Thursday 20 October 2022
10:45am to 12:20
The Boardroom, Bevan House, Barony Court,
Nantwich, Cheshire, CW5 5RD

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/10/22/01	Welcome, Introductions and Apologies	Chair	Verbal	-
PCC/10/22/02	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/10/22/03	Public Questions	Chair	Verbal	
10:55am	**Business Items**			
PCC/10/22/04 **10:55am**	Place presentation • Access to General Practice • Transformation and Development Update	AL / DB	Presentation For note	To be presented on day
PCC/10/22/05 **11:40 am**	Update on Primary Care Operating Model	CW	Paper For decision	Page 3
PCC/10/22/06 **11:45am**	Primary Care Policy and Contracting Update	CL	Paper For note	Page 14
PCC/10/22/7 **11:50am**	Primary Care Finance Update	MB	Paper For note	Page 34
PCC/10/22/8 **12:05pm**	New Pharmacy Contract update	TK	Paper For note	Page 44
PCC/10/22/9 **12:10pm**	Dental and GOS Progress paper/next steps and PDAF	CL	Paper For note	Page 51
12:15pm	**Other Formal Business**			
PCC/10/22/10	Closing remarks, review of the meeting and communications from it	Chair	Verbal For Agreement	- -
12:20pm	**CLOSE OF MEETING**			

Date and time of next meeting:
tbc
A full schedule of meetings, locations and further details on the work of the ICB can be found here: www.cheshireandmerseyside.nhs.uk

Speakers

CL	Chris Leese, Associate Director of Primary Care, C&M ICB
CWa	Clare Watson, Assistant Chief Executive, C&M ICB
DB	Deborah Butcher, Place Director (Sefton), C&M ICB
MB	Mark Bakewell, Deputy Director Of Finance C&M ICB
AL	Anthony Leo, Place Director, Halton
TK	Tom Knight, Head of Primary Care, NHS England

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 Primary Care Committee Meeting

20 October 2022

Primary Care Update TOM (Target Operating Model) next steps for place-based governance (primary care)

Agenda Item No	PCC/10/22/06
Report author & contact details	Christopher Leese Associate Director of Primary Care c.leese@nhs.net
Report approved by (sponsoring Director)	Clare Watson, Assistant Chief Executive, C&M ICB
Responsible Officer to take actions forward	Christopher Leese

Primary Care Update TOM (Target Operating Model) next steps for place-based governance (primary care)

<table>
<tr><td>Executive Summary</td><td colspan="5">This paper is to provide the Primary Care Committee with an update on the proposed Cheshire and Merseyside ICB Primary Care Target Operating Model (TOM) and to request the Committee to support the recommended next steps for place-based decision making as outlined within this paper and Appendix One.</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></td><td>X</td><td></td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Committee is asked to:
• note the updates in respect of Primary Care TOM
• support the recommendation to agree the next steps for this, as outlined within this paper.
• note that further work is required in some of the areas given in Appendix One and that a further paper will follow in relation to escalation of urgent decisions.</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><td></td></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td><td></td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td>Sustainability</td><td></td></tr>
<tr><td>X</td><td>X</td><td>X</td><td></td><td></td></tr>
<tr><td>Route to this meeting</td><td colspan="5">Discussion with Place Directors</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">Members and attendees of the Committee, such as GPs, will need to declare any conflicts of interest at the meeting if applicable</td></tr>
<tr><td>Next Steps</td><td colspan="5">If the committee support the recommendations within this paper, then work will progress to:
• amend the System Primary Care Committee Terms of Reference to reflect that ICB at Place Primary Care Committees will not be established
• ensure the ICB Scheme of Reservation and Delegation (SORD), and Standing Financial Instructions (SFIs) documentation will be updated to reflect and support these arrangements
• engagement will continue with Place Directors and Place Primary Care Teams to help implement these changes and support development of any Place Primary Care Operational Groups. Further work will be undertaken in the areas in Appendix One, including where urgent decisions are required that cannot wait for a system primary care committee meeting. This will form part of a separate paper in relation to escalation, for the next Primary Care Committee meeting in December 2022.</td></tr>
<tr><td>Appendices</td><td colspan="5">Appendix One – Outline framework for key decisions made without place primary care committees.
Appendix Two – ICB Dispute Resolution NHS Contracts</td></tr>
</table>

Next Steps – Primary Care TOM (Target Operating Model) - Place based governance

1. Background

1.1 The Primary Care Target Operating Model (TOM) for Day 1 of the ICB was drawn up in conjunction with each of the former CCG/Place Primary Care Leads in a process that commenced in January 2022.

1.2 The agreed detail was presented to the Committee at the last meeting. Primary Care contracts (national) General Practice are a core ICB (corporate function) under the TOM but discharged at place with local leadership and decisions made at place.

1.3 The original governance plan put forward were 9 place based primary care committees, sitting alongside the system primary care committee. The place based primary care committees would have a range of decision-making powers delegated to them as 'committees of the ICB' in relation to primary care (general medical services) contracting.

1.4 The primary care contracts that fall into the category of contracts in 1.3, must be managed in line with the delegation agreement with NHS England (NHSE), as they are delegated from NHSE to the ICB only. This includes rules governing any onward delegation to other sectors or bodies outside of the NHS.

1.5 Note place would lead completely the transformational and development side of primary care which can be agreed and managed through other governance routes and are not subject to the delegation agreement with NHS England.

1.6 Primary Care (Community Pharmacy Contracts) would only be managed through reporting to the system primary care committee and not place committees (although place would develop relationships with community pharmacists on a local level, as part of care community and integrated care development). Community Pharmacy contracting is also a centralised ICB function.

1.7 The original target operating model was signed off by the Executive Team and all place primary care leads in June 2022.

2. Key Changes for agreement

2.1 There was a recognition of the extensive resources required to manage 9 place based primary care committees, and further work developing governance in relation to the scheme of delegation/ standing financial instructions (SFIs) at place. Subsequent further discussions with place directors explored if and how decisions could be managed at place but without the place primary care committees

2.2 Additional scoping work was undertaken and a summary of how this could work in practice is given in Appendix 1. In short;

(1) Some decisions, where indicated could be signed off by place directors / place executive direct report(s) if in line with the scheme of delegation/SFIs

(2) Some decision could be signed off as above, following a recommended place forum discussion where indicated, to ensure relevant elements of the policy and guidance manual (pgm) are satisfied.

(3) Some decisions where indicated would still require onward referral to the system place primary committee where there is a requirement for public scrutiny/engagement, the potential for contract challenges, or exceeds place execs delegation/SFI limits. In these examples place would still recommend decisions as part of the presentation to the system level primary care committee.

(4) In all cases, the primary care contracting team must confirm that due process under the pgm has been met.

(5) There can be no onward delegation of decision making for these areas outside of the ICB decision making process/outside of the NHS including seeking views of external partners unless an explicit part of the process.

(6) The LMC (Local Medical Committee) must be engaged by place as part of the pgm processes, and where not an explicit requirement should ensure due LMC engagement in line with the overall operating model.

(7) Conflict of interest must continue to be managed through place and documented accordingly.

(8) The primary care contracts team may request, in discussion with place directors, that decisions are escalated to the system primary care committee even in not indicated in appendix 1 ,if there is a risk of challenge or factors which give cause for additional scrutiny.

(9) Legal advice should be sought for areas where this could prevent challenge working with the advice and support of the contracts team.

2.3 Community Pharmacy will continue to be managed through the process outlined in 1.6 above

2.4 In addition, we would recommend that place have an operational group/primary care forum to undertake some of the detailed work up for these areas in appendix 1, and ensuring all relevant policy considerations are covered, before being presented to place execs or directors, for sign off. Most place already have a version of these forum or in some cases could share forums to cover more than one place. Place contract leads should be involved in this group to ensure consistency of process / PGM.

2.5 Each place should produce a key summary of decisions made at place (where not being escalated) for onward reporting to the system primary care committee – as well as regular place reporting which will be put in place for the main contract areas such as the PCN (Primary Care Network) DES (Directed Enhanced Service). This is to enable central onward and timely assurance to NHSE/I for key areas, as this is requested on a Cheshire and Merseyside, rather than individual place basis.

3. Next Steps

3.1 If the committee support the recommendations within this paper, then work will progress to:

- amend the System Primary Care Committee Terms of Reference to reflect that ICB at Place Primary Care Committees will not be established

- ensure the ICB Scheme of Reservation and Delegation (SORD), and Standing Financial Instructions (SFIs) documentation will be updated to reflect and support these arrangements
- engagement will continue with Place Directors and Place Primary Care Teams to help implement these changes and support development of any Place Primary Care Operational Groups. Further work will be undertaken in the areas in Appendix One, including where urgent decisions are required that cannot wait for a system primary care committee meeting. This will form part of a separate paper in relation to **escalation**, for the next Primary Care Committee meeting in December 2022.

3.2 The changes will also be reported to the next ICB Board via the Chair Report to update Board members on the change and seek approval of the amendments to the Terms of Reference for the Primary Care Committee. It is anticipated that this will be at the November ICB Board meeting where it is scheduled to also receive for approval the proposed amends to the ICB SORD and SFI documents.

4. Recommendations

4.1 The Committee is asked to:

- **note** the updates in respect of Primary Care TOM
- **support** the recommendation to agree the next steps for this, as outlined within the paper.
- **note** that further work is required in some of the areas given in Appendix One and that a further paper will follow in relation to escalation of urgent decisions.

5. Officer contact details for more information

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

Appendix One **Place/System level governance process – GMS/PMS and APMS assuming no place primary care committees.**

Issue	Place sign off	Additional Place forum recommendation	System Primary Care Committee recommendation	System Support Ask	Comments
General Contract Letters non formal/general correspondence	Contracts Team or escalation checking with PDs/Ads			PC Contracts Team to log	
GMS PMS APMS Contract Variations (post decision process)	Final formality paperwork Place Director /AD sign off	As per some of the scenarios below assuming they have gone through due process	n/a	PC Contracts Team prepare in line with PGM	Sign off at place if In line with PGM process and delegation/SOD/SFI
Remedial Notice	Place Director / AD sign off	Exec discussion depending on severity	Reporting only as part of place update to SPCC	PC Contracts Team confirm process followed in line with PGM	Sign off at place if In line with PGM process and delegation/SOD/SFI Note may involve LMC
Breach Notice and onwards sanctions agreement	Place Director / AD sign off	Should be discussed at place Execs	Reporting only as part of place update to SPCC and is reportable to NHSE/I on request	PC Contracts Team confirm process followed in line with PGM	Sign off at place if In line with PGM process and delegation/SOD/SFI Note involvement of LMC
Practice Merger (non-urgent)	Place Director / AD signs or recommend if combined contract value above SFI	Recommend a forum discussion in line with the process to prepare/but due to contract challenge may have to come to SPCC	Summary paper and decision reported only as part of place update to SPCC If above combined contract value of SOD/SFI then decision may to need to come to SPCC	PC Contracts Team confirm process/application followed in line with PGM. Risk of contract challenge so also engage with ICB corporate regardless of value	Sign off at place if In line with PGM process and delegation/SOD/SFI or if above that value recommendation to SPCC. Note involvement of other practices/LMC Will need further discussion.

