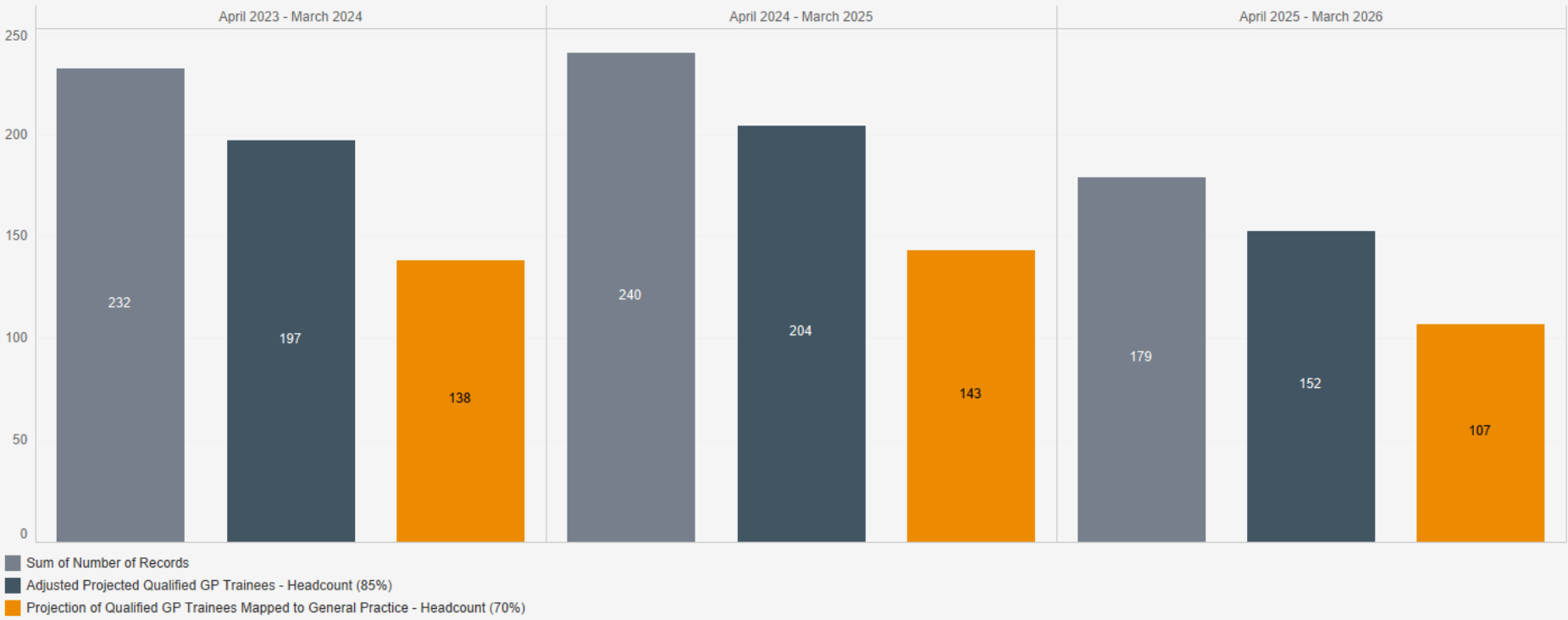
Newly Qualified GP Projection

Projection of Newly Qualified GPs Entering the Workforce

Region
North West

ICB Name
NHS Cheshire and Merseyside ICB

Newly Qualified GP Projection



Workforce Overview - Halton

GP Workforce Dashboard

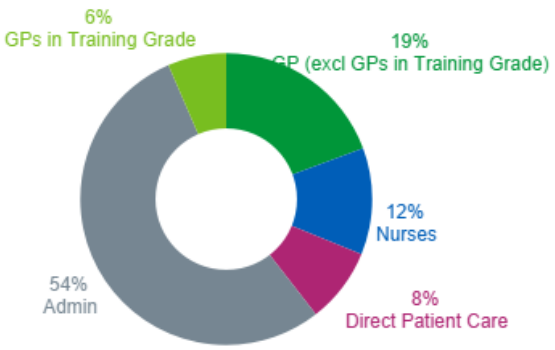
Percentage of staff type

Clear All

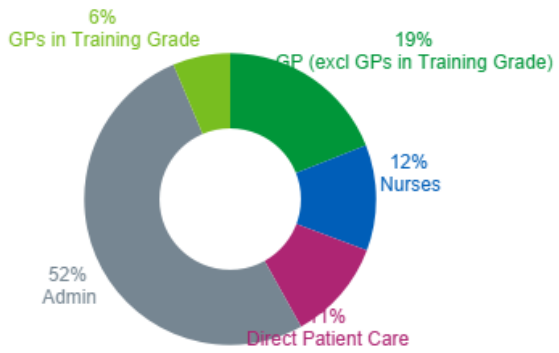
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 01F Halton	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
65	22	40	28	182	336