Issue	Place sign off	Additional Place forum recommendation	System Primary Care Committee recommendation	System Support Ask	Comments
Temporary List Closure (B.5.2 PGM noting ICB does not recognise informal list closure)	Place Director / AD signs off		Reporting only as part of place update to SPCC	PC Contracts Team confirm meets the criteria for temporary closure	ICB does not recognise informal list closure and any other circumstances must be a formal list closure
Boundary Change	Place Director / AD signs off	Recommend a forum discussion	Summary Papers go with Decision as part of place update to PCC	PC Contracts Team confirm process/application in line with PGM	Suggest a forum decision to enable other parties to be involved Note involvement of LMC and local practices boundary considerations. Any removal requests would need to be discussed
Termination/Options of main contract including APMS contracts (non-urgent)	Place Director/Execs offer a recommendation	Recommend a forum discussion to consider options	For decision to SPCC based on place recommendation of options? Extensions within the 2 years allowable for an APMS could just be formally noted at SPCC and not for decision	Contracts team to advise regarding APMS VEAT notices, extensions and procurement	Note - interim provision would be included as an option/ Procurement would follow general contracting process in line with legislation Urgent termination requires further work to outline process. Note involvement of LMC Note any follow-on dispersal must be undertaken in line with the PGM principles

Issue	Place sign off	Additional Place forum recommendation	System Primary Care Committee recommendation	System Support Ask	Comments
Branch Surgery Closure (non-urgent where provider initiated)	Place Directors/Execs offer a recommendation (note sign off * would be required following a forum discussion Sign off at place for patient engagement exercise	Forum discussion highly recommended (TAF group) Must be engagement with OSC	For decision based on place recommendation – meeting would need to be held in public, special meeting could be held if required. Place would present and lead for decision by SPCC	PC Contracts Team for process and paperwork Patient Engagement Team for advice and sign off in relation to the Patient Engagement exercise and OSC engagement	*Note sign off of patient engagement exercise required as part of the approach in the PGM Place would also need to take to OSC locally and consult. Note closure due to CQC advice would be immediate and would form part of remedial notice (if capable of remedy) or Commissioner led process if C led by place up to System PCC/ Note involvement of LMC
Special Allocations Scheme / Appeals **Assignment of patient direct outside of PGM**	PD/AD for Quality sign off	Should involve panel including AD for Quality/Safeguarding Lead and Place CD as appropriate, signed off by PD/ADQ following panel		PC Contracts Team Safeguarding Team Potentially other agencies such as Probation depending on issue	ICB to define overall appeals approach and assignment process further but for now work to local place processes There will be a central ICB collation of SAS in due course and review of schemes

Issue	Place sign off	Additional Place forum recommendation	System Primary Care Committee recommendation	System Support Ask	Comments
Investigations – Quality. Finance, Fraud	An appropriate place led/ICB corporate Task and Finish group would be set up depending on issue and value		Yes, depending on issue , reporting progress to Part B and Quality forums	Finance, Quality, PC Contracting	PGM denotes some actions but otherwise would be on a case specific basis as to reporting mechanisms
Limited Company Applications	For legal reasons and consistency reasons these will need to go to System PCC	Should be considered by Finance representatives at place, risks assessed so some forum discussion recommended	A central ICB position on this will need to be discussed and agreed in due course If contract value over SFI SORD will need to go to SPCC or another forum	PC Contracts team confirm in line with PGM assessment process	PGM process must be followed. Carries risk of legal challenge .
PCN DES Changes (e.g., core membership, orphan, disputes)	PD/AD sign off	Depending on issue a forum may be required	Report to SPCC in some circumstances – where guidance indicates referral to NHSE/I where a PCN dispute may result in an orphan practice for example	PC Contracts team confirm in line with PCN DES Guidance	Risk of some challenge so ICB corporate should be notified
CQC Contract follow up	PD/AD sign off	Place contracts follow up process with quality should be defined and followed (e.g., quality and performance)	Form part of report to SPCC from place confirming follow up For inadequate / requires improvement further SPCC assurance may be required	PC Contracts team Quality Engagement with CQC officers	

Issue	Place sign off	Additional Place forum recommendation	System Primary Care Committee recommendation	System Support Ask	Comments
Estates	Further discussion required with Estates Lead				
Practice termination / sudden collapse and related options (e.g., interim provider, urgent merger etc.)	Further work required here to define with Place Leads agreed process Expectation would be Place agree a recommendation course of action with central support depending on SFI and SORDs				
Appeals GMS PMS APMS **Follow agreed process here which demarks role for place** System Level dispute resolution v2.docx	Refer to policy attached Place oversee informal initially then policy escalates		Refer to policy	Refer to policy	Refer to policy
Other - QOF follow up and management	Place quality and performance structures		Will need an overall report and approach for QOF agreeing at SPCC but in large managed by place		
Other quality issues (general) and performance	Place quality and performance structures and processes				Reference to PGM where applicable.

- In all cases, the primary care contracting team must confirm that due process under the pgm has been met.
- There can be no onward delegation of decision making for these areas outside of the ICB decision making process/outside of the NHS including seeking views of external partners unless an explicit part of the process.
- The LMC (Local Medical Committee) must be engaged by place as part of the pgm processes, and where not an explicit requirement should ensure due LMC engagement in line with the overall operating model.
- Conflict of interest must continue to be managed through place and documented accordingly.
- The primary care contracts team may request, in discussion with place directors, that decisions are escalated to the system primary care committee even in not indicated in appendix 1 ,if there is a risk of challenge or factors which give cause for additional scrutiny.
- Legal advice should be sought for areas where this could prevent challenge working with the advice and support of the contracts team
- In addition, we would recommend that place have an operational group/primary care forum to undertake some of the detailed work up for these areas in appendix 1, and ensuring all relevant policy considerations are covered, before being presented to place execs or directors, for sign off. Most place already have a version of these forum or in some cases could share forums to cover more than one place. Place contract leads should be involved in this group to ensure consistency of process / PGM.
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Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 20th October 2022

Date of meeting:	**20th October 2022**
Agenda Item No:	PCC/10/22/07
Report title:	**Primary Care Update – Policy and Contracting**
Report Author & Contact Details:	Christopher Leese Associate Director of Primary Care c.leese@nhs.net
Report approved by:	Clare Watson

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

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

n/a

Executive Summary and key points for discussion

The Primary Care Policy and Contracting Update is to provide the Committee with information and assurance in the following areas ;

- Background
- Enhanced Access
- Access Information
- National Policy Updates
- Care Quality Commission ratings
- Community Pharmacy
- Primary Care Risk Register

In addition, the following Appendices are included ;

Appendix 1 – Funding Framework Template
Appendix 2 – CQC Ratings

Recommendation/ Action needed:	**The Committee is asked to:** ***Note*** the updates in respect of Primary Care Policy and Contracting Update which is ***for information and assurance.***

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	**x**
4. Building systems for integration and collaboration	**x**

Place Priority(s) report aligns with: *(Place to add)*	
Please insert **'x'** as appropriate:	
Covers all Places in terms of contracting and national policy in relation to Primary Care	

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? **No**					
	What level of assurance does it provide?					
	Limited		**Reasonable**		**Significant**	
	Any other risks? **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*) **NO**					
	Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken. **COI for members of the Committee will be as stated in the declarations or advised at the meeting. Chair will take appropriate action as they arise.**					
	Any current services or roles that may be affected by issues as outlined within this paper? **NO**					

Primary Care Update – Policy and Contracting

1.0 Background (General Medical/Pharmacy)

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.

1.2 The ICB holds the following number of National GMS/PMS/APMS for Cheshire and Merseyside by which the General Medical Contracting function is discharged across the ICS (more details can be found in Appendix 1);

GMS/PMS Contracts = 336
APMS Contracts = 47

1.3 The number of GP Practices across Cheshire and Merseyside is 355 looking after a population of 2.7 million people with the GP Practices grouped into 55 Primary Care Networks to deliver certain functions under the relevant Contracts.

1.4 The Governance of the individual GP Contracts is managed 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 the Policy Book. Further detailed contract documentation can be found here NHS England » GP Contract

1.5 In addition, since 1st July, the National Community Pharmacy Contracts held previously by NHS England were assigned to the ICB as a core function under similar arrangements to Medical Contracts, following a national assurance process.

1.6 NHS Cheshire and Merseyside holds 630 pharmacy contracts covering nationally commissioned essential, advanced and enhanced pharmaceutical services. These are commissioned under the national community pharmacy framework governed via the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013). Appendix 1 contains more information in this respect of the individual contracts held.

1.7 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/. An update on Community Pharmacy for Cheshire and Merseyside is given separately on the agenda

1.8 GP practices were asked to focus on 'recovery and restoration' of general practice services, returning to pre-pandemic levels and scope of delivery as quickly as possible during 2022-23 as outlined here - Letter template (england.nhs.uk)

2.0 Enhanced Access

2.1 As highlighted at the last Committee meeting, a key contract priority for the ICS this year, was the **delivery of enhanced access from 1st October** under the Terms of the PCN (Primary Care Network) Directed Enhanced Services commissioned via PCNs but via contracts held with each GP Practice. Further links to the relevant specification is given here https://www.england.nhs.uk/wp-content/uploads/2022/03/B1963-i-Primary-Care-Network-Contract-Directed-Enhanced-Specification.pdf

2.2 Enhanced Access services are additional 'general practice' appointments/services provided primarily out of core hours (8-6.30) for patients to access, delivered as a PCN. PCNs must provide a minimum of 60 minutes of appointments per 1,000 PCN adjusted patients per week during the Network Standard Hours, calculated using a formula.

2.3 These can be delivered at defined locations within the PCN geography with exact mix of appointments and services determined locally based on local demand and patient engagement - the majority should be delivered within the core network hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays

2.4 Each place signed off their own local plans as meeting these asks, the current status is summarised below;

Table 1 – Status of PCN Enhanced Access Plans per place

Place	Number of PCNs	No of Plans agreed as at 31.8 (national deadline met)	No of plans live as at 1.10 (national deadline met)
Liverpool	**9**	**9**	**9**
Cheshire West	**9**	**9**	**9**
Cheshire East	**9**	**9**	**9**
Knowsley	**3**	**3**	**3**
Wirral	**5**	**5**	**5**
Halton	**2**	**2**	**2**
Warrington	**5**	**5**	**5**
St Helens	**4**	**4**	**4**
Sefton	**2**	**2**	**2**

2.5 Further IT guidance and solutions is still awaited to enable the following asks of the Guidance to be achieved in full;

- To make same day online booking for available routine appointments where no triage is required up until as close to the slot time as possible;
- To operate a system of enhanced access appointment reminders
- To provide patients with a simple way of cancelling enhanced access appointments at all times;
- Make available to NHS111 any unused on the day slots during the Network Standard Hours from 6.30pm on

Some of this is due to systems compatibility and national solutions, with further confirmation awaited of any additional funding for IT solutions. NHSE/I have permitted go live whilst these are finalised - local solutions are in place where available.

2.6 Some place have agreed, for a small number of their PCNs, that a number of these additional appointments can be provided within usual core hours of 8-630 which although permitted within the guidance, is by exception. The relevant place has been asked to monitor this in terms of overall demand and patient feedback.

3.0 Access Information based on Appointment data

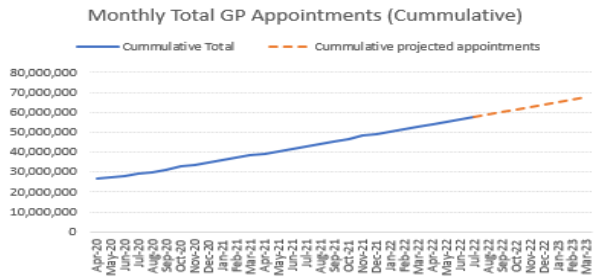
3.1 NHSE/I regional team released some further analysis in relation to appointments for each of the three ICBs in the North West, using data up to July 2022.

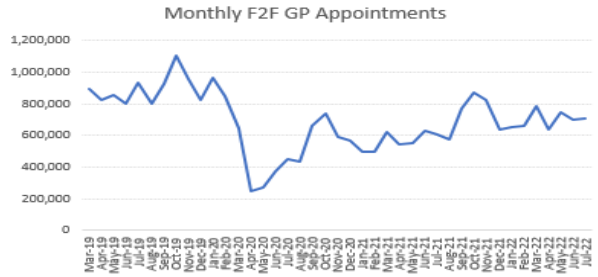
3.2 Cheshire & Merseyside practices saw a decrease in appointments mid-winter 2021 around the time of increase pressures of the Omicron variation and high staff sickness

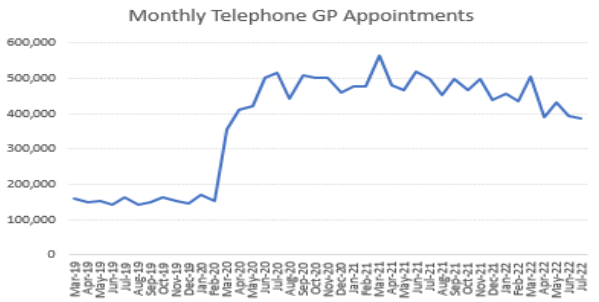
3.3 As practices recovered and the Winter Access Fund supported the system there was a notable increase in appointments during February and March 2022, offering additional capacity at the end of the winter period.

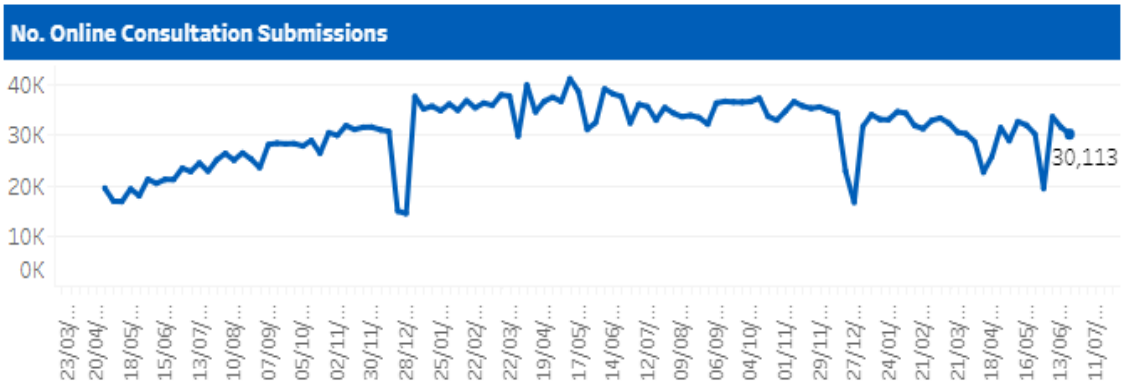
3.4 Face to Face and telephone consultations activity has varied in June & July 2022 with a small reduction in telephone appointments supported by an increase in face to face ,in the same time period

Tables 2 - Regional Appointment data - Cheshire and Merseyside ICB









3.4 Place Directors will be presenting further place specific actions and updates in relation to access, transformation and development to add additional narrative to the data which will also be updated to form a regular report to this committee. It is recognised that the ICB will require ongoing data/business intelligence resources to support this, with data required at place level for further local assurance.

4.0 National Policy Updates

4.1 In September the Secretary of State announced the 'Plan for Patients', more information can be found here : https://www.gov.uk/government/publications/our-plan-for-patients.

4.2 The key areas for primary care within this include ;

- Informing and empowering patients to play a full part in decision-making about their health and treatment, by publishing easy-to-use data and performance indicators about how their local NHS is performing, such as on waiting lists for elective care and general practice appointments.
- The expectation that everyone who needs an appointment with their practice within 2 weeks can get one
- Patients with urgent needs are seen on the same day, including opening up time for more than a million extra appointments over winter
- Making an additional 31,000 phone lines available for GP practices
- Informing patients by publishing data on how many appointments each GP practice delivers, and the length of waits for appointments, to enable patient choice
- Requiring the local NHS (integrated care boards) to hold practices to account, providing support to those practices with the most acute access challenges to improve performance
- Expanding the range of services available from community pharmacies, increasing convenience for patients and freeing up GP time for more complex needs of patients. pharmacists will be able to manage and supply more medicines, without a prescription from a GP
- Enabling pharmacists with more prescribing powers and making more simple diagnostic tests available in community pharmacy.

4.3 In addition guidance for **System Development Funding (SDF)** was released which is funding to support primary care development including digital initiatives**.** Link to the guidance can be found here ;

https://www.england.nhs.uk/wp-content/uploads/2022/09/B1605-Primary-care-system-development-funding-SDF-and-GPIT-funding-guidance-analysis-of-programmes-and-funding.pdf

A brief headline summary of some of the key areas of the SDF is given ***below*** ;

- **GP Transformational Support Fund**
  Overall principles - support staff skills and capabilities/ improve ways of working/ reduce unwarranted variation and increase operational efficiency/drive integrated working.
  Not spent directly on equipment, software or licenses
  Current proposal Fair Shares to Place and tandem discussions with Digital IT leads regarding

- **Practice Resilience**
  Deliver support that will help practices become more sustainable and resilient – in line with same priorities for change as the GP Transformation Fund above , to be managed through Place

- **Workforce** -**Fellowships/Mentors/Training Hubs** *(JG/Place CDs/NHSE/I colleagues).*
  Would fund central C and M level/existing schemes and infrastructure already in place/in train

- **GP Retention**
  For GPs at points of transition in their career or new ways of working and embedding flexibility - could be system or place led

- **Digitally enabled primary care flexible staffing pools**
  To ensure All practices have access to a digitally enabled flexible staffing pool – system directed to areas with no access (using National Guidance for ICBs)

- **Online Consultation Software**
  Uptake of online consultation systems in general practice Digital/system

- **Additional GPIT revenue**
  Managing specific technology upgrade initiatives, top up' to the other GPIT funding lines in Guidance

- **Primary Care Estates Development**
  For PCNs to better understand their estate's needs/develop investment plans /identify schemes that need to be both prioritised and developed tbc

- **New to partnership payment scheme** (NHSE/I managed)
  The aim of the scheme is to grow the number of clinical partners working in primary care, stabilise the partnership model and help to increase clinicians' participation levels so that primary medical care and the people it serves have access to the workforce they need. 47. The scheme gives eligible participants a sum of up to £20,000 plus a contribution towards on-costs of up to £4,000 (for a full-time participant) to support establishment as a partner, as well as up to £3,000 in a training fund to develop non-clinical partnership skills.

Table 3 – Summary of ICB allocation £m

	£m
GP Transformational Support	£3,632
Practice Resilience	£373
GP Fellowship	£2,002
Supporting Mentors Scheme	£391
Local GP Retention	£559
Digital Flexible Staffing Pools	£120
Training Hubs	£559
IT & Estates Online Consultation	£699
IT & Estates Infrastructure & GP Resilience	£605

Further information and narrative will be given in the Finance Update Paper including agreement in approaches with place.

4.4 Further national asks were detailed in the **Supporting General Practice through Winter and beyond** letter, link here : https://www.england.nhs.uk/wp-content/uploads/2022/09/B1998-supporting-general-practice-pcn-and-teams-through-winter-and-beyond-sept-22.pdf

This contained an important ask for systems to complete a template exercise with it's PCNs and practices, **(See Appendix 1)** for the following reasons;

- **Part 1** to help identify how any additional capital funding which may be available later in the year for primary care could be used, and to help identify how other resources (eg SDF) should be targeted.

- **Part 2** where support may be needed to help improve patient access and staff experience over the longer term, to build an ongoing quality improvement support process within primary care, supported by ongoing SDF or other transformation funding

- **Overall** the template should frame how SDF funding should also be utilised to support the programmes of work identified via the framework process outlined.

It was requested that each place complete the template by mid- October for collation by the national deadline of 21.10 (one ICB level return was required).

Other key changes announced;

- **Changes to IIF (Investment and Impact Fund) for PCNs**
  Some indicators were flexed so that funding can be released as a PCN support payment to to purchase additional workforce / increase clinical capacity to support additional appointments and access for patients. Other indicators were retired or deferred.