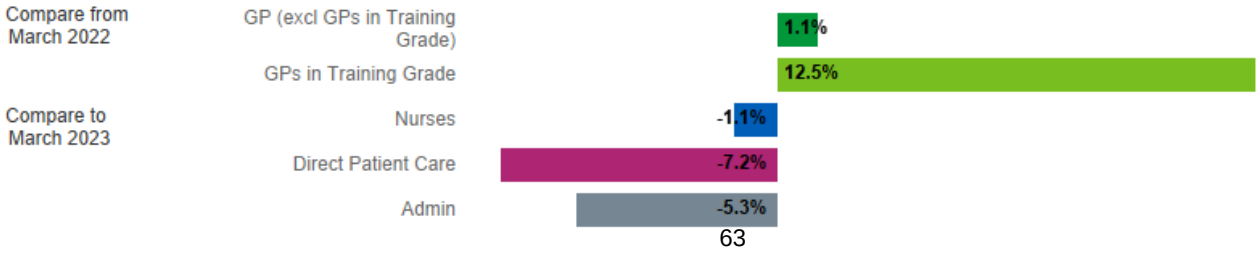
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview - Knowsley

GP Workforce Dashboard

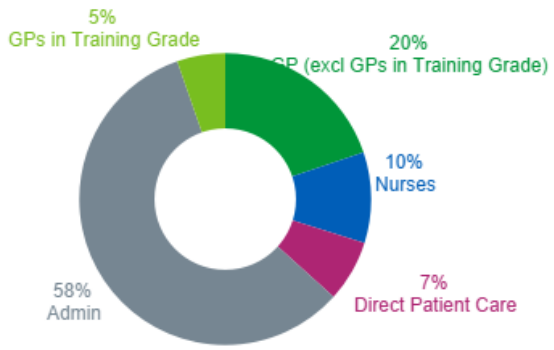
Percentage of staff type

Clear All

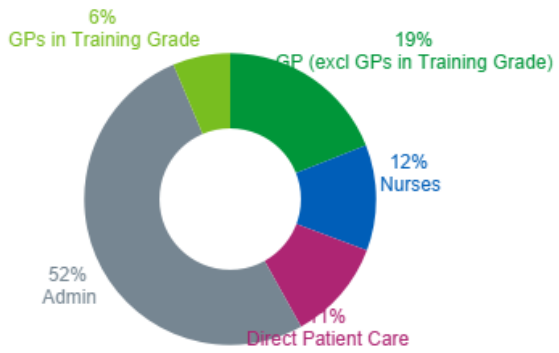
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 01J Knowsl..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
79	21	40	27	230	397

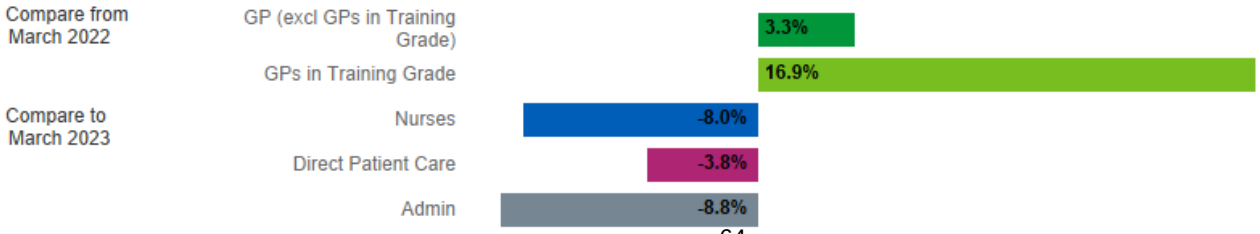
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – South Sefton

GP Workforce Dashboard

Percentage of staff type

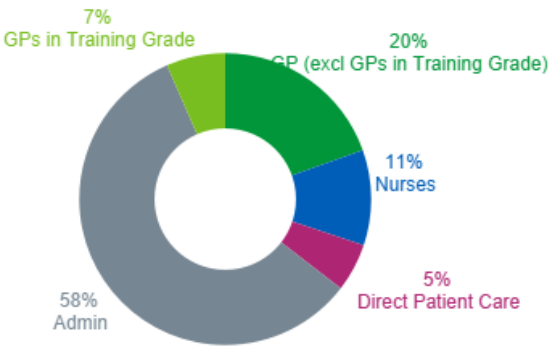
NHS England

Clear All

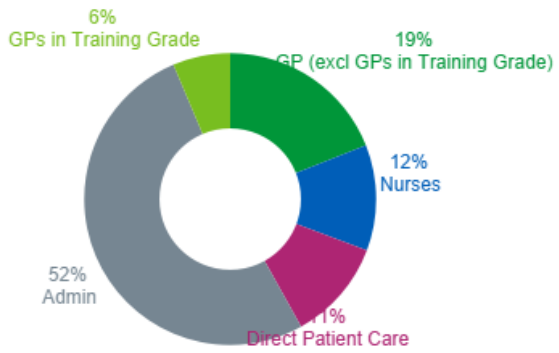
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 01T South ..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
72	24	39	20	213	367