- **Changes and Flexibilities for the ARRS (Additional Roles Reimbursement Scheme)**
  Further flexibility into the Additional Roles Reimbursement Scheme (including the addition of a GP assistant role to help reduce administrative burden for general practice teams, and a digital and transformation lead role to support patients and practice teams to optimise digital tools and embed transformation.

In relation to ARRS in general, an approach to maximise spend across the ICB/place using principles for allocation and planning will be detailed, for agreement by the committee.

As part of the place regular reporting, progress on all the above areas will form of the place updates to system primary care committee.

Further revised Guidance notes to reflect the above can be found below ;

NHS England » Network Contract Directed Enhanced Service: guidance for 2022/23 in England
NHS England » Network Contract Directed Enhanced Service – contract specification 2022/23 – primary care network requirements and entitlements
NHS England » Network contract directed enhanced service – Investment and Impact Fund 2022/23: updated guidance

5. Care Quality Commission Ratings – General Practice

At the last committee meeting a summary was requested of all CQC ratings for general practice, and these are given in **Appendix 2**

6. Community Pharmacy Contract

A report is given separately on the agenda to update members on the agreement for both year 4 and year 5 of the Community Pharmacy Contractual Framework.

7. Primary Care Risk Register

As requested at the last committee meeting, a discussion took place with the team overseeing the transfer of risks between old 'CCG' primary care risk registers and those primary care risks to be included at corporate or new place level registers. The table below captures the key actions agreed for this and where further work is required for general medical services. An agreed risk register for primary care (system level) will be drafted for the committee for future agreement. Place continue to manage risks identified previously as individual CCGs. A process for escalating risks from place to corporate will be agreed as part of this.

Table 4 – Overview of key actions for Primary Care Corporate risks (General Practice services)

AGREED ACTIONS ICB PRIMARY CARE RISKS FOR CORPORATE RISK REGISTER		
Theme	**Detail**	**ACTION**
PC SERVICE PROVISION	Resilience / Sustainability of General Practice overall	Draft general ICB risk around 'General PC activity' - will need some details from PC leads regarding any individual place where there may be a real risk to overall services which may need capturing separately (CL)
PC SERVICE PROVISION	Future of APMS Contracts across the patch - ensuring decisions and governance in place for timely decisions - further risk to breach of procurement regulations to be assessed, support required from contracting team re legal/process	To draft a general risk around APMS Contracts with the Contracts Team (CL)
PC WORKFORCE	Number of Practices who are currently at Risk due to workforce issues with remaining contract holders coming up to Retirement or Resigning and poor CQC Ratings	With Place Leads draft an ICB generic risk re: 'PC Workforce' (CL)
TBC ACTIONS - ICB PRIMARY CARE RISKS		
Theme	**Detail**	**ACTION**
ESTATES	Primary Care Services Estates – the provision of primary care services in premises fit for purpose to meet current demand for premises developments and to deliver several high priority schemes.	Identify ICB ESTATES LEAD - needs to be generic estates risk, but does it sit with PC or Estates team? Places to have specific place-related estates risks on their Place registers but need to feed into wider ICB risk.
ESTATES	Risk to the ability of PCNs to deliver service specifications due to lack of estates to operate from.	TBC - AS ABOVE: Include in Estates Risk - once determine if PC or Estates
ESTATES	Proposed re-alignment of Primary Care Estates work activities from NHSE to CCG. The current complexity of issues highlights the need for continued support from NHSE in delivery of estates as it requires specialist knowledge that currently sits within NHSE	TBC - AS ABOVE: - Estates.
ICB WORKFORCE	ICB PC Teams workforce capacity - uncertainty re: demand/ expectations from April 2023 delegations	TBC : Is there an HR CRR - if so would this risk be on there as ICB workforce. (Check with Chris Samosa)
PC Finance		TBC : Check if there is a finance risk for PC on the main RR thanks
Governance		TBC : Check if there is a risk around governance processes not fully in place to enable due decisions/timely outcomes

It should be noted that the risk register for community pharmacy is in the process of being transferred into the corporate ICB risk register whilst continuing to be managed through existing governance.

8.0 Recommendations

The committee is asked to note the contents of the report which is for discussion and assurance in respect of the ICBs due oversight of primary care medical contracting and policy.

9.0 Officer contact details for more information

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

Appendix 1 – Framework for completion to support SDF / other additional funding

Section 1

i. Patient contact

- Is cloud-based telephony in place, over what proportion of your practices, for how long, and what functionality do you have? (To note, this data collection will support the development of a national framework for cloud-based telephony for general practice).

ii. Use of data for improvement

- What, if any, business intelligence (BI) tool(s) do your practices use?
- How many practices have no access to a BI tool?
- How do they use it to understand demand, activity and capacity?

iii. Operational efficiency

- What business functions have practices automated, if any? eg document workflow, certain pathology results, vaccine recall systems

iv. Clinical and administrative workspace

- Do your PCNs have the estates/facilities to optimise use of clinical/admin teams?
- If not, what are the expected costs and realistic timelines – including business case approvals, procurement and building works completion – to resolve identified estates/facilities challenges

v. Enhanced access

- Have the PCNs' plans been signed off to deliver a minimum of 60 minutes of appointments per 1,000 PCN adjusted populations per week during the network standard hours?
- Do your PCNs have interoperability capability to work as a PCN/enable EA?
  - If yes – are there any plans to support other hub type working eg respiratory winter hubs?
  - If no, interoperability of IT systems then escalates via return to regional team to consider support for capital / other funding.

Equipment

- Do general practice staff have sufficient equipment to carry out their roles effectively? (eg laptops, screens, headsets, webcams, phones, etc)
- Do PCN/ARRS staff have sufficient equipment to carry out their roles effectively?

General

- Have your PCNs implemented any other interventions to manage workload, optimise clinical capacity or improve patient access in general practice?
- If so, what were they and have you measured/quantified the improvement? eg establishing PCN hubs

Section 2: Support areas

i. Patient contact

- How is cloud based telephony being used to improve patient access, and how is good practice shared?

ii. Patient communication

- How does the ICS support practices to ensure patients can easily find and understand accessing the following on practice websites: (see checklist for 'highly usable websites' outlined in the Creating a highly usable and accessible GP website for patients' guidance)
  - The online consultation system
  - Opening times
  - Phone number for the practice
  - Self-care information and community pharmacy options
  - Online services via the NHS App or other similar service eg repeat prescriptions

iii. Use of data for improvement

- How does the data on use of 111 services during 8-6.30pm compare (using calls per 1000 patients) when benchmarked to local practices?

iv. Operational efficiency

- How does the ICS support spread and adoption of automation of business functions?
- How does the ICS support the sharing of good practice and the impact of automation?
- Does the ICS plan to support further automation of practice functions?

v Appointment allocation

- Do practices have effective systems in place for care navigation?
- What support does the ICS provide to monitor and support this to ensure it is safe and effective (eg training)?
- How many practices and PCNs use a system of clinical triage for appointment requests?
- What ARRS staff are in place across PCNs?
- How could the ICS support PCNs to ensure ARRS roles are working as effectively as they could to help meet demand?
- Where there is a High Intensity User scheme locally in ED, consider where a PCN could utilise a SPLW (social prescribing link worker(s)) or Care coordinator(s) recruited through the ARRS scheme to support.

BP@Home and LTC remote monitoring

- Are PCNs able to make effective use of BP@Home/LTC remote monitoring to support patients to manage their blood pressure?
- Awareness of community pharmacy BP checks and promotion for patients?
- What support is required to make good use of this service?
- What improvements have been delivered as a result of BP@Home or LTC remote monitoring?

vi. Clinical and other capacity

- What are the vacancy levels across clinical/admin teams?
- How many of these have been open for more than two months?
- What strategies does the ICS team have in place to support workforce challenges?

Any other place feedback/comments

Appendix 2 – CQC Ratings – General Practice (Note this is accurate as at time of writing paper)

Knowsley Place

Practice	CQC Rating
Aston Healthcare Limited	Good
Bluebell Lane Surgery	Good
Cedar Cross Medical Centre	Good
Colby Medical Centre	Good
Cornerways Medical Centre	Good
Dinas Lane Medical Centre	Good
Pilch Lane Surgery	Good
Dr Maassarani & Partners	Good
St Laurence's Medical Centre	Good
Hillside House Surgery	Good
Hollies Medical Centre	Good
Longview Medical Centre	Good
Millbrook Medical Centre	Good
Nutgrove Villa Surgery	Good
Park House Medical Centre	Good
Prescot Medical Centre	Good
Primrose Medical Practice	Good
Roby Medical Centre	Good
Roseheath Surgery	Good
Stockbridge Village Health Centre	Good
Tarbock Medical Centre	Good
The Health Centre Surgery	Good
The Macmillan Surgery	Good
Trentham Medical Centre	Good
Wingate Medical Centre	Good

East Cheshire Place

Practice	CQC Rating
Alderley Edge	Good
Chelford Surgery	Good
David Lewis Medical Practice	Good
Handforth Health Centre	Good
Kenmore Medical Centre	Good
Wilmslow Health Centre	Good
Lawton House Surgery	Good
Meadowside Medical Centre	Good
Readesmoor Medical Centre	Good
Holmes Chapel Health Centre	Good
Eaglebridge - Millcroft	Good
Eaglebridge - Earnswood	Good
Hungerford	Good
Grosvenor	Good
Rope Green	Good
Knutsford Medical Partnership - Annandale Medical Centre	Good
Knutsford Medical Partnership - Manchester Road Medical Centre	Good
Knutsford Medical PartnershipToft Road Surgery	Good
Waters Green Broken Cross Surgery	Good
Waters Green Cumberland House	Good
Waters Green High Street Surgery Macc	Good
Waters Green Park Green Surgery	Good
Waters Green Park Lane Surgery	Good
Waters Green South Park Surgery	Good
Middlewood Partnership (Bollington/McIlverdale/Priorsleigh/Schoolhouse)	Good
Audlem	Good
Nantwich	Good
Kiltearn	Good
Tudor	Good
Wrenbury	Good

Cedars	Good
Ashfields	Good
The Oaklands	Good
Haslington	Good
Greenmoss	Good
Merepark	Good
Waters Edge	Good