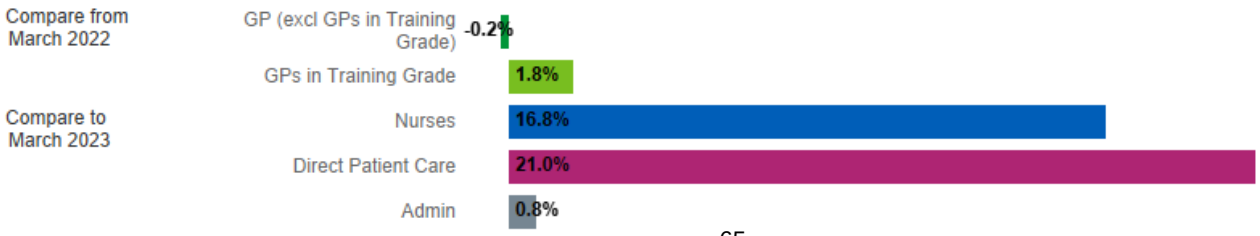
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – Southport & Formby

GP Workforce Dashboard

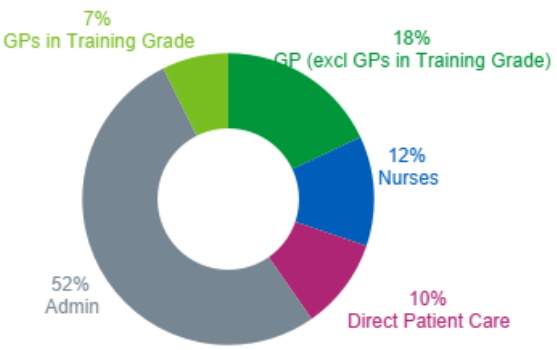
Percentage of staff type

Clear All

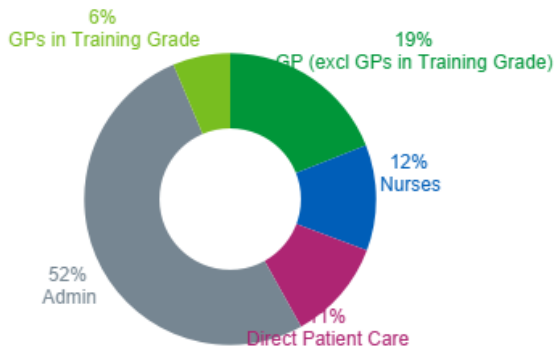
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 01V Southp..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
53	22	36	30	154	295

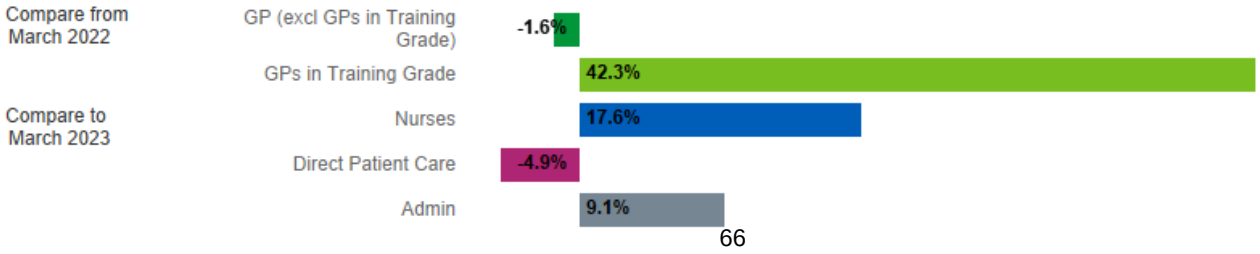
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – St. Helens

GP Workforce Dashboard

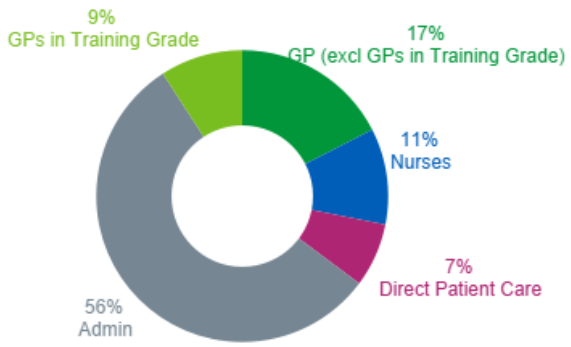
Percentage of staff type

Clear All

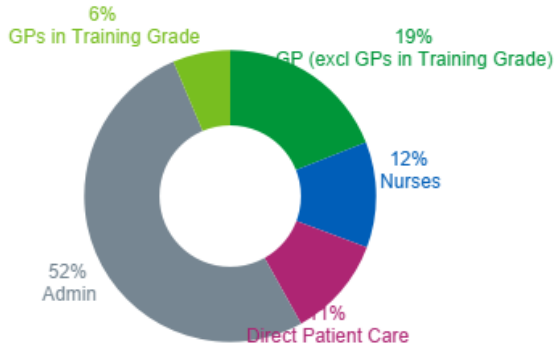
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 01X St Hel..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
81	42	49	33	257	462

% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023

Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – Warrington

GP Workforce Dashboard

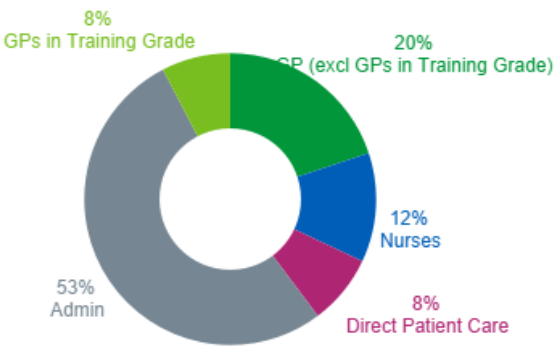
Percentage of staff type

Clear All

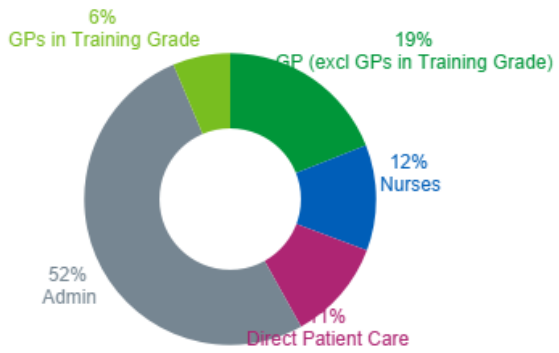
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 02E Warrin..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
96	37	59	37	254	483

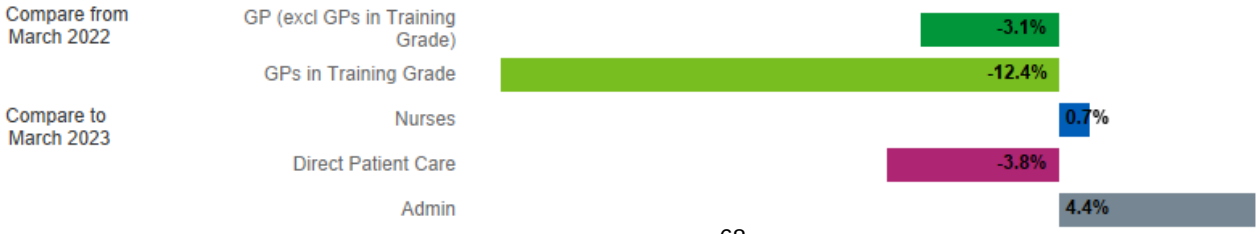
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – Wirral

GP Workforce Dashboard

Percentage of staff type

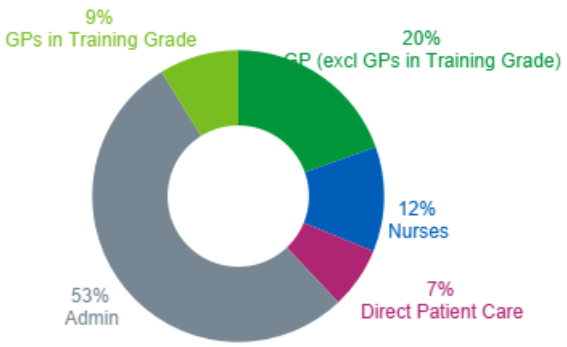
NHS England

Clear All

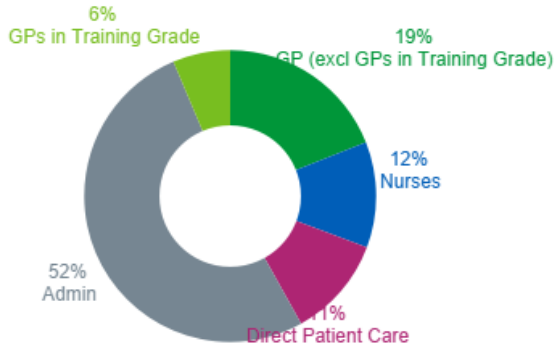
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 12F Wirral	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
186	84	111	65	507	952

% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023

Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – Cheshire

GP Workforce Dashboard

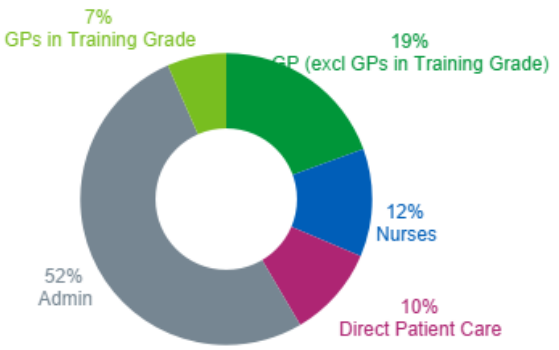
Percentage of staff type

Clear All

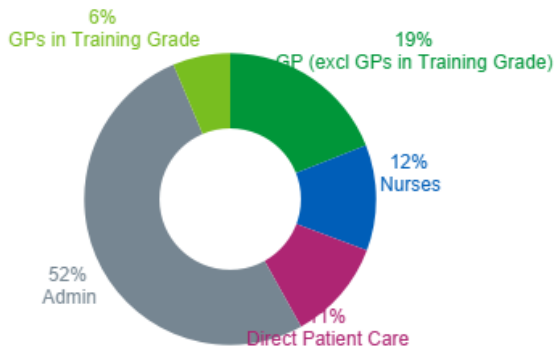
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 27D Cheshi..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
393	132	243	206	1,052	2,026

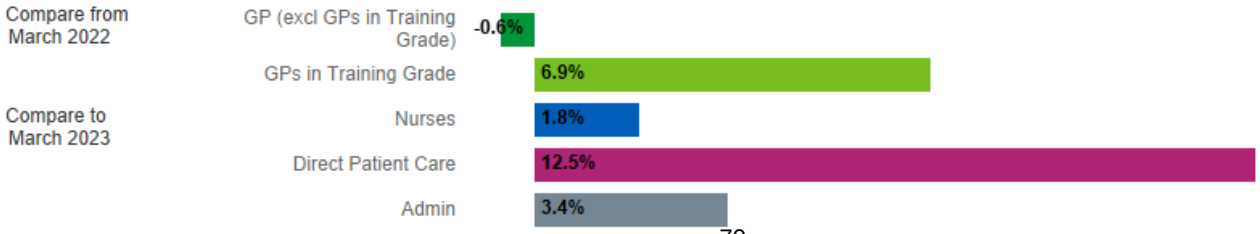
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

Workforce Overview – Liverpool

GP Workforce Dashboard

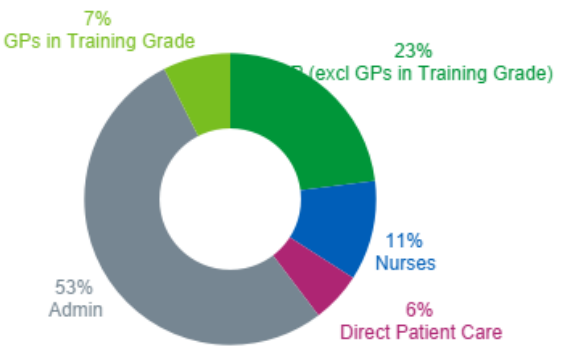
Percentage of staff type

Clear All

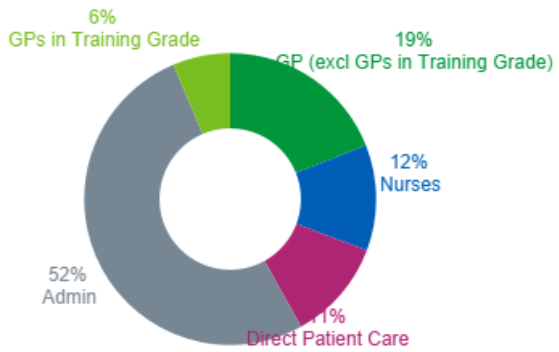
Region Name	ICB Name	Sub-ICB Name	Census Date
North West	NHS Cheshire and Merseyside ICB	NHS Cheshire and Merseyside ICB - 99A Liverp..	3/31/2023

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
326	106	157	79	750	1,418

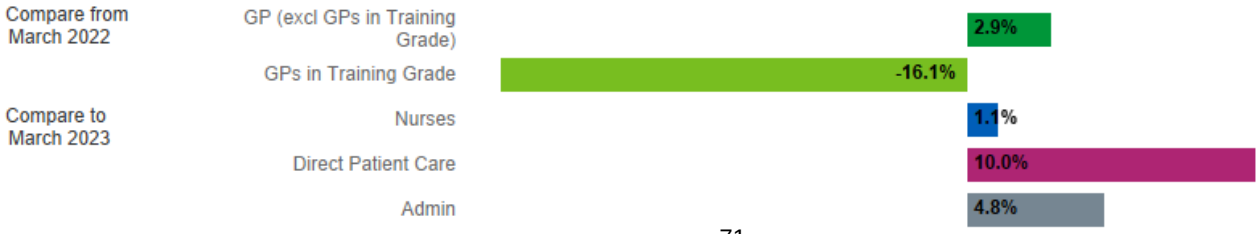
% of staff type in 3/31/2023



% of staff type in NHS England



Variance between March 2022 and March 2023



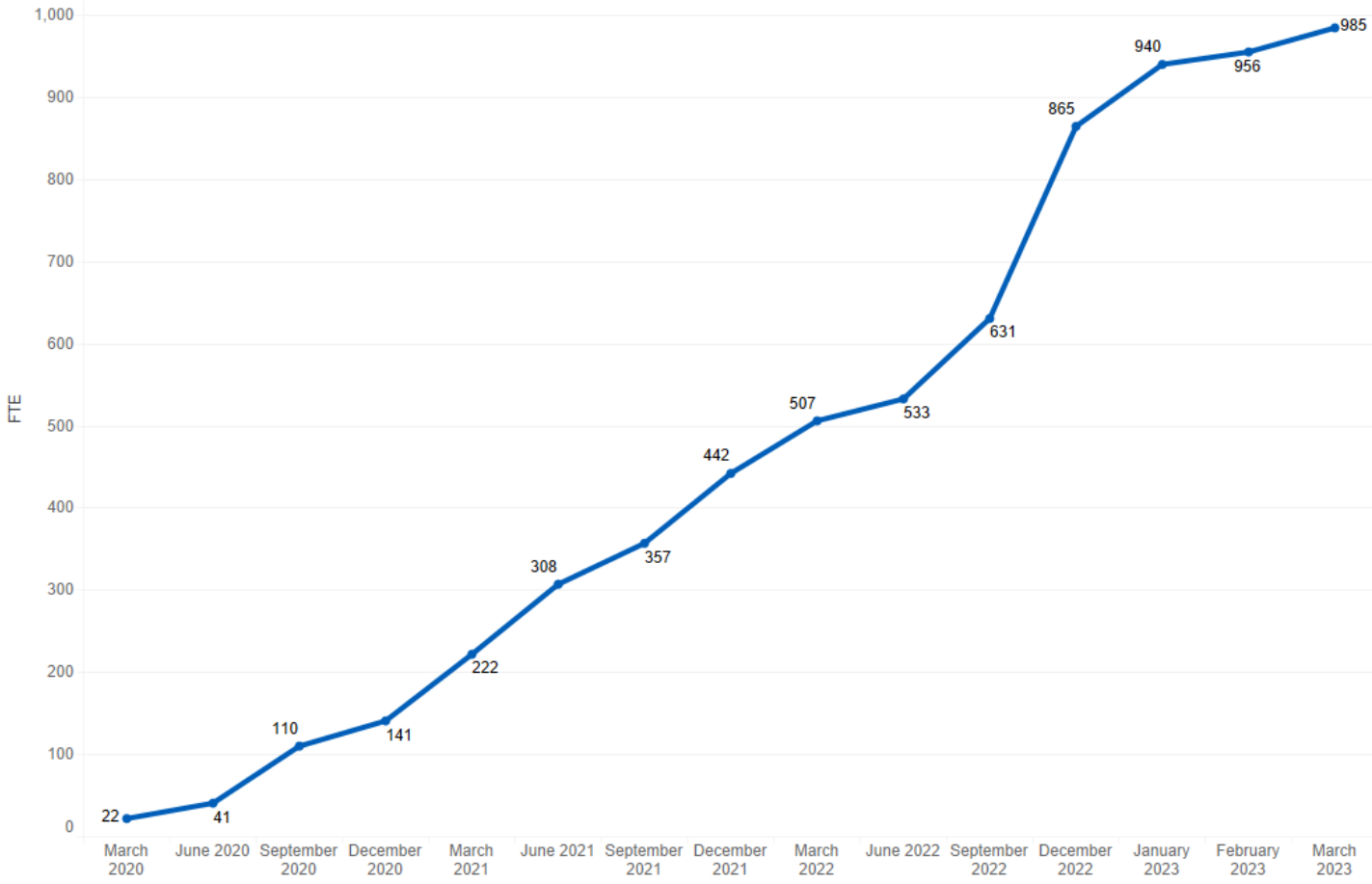
Source: NWRS, vie eProduct Portal Primary Care Workforce Dashboard

PCN Workforce Overview – Direct Patient Care (ARRS)

PCN Workforce reported by NHS Digital

This view counts the Primary Care workforce employed by Primary Care Networks.