Cheshire West Place

Practice	CQC Rating
The Elms Medical Centre	Good
Northgate Medical Centre	Good
Northgate Village Surgery	Good
Garden Lane	Good
Fountains Medical Centre	Good
St Werburghs Practice	Good
Boughton Health Centre	Good
Upton Village Surgery	Good
Park Medical Centre	Good
Heath Lane Medical Centre	Good
Handbridge Medical Centre	Good
Lache Health Centre	Good
City Walls & Saughall MC	Good
Western Avenue	Good
Neston Surgery	Good
Neston Medical Centre	Good
Willaston Surgery	Good
Weaverham	Good
Watling Street	Good
Witton Street	Good
Oakwood	Good
Danebridge	Good
Middlewich Rd	Good
Firdale	Good
Old Hall Surgery	Good
York Road Group Practice	Good
Hope Farm Surgery	Good
Westminster Surgery	Good
Whitby Health Partnership	Good
Great Sutton Medical Centre	Good
Helsby Health Centre	Good
The Knoll	Good
Tarporley (Campbell)	Good
Malpas Surgery	Good
Tarporley (Adey)	Good
The Village Surgeries	Good
Kelsall Medical Centre	Good
Bunbury Medical Centre	Good
Swanlow	Good
High Street	Good
Launceston Close	Good
Willow Wood	Good
Weaver Vale	Good

Warrington & Halton Place(s)

Practice	CQC Rating
Penketh Health Centre	Good
Causeway Medical Centre & Great Sankey Health Centre	Good
Folly Lane Medical Centre	Good
Dallam Lane Medical Centre	Good
Eric Moore Partnership Medical Practice	Good
Helsby Street	Good
Holes Lane Surgery	Good
Greenbank Surgery	Good
Manchester Road Surgery	Good
Cockhedge Medical Centre	Good
Fairfield Surgery	Good
Fearnhead Cross Medical Centre	Good

Padgate Medical Centre	Good
Birchwood Medical Centre	Good
Guardian Medical Centre	Good
Springfields Medical Centre	Outstanding
Culcheth Medical Centre	Good
Parkview Medical Practice	Good
Westbrook Medical Centre	Good
4 Seasons Medical Centre	Good
Chapelford Medical Centre	Good
Brookfield Surgery	Good
Latchford Medical Centre	Good
Stockton Heath Medical Centre	Good
Lakeside Surgery	Good
Stretton Medical Centre	Good
Tower House Practice	Good
Grove House Practice	Good
Castlefields Health Centre	Good
Weaver Vale Practice	Good
Murdishaw Health Centre	Good
Brookvale Practice	Outstanding
Fir Park Medical Centre	Good
The Beeches Medical Centre	Good
Peelhouse Medical Plaza	Good
Hough Green Health Park	Good
Bevan Group Practice	Good
Newtown Surgery	Good
Oaks Place Surgery	Good
Upton Rocks Surgery	Good

St Helen's Place

Practice	CQC Rating
Rainbow Medical Centre	Good
Patterdale Lodge Medical Centre	Good
Ormskirk House Surgery	Good
Vista Road Surgery	Good
Phoenix Medical Centre	Good
Lingholme Health Centre	Good
Berrymead Family Medical Centre	Good
Rainhill Village Surgery	Good
Mill Street Medical Centre	Good
Hall Street Medical Centre	Good
Billinge Medical Practice	Good
Haydock Medical Centre	Good
Four Acre Health Centre	Inadequate
Atlas Medical Practice	Good
Parkfield Surgery	Good
Central Surgery	Good
The Spinney Medical Centre	Good
Rainford Health Centre	Good
Newton Medical Centre	Good
Kenneth MacRae Medical Centre	Good
The Bowery Medical Centre	Good
Longton Medical Centre	Good
Bethany Medical Centre	Good
Eccleston Medical Centre	Good
Sandfield MC (Windermere MC)	Requires Improvement
Dr Rahil Surgery	Good
Newton Community Hospital Practice	Good
The Crossroads Surgery	Good
Newholme Surgery	Good
Garswood Surgery	Good
Marshalls Cross Medical Centre	Requires Improvement

Liverpool Place

Practice	CQC Rating
Abercromby Health Centre	Good
Abingdon Family Health Centre	Good
Aintree Park Group Practice	Good
Albion Surgery	Good
Anfield Group Practice	Good
Belle Vale Health Centre	Good
Benim MC	Good
Bigham Road MC	Good
Bousfield Health Centre	Requires Improvement
Bousfield Surgery	Good
Brownlow Group Practice	Outstanding
Brownlow Health at Kensington	Good
Brownlow Health at Marybone Health Centre	Good
Brownlow Health at Princes Park	Good
Derby Lane MC	Good
Dingle Park Practice	Good
Dovecot HC	Good
Dr Jude's Practice Stanley Medical Centre	Inadequate
Dr Jude's Practice - Riverside & Picton	Good
Dunstan Village Group Practice	Good
Earle Road Medical Centre	Good
Edge Hill Health @ Mossley Hill Surgery	Good
Edge Hill MC	Good
Ellergreen Medical Centre	Good
Fairfield General Practice	Good
Fir Tree Medical Centre	Good
Fulwood Green MC	Good
Gateacre Brow Surgery	Requires improvement
Gateacre Medical Centre	Good
Gillmoss Medical Centre	Good
GP Practice Riverside	Good
Grassendale Medical Practice	Good
Great Homer Street Medical Centre	Good
Green Lane MC	Good
Greenbank Drive Surgery	Good
Greenbank Rd Surgery	Good
Hornspit MC	Good
Hunts Cross Health Centre	Good
Islington House Surgery	Good
Jubilee Medical Centre	Good
Kirkdale Medical Centre	Good
Calvary Health Centre	Good
Lance Lane	Good
Langbank Medical Centre	Good
Long Lane Medical Centre	Good
Margaret Thompson M C	Good
Mather Avenue Surgery	Good
Mere Lane Practice	Good
Moss Way Surgery	Good
Oak Vale Medical Centre	Good
Old Swan HC	Good
Dr Jude Garston Family Health Centre - APMS	Good
Dr Jude Netherley Health Centre - APMS	Good
Dr Jude Park View - APMS	Good
Dr Jude West Speke Health Centre - APMS	Good
Penny Lane Surgery	Good
Picton Green	Good
Poulter Road Medical Centre	Good
Priory Medical Centre	Good
Rock Court Surgery	Good
Rocky Lane Medical Centre	Good
Rutherford Medical Centre	Good
Sandringham Medical Centre	Good
Sefton Park MC	Good
Speke Neighbourhood Health Centre	Good
Speke Neighbourhood Health Centre	Good
St James MC	Good
Stoneycroft MC	Good

Stopgate Lane Medical Centre	Good
Storrsdale Medical Centre	Good
The Ash Surgery	Good
The Elms Medical Centre	Good
The Grey Road Surgery	Good
The Valley Medical Centre	Good
The Village Medical Centre	Good
Townsend Medical Centre	Good
Vauxhall Health Centre	Good
Village Surgery (Long Lane)	Good
Walton Medical Centre	Good
Walton Village Medical Centre	Good
West Derby Medical Centre	Good
Westminster Medical Centre	Good
Westmoreland GP Centre	Good
Woolton House Medical Centre	Good
Yew Tree Centre	Good

Wirral Place

Practice	CQC Rating
Marine Lake Medical Practice (inc Estuary MC)	GOOD
Allport Surgery	GOOD
Eastham Group Practice	GOOD
Civic Medical Centre	GOOD
Heswall & Pensby Group Practice	GOOD
West Wirral Group Practice	GOOD
Commonfield Road Surgery	GOOD
St Georges Medical Centre	GOOD
Upton Group Practice	GOOD
Townfield Medical Centre	GOOD
Devaney Medical Centre	GOOD
Riverside Medical Centre	GOOD
Cavendish Medical Centre	GOOD
Villa Medical Centre	GOOD
Whetstone Medical Centre	GOOD
St Catherine's Surgery	GOOD
Hamilton Medical Centre	GOOD
Holmlands Medical Centre	GOOD
Manor Health Centre	GOOD
Somerville Medical Centre	GOOD
St Hilary Group Practice	GOOD
Central Park Medical Centre	GOOD
Moreton Cross Group Practice	GOOD
Gladstone Medical Centre	GOOD
Greasby Group Practice	GOOD
Heatherlands Medical Centre	GOOD
Vittoria Medical Centre (G)	GOOD
Moreton Health Clinic	GOOD
Paxton Medical Centre-Claughton	GOOD
Hoylake Road Medical Centre	GOOD
The Orchard Surgery	GOOD
Moreton Medical Centre	GOOD
Sunlight Group Practice (Inc Parkfield MC)	GOOD
Grove Road Surgery	GOOD
Kings Lane Medical Practice	GOOD
Teehey Lane Medical Centre	GOOD
Hoylake & Meols Medical Centre	GOOD
Liscard Group Practice	GOOD
Spital Surgery	GOOD
The Village Medical Centre	GOOD
Miriam Medical Group (inc Field Road HC)	GOOD
Egremont Medical Centre	GOOD
Church Road Medical Practice	GOOD
Leasowe Medical Practice	GOOD
Prenton Medical Centre (inc Woodchurch MC)	GOOD
Blackheath Medical Centre	GOOD
Vittoria Medical Centre (K)	GOOD

Sefton Place

Practice	CQC Rating
Cumberland House Surgery	Good
Christina Hartley Medical Practice	Outstanding
St Marks Medical Centre	Good
Kew Surgery	Good
Chapel Lane Surgery	Good
The Village Surgery Formby	Good
The Hollies	Good
Norwood Surgery	Good
Churchtown Medical Centre	Good
Roe Lane Surgery	Good
The Corner Surgery (Dr Mulla)	Good
The Marshside Surgery	Good
Ainsdale Medical Centre	Good
Ainsdale Village Surgery	Good
Grange Surgery	Good
Lincoln House Surgery	Good
The Family Surgery	Good

Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 20th October 2022

Date of meeting:	20th October 2022
Agenda Item No:	PCC/10/22/08
Report title:	**Primary Care Update – Finance**
Report Author & Contact Details:	Lorraine Weekes-Bailey Senior Primary Care Accountant Paul Brennan Primary Care Project Accountant
Report approved by:	Mark Bakewell- Deputy Director of Finance

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

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

N/a

Executive Summary and key points for discussion

- The purpose of this report is to provide the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position related to primary care expenditure as at the end of August 2022 (M5)
- The report covers four areas of spend, the national allocation for Primary Care Co-Commissioning, Local Place Primary Care funding commitments, Prescribing and Primary Care Delegated Pharmacy.
- The paper will highlight any key variances within the financial position in respect of both year to date and forecast outturn, compared to the allocated budgets for Quarters 2-4, noting when combined with the Q1 period (in relation to the period April -June at CCG level) produces the overall ICB position for the 22/23 financial year.
- The paper also provides a breakdown of the Additional Roles Reimbursement Scheme (ARRS) allocation and the central drawdown available, with agreement required regarding allocation methodology towards over / under utilisation at 'place' (and potentially PCN level) to ensure the ICB maximises potential resources within the financial year.

Recommendation/ Action neeed:	**The Committee is asked to:** • Note the financial summary position for Cheshire and Merseyside ICB as at the 31st August 2022 (M5). • Note the future requirements for reporting the Additional Roles Reimbursement Scheme (ARRS) to NHS England. • Support the principles outlined in 6.9 in relation to maximisation of ARRS spend.

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	**x**

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

Place Priority(s) report aligns with:	
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? **No**						
What level of assurance does it provide?						
Limited		**Reasonable**	**x**	**Significant**		
Any other risks? **Yes** 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*) **Yes**						
Any **Conflicts of Interest** associated with this paper? If **Yes** please state what they are and any mitigations undertaken. **None**						
Any current services or roles that may be affected by issues as outlined within this paper? **No**						

Primary Care Finance Update

1.0 Introduction

1.1 The purpose of this report is to provide the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position in relation to primary care expenditure.

1.2 Work continues to develop the ICB reporting arrangements in order to ensure consistency of approach and understanding of the combined Primary Care position for the 22/23 financial year. The report contains a consolidated forecast outturn across all 9 places and at an overall ICB level.

1.3 The report covers four areas of spend, the national allocation for Primary Care Co-Commissioning, Local Place Primary Care funding commitments, Prescribing and Primary Care Delegated Pharmacy. The report will highlight any key variances against budget for the period Q2-4 and reflects the forecast outturn period in respect of combined CCG Q1/ ICB Q2-4 reporting periods for the full financial year.

2.0 22/23 Financial Position

2.1 The 22/23 financial year consists of 2 distinct periods reflecting the in-year organisational change (i.e dissolution of CCG at end of the June 2022 and creation of ICB) and are reflected in the below 3 tables to show separate and combined position and have partly been determined by the approach required by NHS England in respect of treatment of allocations / expenditure within the national ledger system and reporting regime.

2.2 The three tables are as follows

- Table 1a illustrates an overall summary of the Primary Care financial position based on Quarter 1 -Clinical Commissioning Group (CCG),
- Table 1b is a summary of the Primary Care financial expenditure as at 31st August 2022 (M5) and forecast for the Q2-4.
- Table 1c is a combined financial summary of Quarter 1-4 based on assumption and actuals as at 31st August (M5).

Table 1a

Primary Care Position Summary CCG Months 1-3	Budget YTD			Forecast Outturn		
	Budget (£000's)	Actual YTD (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Cheshire & Merseyside ICB Primary Care						
CCG Local Primary Care	26,320	24,611	1,709	26,320	24,611	1,709
Delegated Primary Care	112,024	110,939	1,085	112,024	110,939	1,085
Prescribing	121,364	118,593	2,771	121,364	118,593	2,771
CCG PRIMARY CARE TOTAL	**259,708**	**254,143**	**5,565**	**259,708**	**254,143**	**5,565**

2.3 The overall Primary Care and Prescribing budgets at the end of the Q1 period show an underspend of £5.56m and in line with the financial regime result in a reduction in CCG allocation for the period and increase in ICB allocations for the Q-4 period. This underspend was due to timing of expenditure and based on available information at the end of the reporting period.

Table 1b

Primary Care Position Summary August 2022	Budget YTD			Forecast Outturn		
	Budget (£000's)	Actual YTD (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Cheshire & Merseyside ICB Primary Care						
ICB Local Primary Care	17,192	15,897	1,295	76,804	78,597	(1,793)
Delegated Primary Care	77,215	77,960	(745)	348,124	351,654	(3,530)
Prescribing	83,976	82,590	1,386	377,754	377,916	(162)
Pharmacy Delegated	11,416	12,344	(928)	51,370	54,814	(3,444)
ICB PRIMARY CARE TOTAL	**189,799**	**188,791**	**1,008**	**854,052**	**862,981**	**(8,929)**

2.4 The current Primary Care and Prescribing budgets show an underspend of £1.0m YTD, but a £8.9m overspend at the end of the Q4 period, consisting of overspends against each of the main areas within Primary Care and Prescribing/Pharmacy budgets.

2.5 It should be noted that delegated pharmacy budgets were transferred to the ICB with effect from 1st July 2022

Table 1c

Primary Care Position Summary Combined Months 1-12	Budget YTD			Forecast Outturn		
	Budget (£000's)	Actual YTD (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Cheshire & Merseyside ICB Primary Care						
ICB Local Primary Care	43,512	40,508	3,004	103,124	103,208	(84)
Delegated Primary Care	189,239	188,898	340	460,147	462,593	(2,446)
Prescribing	205,340	201,183	4,157	499,118	496,509	2,609
Pharmacy Delegated	11,416	12,344	(928)	51,370	54,814	(3,444)
ICB PRIMARY CARE TOTAL	**449,507**	**442,933**	**6,573**	**1,113,759**	**1,117,124**	**(3,365)**

2.6 The overall Primary Care and Prescribing budgets for the full financial year therefore show an underspend of £6.6m year to date but result in an overspend of £3.4m by the end of the financial year relating, consisting of overspends against delegated primary care (GP and Pharmacy budgets)

2.7 Further analysis is provided below on each of the relevant budgets and forecasts and their associated variances for the Q2-4 period and should be recognised that there are some challenges in combining Q1 & Q2-4 at a granular level due to different reporting / coding arrangements at CCG level.

2.8 It should be noted that there is still a time lag in respect of some areas of information availability (e.g 8 week time lag for prescribing/pharmacy information) and it is expected that confidence in forecast outturn position will improve during the second half of the year, as in year run rates are established.

3.0 Local "Place" Primary Care

3.1 The below table illustrates the budget and anticipated forecast for Local "Place" Primary Care for the period of 1st July to 31st August 2022, combining the 9 place positions into a single ICB level position.

Primary Care Position Summary August 2022	Budget YTD			Forecast Outturn		
	Budget YTD (£000's)	Actual YTD (£000's)	Variance (£000's)	Annual Budget (£000's)	Forecast (£000's)	Variance (£000's)
ICB Local Place Primary Care						
Primary Care Local Enahnced Services/Other	10,490	9,776	714	44,932	43,940	992
Primary Care IT	2,762	2,233	529	12,429	15,556	(3,127)
Out of Hours	3,940	3,888	52	19,443	19,101	342
ICB LOCAL PRIMARY CARE TOTAL	**17,192**	**15,897**	**1,295**	**76,804**	**78,597**	**(1,793)**

3.2 The local "Place" Primary Care budget is showing a forecast overspend of £1.79m at the end of the Q2-4 period.

3.3 The main driver of the overspend within the Q2-4 period. is within the Primary Care IT, with forecasts costs exceeding budget values by £3.13m. Further investigation of expenditure compared to GPIT allocations is currently underway but is partly due to the 'underspend' in Q1 time period and relevant timing of expenditure between CCG / ICB periods.

3.4 The underspend in respect of the Primary Care Local Enhanced services reflects a change in funding allocation between local and delegated (co-commissioning budget). Prior to the 2022/23 the '£1.50 Core PCN funding' guidance was that this element was funded via Local Primary Care resources. However, NHSE Guidance now states that this should be part of Primary Care Co-Commissioning delegated budget and therefore has been reflected as appropriate in local budget forecast (but with equivalent spend now being reflected within the Delegated Co-Commissioning budget)

4.0 Primary Care Delegated Commissioning

4.1 The below table illustrates the budget and anticipated forecast for Primary Care Co-Commissioning for the period up to 31st August 2022, combining the 9 place positions into a single ICB position as far as possible, with further work still required to ensure consistency of reporting and methodologies.

Primary Care Position Summary August 2022	Budget YTD			Forecast Outturn		
	Budget YTD (£000's)	Actual YTD (£000's)	Variance (£000's)	Annual Budget (£000's)	Forecast (£000's)	Variance (£000's)
Delegated Primary Care						
Core Contract	47,767	48,012	(246)	214,870	215,727	(857)
QOF	6,772	6,452	320	30,460	29,276	1,183
Direct Enhanced Services	804	777	27	3,566	3,670	(104)
Premises	5,636	5,792	(156)	25,361	25,052	309
Premises Other	2,474	2,510	(36)	11,124	11,353	(229)
Fees	1,168	1,445	(276)	5,411	6,874	(1,463)
Other	1,961	2,399	(437)	9,246	11,331	(2,085)
Primary Care Network	10,632	10,573	59	48,086	48,370	(285)
DELEGATED PRIMARY CARE TOTAL	**77,215**	**77,960**	**(745)**	**348,124**	**351,654**	**(3,530)**

4.2 The devolved Primary Care budgets have been set based on known recurrent Primary Care commitments for the 22/23 financial year and included relevant contract uplifts as per national negotiations

4.3 The Primary Care core contracts are showing an overspend of approximately £0.857m. This is mainly due to the impact of contract uplifts and list size adjustments across the GP Practices across Cheshire and Merseyside.

4.4 QoF is currently showing an underspend of £1.183m, due to the revised forecast outturn compared to the original plans as set at the beginning of the year including the impact from 21/22 Qof payments that were paid in Q2.

4.5 'Fees' expenditure are expected to overspend by £1.463m. The category "Fees" is made up of a combination of costs such as locum reimbursements, sickness and maternity claims, retained doctors' fees, prescribing fees and CQC invoices. Further investigation of drivers behind this compared to previous years is currently underway to try and mitigate the forecast pressures.

4.6 With regards to the 'Other' Expenditure category and £2m forecast overspend this includes pressures relating to some of the former Clinical Commissioning Groups (CCG's) such as

- Cheshire, where allocations received, were not sufficient to cover the contractual requirements needed to fund the required expenditure.
- Knowsley, combined impact of local primary care investments above available allocation (as previously reported to the committee

4.7 In both above cases, this supports the requirement for a review of primary care expenditure to consider national / local schemes going forward as part of wider primary care strategy.

5.0 Prescribing

5.1 The ICB prescribing budget for Q2-4 period is £377.754m, with current YTD position showing an underspend of £1.4m and deterioration to the end of the financial year resulting in a small overspend of £162k.