Region	ICB	Sub-ICB	PCN Name	Staff Group	Staff Role
North West	NHS Cheshire and Merseyside I..	All	All	All	All



Staff Role Census Date: March 2023

Total	**985**
Advanced Dietician Practitioners	1
Advanced Nurse Practitioners	1
Advanced Paramedic Practitioners	3
Advanced Pharmacist Practitioners	9
Advanced Physiotherapist Practiti..	5
Care Coordinators	163
Clinical Director (DPC)	1
Clinical Director (Nurse)	1
Dieticians	1
Health and Wellbeing Coaches	49
Health Support Workers	1
Healthcare Assistants	1
Managers	34
Medical Clinical Director (GP)	10
Non-clinical Director	1
Nurse Specialists	2
Nursing Associates	21
Other Admin/Non-clinical	54
Other Direct Patient Care	35
Other Nurses	1
Paramedics	39
Pharmacists	208
Pharmacy Technicians	61
Phlebotomists	1
Physician Associates	44
Physiotherapists	67
Podiatrists	8
Salaried GPs	0

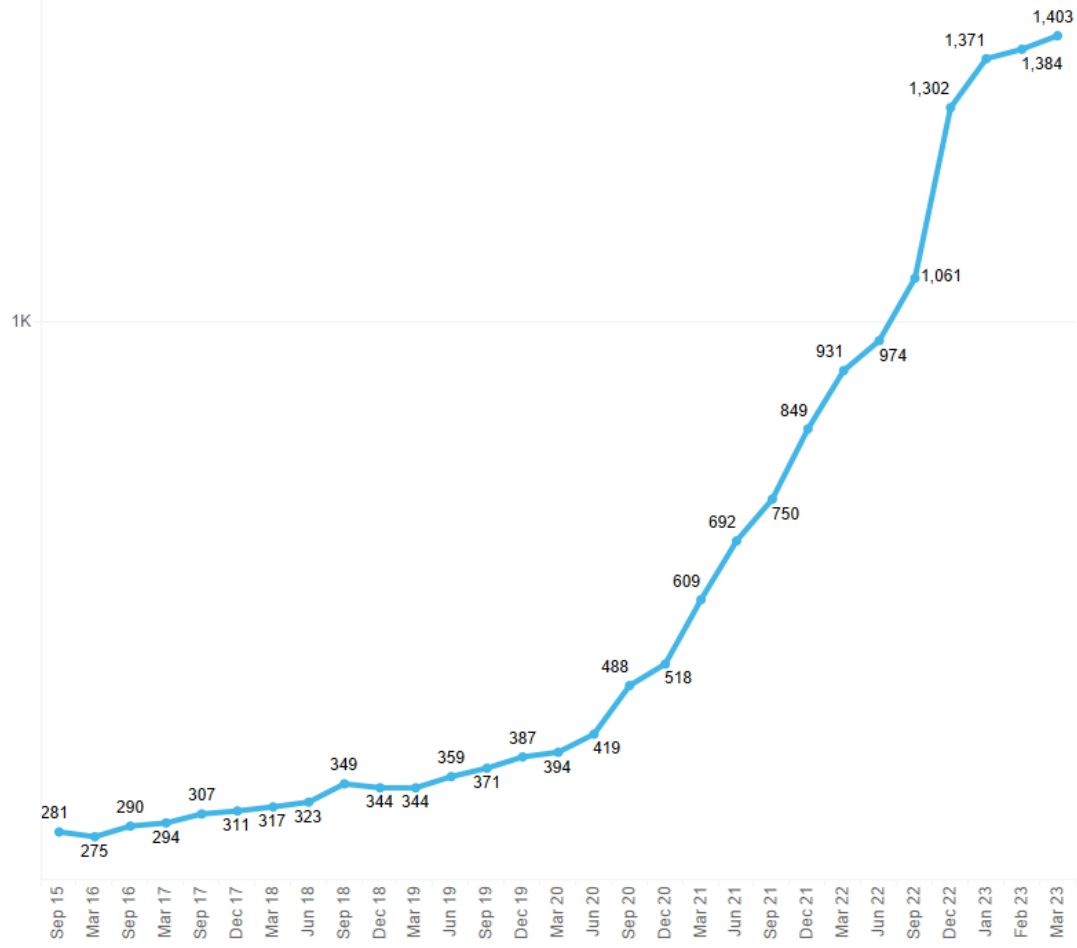
Source: NWRS, vie eProduct Portal Primary Care Network Workforce Dashboard

PCN Workforce Overview – Direct Patient Care (ARRS)

Measurement against 26k manifesto target

This view counts staff employed by both Primary Care Networks and GP practices who fall within the scope of the national 26k manifesto target.