5.2 However, as previously stated prescribing data is generally provided 6-8 weeks in arrears, with only 4 months data being received so far in the financial year period and forecasts will continue to be monitored, with further work required to ensure consistency of reporting methodology between the 9 former places

Prescribing						
Cheshire & Merseyside Itemised Prescription Payment & Central Drugs	81,547	80,103	1,444	366,901	367,078	(177)
Oxygen	818	952	(134)	3,682	3,865	(183)
Prescribing Other	1,611	1,535	76	7,171	6,973	198
PRESCRIBING TOTAL	**83,976**	**82,590**	**1,386**	**377,754**	**377,916**	**(162)**

6.0 Additional Roles Reimbursement Scheme (ARRS) 2022/23

6.1 The Additional Roles Reimbursement Scheme (ARRS) underpin the PCN (Primary Care Network) Direct Enhanced Service with the amount available for PCNs to recruit additional staff increasing again in the 22/23 financial year by £280m nationally, to just over £1 billion. PCNs will continue to have flexibility to recruit into any of the 15 different roles with the addition of 2 further roles from 1st October 2022.

6.2 The total funding available for Cheshire and Merseyside PCN's is £39.031m, with £24.088m included in the Primary Care Co-Commissioning baseline. Once the PCN's costs exceed this a further request of up to £14.943m can be made by the ICB to draw down from the central team at NHS England as per the below table.

Cheshire & Merseyside ICB -Additional Roles Reimbursment Scheme July 2022-March 2023	Total £000
ARRS Total Allocation	39,031
ICB Baseline	24,088
Central Drawdown	14,943

6.3 Finance teams continue to work closely with PCN's to update forecast assumptions and to ensure that they are in the best position to utilise as much of the overall allocation as possible.

6.4 As at Month 5, 31st August 2022, the Additional Roles Reimbursement scheme forecast outturn was based on the ICB baseline and no additional anticipated drawdown was shown. However, from month 6 onwards NHS England require the ICB to reflect the forecast they anticipate within their financial position.

6.5 Below is a table of the ARRS allocation and predicted forecast as at 31st August 2022.

CHESHIRE & MERSEYSIDE ICB QYG	CHESHIRE EAST	CHESHIRE WEST	HALTON	KNOWSLEY	LIVERPOOL	SEFTON	ST HELENS	WARRINGTON	WIRRAL	Total
CCG Allocation M1-3 (Baseline)	1,013	976	368	599	1,556	784	573	552	949	**7,369**
ICB Allocation M4-12 (Baseline)	3,038	2925	1,104	1,796	4,668	2,352	1,718	1,654	2,846	**22,100**
Total Baseline Allocations	**4,050**	**3,901**	**1,472**	**2,394**	**6,224**	**3,136**	**2,291**	**2,206**	**3,794**	**29,468**
Central Drawdown	2,512	2420	913	1,485	3,861	1,946	1,421	1,368	2,354	**18,280**
ARRS Total Allocation	6,562	6,321	2,385	3,879	10,085	5,082	3,712	3,574	6,148	**47,748**
Anticipated claims (FOT) Finance	5785	5830	1183	2,751	9,185	3,137	3,509	3223	6148	**40,751**
Remainder available from Central Drawdown	777	491	1,202	1,128	900	1,945	203	351	0	**6,997**

6.6 The Primary Care Networks have more recently submitted work force plans to NHSE, with work underway by finance team to compare these plans against the previous forecasts.

6.7 These workforce plans are required to be submitted back to the ICB by 31st October 2022, therefore a further update will be provided at the next Primary Care Committee meeting.

6.8 The ICB is keen to ensure that all the ARRS funds that are available to the ICB are utilised and it is likely that a 'policy' will need to be agreed to manage any 'over' / 'under' positions at place (and potentially at PCN level). The following principles should form the basis of such policy and the committee are asked to endorse the approach so that a more detailed 'policy' can be developed to manage relative positions.

6.9 The suggested principles are that

- The ICB maximises all available ARRS funding within each financial year (to include funding within both ICB allocation and NHS retained funding up the maximum available for all available roles)
- Should any underspends occur in one part of the system (e.g due to lower recruitment levels than the maximum allowed) then on a non-recurrent / in-year basis, these funds will be available to accessed by other 'places' (and PCN's within)

- This however, does not alter the recurrent / notified share of resources at place / PCN level on a recurrent and PCN's / Place will need to ensure that any in-year additionality can be managed on a recurrent basis, and any subsequent risk (of being over relative share) will be managed by the PCN / Place and will not be at the detriment of others.

7.0 Delegated Pharmacy

Primary Care Position Summary August 2022	Budget YTD			Forecast Outturn		
	Budget YTD (£000's)	Actual YTD (£000's)	Variance (£000's)	Annual Budget (£000's)	Forecast (£000's)	Variance (£000's)
Pharmacy Delegated						
Pharmacy Delegated	11,416	12,344	(928)	51,370	54,814	(3,444)
Pharmacy Delegated Total	**11,416**	**12,344**	**(928)**	**51,370**	**54,814**	**(3,444)**

7.1 The delegated pharmacy budget for Q2-4 period is £51.4m, with current YTD position showing an overspend of £0.9m and deterioration to the end of the financial year resulting in an overspend of £3.4m.

7.2 The ICB is currently working with partners in NHS England to reviews drivers for the overspend and is exploring options with NHSE to mitigate this in 2022/23, as historically, NHSE would manage any pressures such as this as part of the overall primary care budget (including Dental etc)

8.0 Sustainability Development Funding (SDF)

8.1 The ICB has been awarded Sustainability Funding as shown in the table below.

Cheshire & Merseyside Primary Care Transformation Costs 22/23		
Scheme	**£m**	**Distribution of funds**
GP Transformational Support	£3,632	To be distributed fair shares at Place
Practice Resilience	£373	To be distributed fair shares at Place
GP Fellowship	£2,002	Managed at ICB system level
Supporting Mentors Scheme	£391	Managed at ICB system level
New to Partnership Payments	***	Managed by NHSE
International GP Recruitment	***	Managed by NHSE
Local GP Retention	£559	TBC
Digital Flexible Staffing Pools	£120	TBC
Training Hubs	£559	Managed at ICB system level
IT & Estates Online Consultation	£699	Managed at ICB system level (IT committed)
IT & Estates Infrastructure & GP Resilience	£605	Managed at ICB system level (IT committed)
IT & Estates Primary Care Estates Developm	***	Awaiting further information
Regional Primary Care Staff Funding	***	TBC

8.2 The guidance on these pots of funding is available within the Primary Care Contracts reporting paper.

8.3 The Primary Care Commissioning and Finance team are currently working through the detail on the share of allocation to be distributed to place. This will require further sign off once an agreed approach has been recommended

9.0 Recommendations

9.1 The Primary Care committee are asked to note the combined financial summary position as at the 31st August 2022, noting the relative availability of in-year information.

9.2 The committee is also asked to note the work required during the second half of the year to standardise forecast methodologies within Primary Care, in order ensure consistency of approach for reporting at an ICB level.

9.3 In future the committee will be provided with more detailed information on the projected ARRS reimbursement to PCNs. This will include details of what projected drawdown of additional funding is expected to be required from NHSE. This will take account of current and future recruitment in line with the revised workforce plans each PCN will be submitted shortly.

9.4 The Committee is asked to support the principles for ARRS maximisation outlined in 6.9 above.

10.0 Officer contact details for more information

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Committee Report

Cheshire and Merseyside ICB
Place Primary Care Meeting
Date: 20th October 2022

Date of meeting:	20th October 2022
Agenda Item No:	PCC/10/22/09
Report title:	Community Pharmacy Contractual Framework 5-year deal: year 4 (2022 to 2023) and year 5 (2023 to 2024)
Report Author & Contact Details:	Pam Soo
Report approved by:	

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

Route to this meeting / Committee/Advisory Group previously presented to (if applicable)
NHS England Pharmaceutical Services Regulations Committee (PSRC)

Executive Summary and key points for discussion
This report is to update you on the agreement for both year 4 and year 5 of the Community Pharmacy Contractual Framework (CPCF) 2019 to 2024 5-year deal between the Pharmaceutical Services Negotiating Committee (PSNC), the Department of Health and Social Care (DHSC) and NHS England (NHSE).

Recommendation/ Action needed:	**The Committee is asked to:** Note the content of this paper

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:	
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**	X
	Any other risks? 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*) – No					
	Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken. No					
	Any current services or roles that may be affected by issues as outlined within this paper? Yes					

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?		No		Pharmacies are renumerated based on activity and delivery of services – this contractual settlement also describes the financial settlement for year 4 and 5 as negotiated and agreed nationally
	Patient / Public Involvement / Engagement		No		This has been negotiated and agreed nationally as per national process
	Clinical Involvement / Engagement	Yes	No		Launch of new clinical; service and expansion of existing services
	Equality Impact Analysis (EIA) - any adverse impacts identified? EIA undertaken?	Yes			Considered as part of national process
	Regulatory or Legal - any impact assessed or advice needed?		No		Appropriate regulations will be amended to accommodate the appropriate changes
	Health Inequalities – any impact assessed?	Yes			Considered as part of national process
	Sustainable Development – any impact assessed?		No		

Next Steps:	. National settlement to be noted by the committee

Responsible Officer to take forward actions:	None

Appendices:	Community Pharmacy Contractual Framework 5-year deal: year 4 (2022 to 2023) and year 5 (2023 to 2024) - GOV.UK (www.gov.uk)

Community Pharmacy Contractual Framework – 5 Year deal: Year 4 (2022-2023) and Year 5 (2023-2024)

1. Executive Summary

A 5-year deal setting out how community pharmacy will support delivery of the NHS Long Term Plan came into force from 1 October 2019 and was designed to deliver the ambitions set out in the NHS Long Term Plan. The five-year funding settlement for England pledged to shift the focus from dispensing to clinical services.

On 22 July 2019 the Government announced a five-year settlement for the Community Pharmacy Contractual Framework (CPCF). Overall funding for the CPCF is expected to remain at £2.592 billion per year (the same as in 2018/19)

The latest announcement describing the detail for the plan in year 4 and 5 is as a result of the agreed joint annual review. This announcement has been delayed by the changes in government and latterly the period of national mourning.

2. Introduction / Background

This 2-year agreement continues to support measured and incremental expansion in clinical service provision from community pharmacies.

There is also recognition of the pressures facing the sector and the importance of these services to the health system. NHSE has provided a modest and non-recurrent additional investment of £100 million across years 4 and 5 to support contractors.

NHS England will not be seeking to introduce any further clinical services beyond those contained in this letter from within the current funding envelope.

NHS England, via the Pharmacy integration fund, has funded new integrated care system (ICS) community pharmacy clinical lead roles to support implementation of all clinical services alongside providing funding for project support to NHS trusts to facilitate implementation of the Smoking Cessation Service and the Discharge Medicines Service. Both resources will support development and delivery of existing commissioned services and those detailed for year 4 and 5.