Region	ICB	Sub-ICB	Staff Group	Staff Role
North West	NHS Cheshire and Merseyside..	All	All	All



Please select Period to compare growth against March 2019 3/1/2023

Staff Role	March 2019	Period	Variance
Total	**344**	**1,403**	**+1,060**
Advanced Dietician Practitioners	0	1	+1
Advanced Occupational Therapist Practitioners	0	0	+0
Advanced Paramedic Practitioners	0	10	+10
Advanced Pharmacist Practitioners	0	18	+18
Advanced Physiotherapist Practitioners	0	7	+7
Apprentices	0	7	+7
Care Coordinators	0	163	+163
Dieticians	0	2	+2
Dispensers	37	27	-11
Health and Wellbeing Coaches	0	49	+49
Health Support Workers	0	9	+9
Healthcare Assistants	230	252	+22
IAPT Staff	0	1	+1
Nursing Associates	3	42	+40
Other Direct Patient Care	13	59	+46
Paramedics	0	48	+48
Pharmacists	40	273	+232
Pharmacy Technicians	0	83	+83
Phlebotomists	15	23	+9
Physician Associates	5	76	+71
Physiotherapists	0	72	+72
Podiatrists	0	8	+8
Social Prescribing Link Workers	0	144	+144
Therapists	0	15	+15
Trainee IAPT Staff	0	0	+0
Trainee Nursing Associates	0	15	+15

Source: NWRS, vie eProduct Portal Primary Care Network Workforce Dashboard

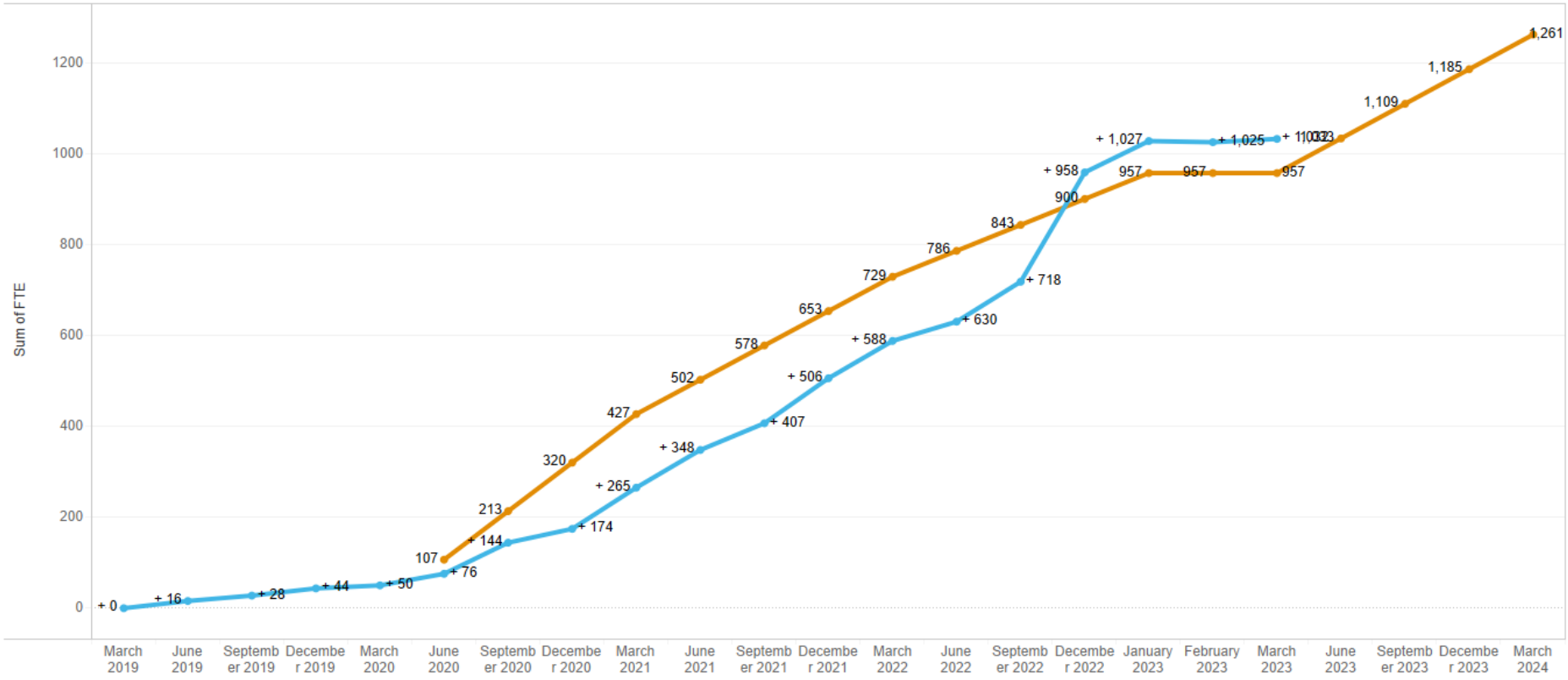
PCN Workforce Overview – Direct Patient Care (ARRS)

Actual PCN + Practice Workforce vs Indicative Target

Regional targets are indicative only.

Region North West ICB NHS Cheshire a.. Target Change since March 2019

Change since March 2019 vs. Indicative Target



Source: NWRS, vie eProduct Portal Primary Care Network Workforce Dashboard