3. Report

Summary of service developments and timelines

Date	Service Development	Descriptor
11/01/2023	Tier 1 - Pharmacy Contraception Service	Enabling community pharmacists to provide ongoing management, via a Patient Group Direction, of routine oral contraception that was initiated in general practice or a sexual health clinic. This will allow people greater choice and access when considering continuing their current form of contraception. (currently subject to Pilot)
03/2023	Community Pharmacy Consultation Service (CPCS)	Expansion of the CPCS to enable urgent and emergency care settings to refer patients to a community pharmacist for a consultation for minor illness or urgent medicine supply
19/04/2023	New Medicines Service (NMS)	Expansion of NMS to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist. (currently subject to Pilot)
04/10/2023	Tier 2 - Pharmacy Contraception Service	Enabling community pharmacists to also initiate oral contraception, via a Patient Group Direction, and provide ongoing clinical checks and annual reviews. (currently subject to Pilot)
TBC	Blood pressure Check Service and Stop Smoking Service	In recognition of the valuable skill mix that exists in community pharmacy, the service specifications for the Blood Pressure Check Service and SCS will be amended to also allow delivery by pharmacy technicians.
10/10/2023	Pharmacy Quality Scheme (PQS)	Annual funding maintained at £75 million. These schemes aim to consolidate and build on existing criteria to support the NHS recovery from COVID-19 and wider national health priorities.

		In year 4, the scheme will build on previous criteria around: • managing risk (red flags, sepsis and COVID-19 transmission) • effective management of respiratory disease • antimicrobial stewardship • referrals to weight management services New criteria will be aimed at: • supporting those suffering domestic abuse • level 3 safeguarding skills • improved access to medicines to support palliative and end of life care • training on early cancer diagnosis Year 5 will build on year 4 and will also include: • a re-audit of the safe use of anticoagulants • new criteria aiming to increase awareness of the availability of defibrillators and understanding of how they should be used, • and working with local systems on health inequalities.
TBC	Regulatory reform	• Mandatory participation for all CPs in workforce audit • Regulatory reform (legislative change) to allow hub and spoke models of dispensing accessible to all community pharmacies – supporting efficiency • Subject to the views of the Commission on Human Medicines, DHSC to launch a public consultation on legislative changes to allow pharmacy technicians to make use of Patient Group Directions • DHSC to launch a public consultation on legislative changes to enable community pharmacies to make better use of the available skill mix in pharmacies

4. Recommendations

Committee to note content of paper and we will be looking to mobilise these contractual change to ensure C&M CPs fully operationalise and deliver the opportunities to drive patient facing clinical services and to deliver the quality agenda via PQS to the maximum advantage of patients.

Full details including Gateway, Quality and Training criteria for PQS can be found at the following link:
Community Pharmacy Contractual Framework 5-year deal: year 4 (2022 to 2023) and year 5 (2023 to 2024) - GOV.UK (www.gov.uk)

5. Officer contact details for more information

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Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 20th October 2022

Date of meeting:	20th October 2022
Agenda Item No:	PCC/10/22/10
Report title:	**Update on Transfer of Dental and General Ophthalmic Services (GOS) to the ICB**
Report Author & Contact Details:	Christopher Leese Associate Director of Primary Care c.leese@nhs.net
Report approved by:	Clare Watson

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

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

Executive Summary and key points for discussion

This paper is to provide the Primary Care Committee with an update on the transfer of Dental and General Ophthalmic Services to the ICB. It includes the following information ;

- Background to the transfer and summary of services
- Confirmation of the approval of the ICB's Pre - Delegation Assessment Framework for the above services by the regional team
- Next steps and key assurances for the next stage of the transfer

Appendix 1 - PDAF (Pre Delegation Assessment Framework) for Dental and GOS

Recommendation/ Action needed:	**The Committee is asked to:** ***Note*** the updates in respect of the transfer of dental and GOS services which is for ***discussion*** and ***assurance*** purposes.

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	**x**
4. Building systems for integration and collaboration	**x**

Place Priority(s) report aligns with:	
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? **No**					
	What level of assurance does it provide?					
	Limited		**Reasonable**	**X**	**Significant**	
	Any other risks? **YES** 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*) **NO**					
	Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken. **NONE**					
	Any current services or roles that may be affected by issues as outlined within this paper? **NO**					

Update – Transfer of Dental and GOS to the ICB

1.0 Background

1.1 By 1st April 2023 the expectation that all ICBs will take on delegated responsibility for dental (primary, secondary and community) and general ophthalmic services. Community Pharmacy and General Medical (General Practice) became an ICB responsibility from 1st April 2022

1.2 The transfer is seen as part of key a key enabler for integrating care and improving population health, to join up key pathways of care, leading to better outcomes and experiences for patients. It will also support reduced bureaucracy and enable greater involvement of these areas in place based care community type arrangements

Link to original national letter can be found here : https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2021/07/PAR817-NHS-England-and-NHS-Improvements-direct-commissioning-functions.pdf

1.3 Dental services to be transferred;

- Primary Care General Dental Services
- Orthodontic services
- Secondary care and Community Dental commissioning
- Urgent dental care provision and Advice Triage Helpline service across C+M
- Commissioning built around national guidance and NHSE Dental Policy Book Commissioning Handbook.
- National dental contract and performance measured against Units of Dental Activity.

In addition, key work in relation to ;

- Supporting Local Dental Professional Network as part of transformation programme and linked to addressing health inequalities.
- Working closely with Dental Public Health Consultants regarding development of oral health needs assessment – recently transferred from PHE (Public Health England)

1.4 General Ophthalmic Services (GOS) to be transferred;

- Commissioning of GOS (demand led) built around national guidance and Policy Book for Eye Health.
- GOS contract assurance and performance measured against Clinical Assurance Framework (currently QIO-Quality in Optometry).

2.0 Progress to Date

2.1 The ICB has established an overarching governance framework to oversee the transfer, manage risk, oversee returns required and due diligence via a Task and Finish group chaired by the Assistant Chief Executive. The Task and Finish Group comprises ICB and NHSE/I staff from finance and contracting teams, with a separate finance sub group overseeing detailed due diligence in relation to finance. The Task and Finish group, which meets monthly, will continue to report to this committee.

2.2 The Task and Finish group reports regionally the North West Integration Working Group along with the other two ICBs in the North West, for overall regional assurance.

2.3 A detailed project plan with key timescales is in place, available on request for members of the committee, with a key outcome being the final operating model for ICB agreement.

2.4 The ICB completed the PDAF (Pre Delegation Assessment Framework) **(Appendix 1)** and met the regional deadline of 3.10, it was accepted and signed off as meeting the requirements for the North West region.

2.5 Further work has commenced in relation to workforce, a section related to this was part of the PDAF but is redacted due to the confidential nature and sensitivities involved. The ICB's People team are linked into this and further actions planned include OD (Organisational Development) sessions with staff and mapping of functions required to deliver the dental and GOS agenda.

2.6 The first of two dental 'deep dives', recognising the complexities and challenges of that agenda, is planned for 7th November with NHSE/I staff and ICB staff from key functions meeting, with the chair of this committee, to progress preparation, support progress towards the delivery model and understand key issues further.

2.7 Further detailed handover documentation in draft form by NHSE/I staff is presented in Part B of the Committee, to give further details on key areas and challenges, to shape the handover and ensure readiness for day 1.

3.0 Next Steps

3.1 In respect of the PDAF, the national panel meeting meets on the 12th October to assess the regional collations. The Panel will meet review the submissions and agree recommendations on whether each ICB can take on the delegated POD functions from April 2023 and to approve the workforce models proposed by the regions to support the delegations.

3.2 Regional Directors of Commissioning will present an overview of their ICBs submissions at the meeting. Regional approach to delegation preparation including assurance that there is an assigned SRO, workstream leads and plan in place for completion of the Safe Delegation Checklist.

3.3 To make its final recommendation, the National Moderation Panel will need assurance from the regions that each ICB will be ready to proceed to delegation in April 2023 and that plans are in place to address any risks or issues that have been flagged. The Panel will also want to know if there is any support that can be provided at a national level to assist ICBs and regions to address issues or challenges identified.

3.4 To further support transfer of services a safe delegation template, similar to that undertaken for community pharmacy, has been released – an early initial draft has been requested by 4th November. This Provides a series of actions/prompts to assist preparations for delegation and is fully aligned with the PDAF domains to provide a streamlined approach to delegation preparations and reprioritised to assist you in prioritising delivery and associated resources.

3.5 A further deep dive with providers involved in the end to end pathway for dentistry, following the session outlined in 2.4 above, will be organised for early January.

3.6 A key outcome of all the above work will be an improvement plan for NHS Dentistry based on recent national policy announcements and local priorities. This is currently in train at NHSE/I. At

the February meeting of the committee , prior to go live for the ICB, the committee will be presented with an outline operating model, draft improvement plan and staffing model, for agreement.

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4.0 Recommendations

The committee are asked to note progress and updates in relation to the PDAF and transfer of dental and GOS to the ICB, noting next steps and further work required in relation to overall assurance and development of a dental improvement plan.

It should be noted further discussion in relation to early drafts of the handover documents from NHSE/I will take place in Part B of this meeting.

5.0 Officer contact details for more information

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Appendix 1 – PDAF (Pre Delegation Assessment Framework)

Pre-Delegation Assessment Framework for 2023 Delegations: Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services

3 October 2022, Version 1

Pre-Delegation

Assessment Proforma for Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services

The questions below are aligned to the domains and criteria set out within the pre-delegation assessment framework for Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services (see Annex 1) and should be completed and signed-off by each ICB, and the relevant NHS England Regional Director of Commissioning. The responses should be verified by the relevant Regional Director, and the completed proforma sent to england.directcommissioning@nhs.net by **Monday 3 October 2022**.

As part of this assessment process, regional teams will need to approve the accuracy of each response and to provide confirmation of whether they support the ICB's assessment of risk for each question. No additional attachments should be provided as part of the submission.

Completing the assessment

- Responses should be inputted into the template below.
- Examples of supporting activities can be found in the response column in grey italics. These should be deleted prior to submission.
- Responses should be concise and focus on key existing and planned activities that demonstrates capability to assume responsibility for these functions from April 2023.
- Alongside the PDAF, ICBs will also work through a Safe Delegation Checklist which sets out key actions to be completed to support a safe and smooth transition to new delivery arrangements.
- Further resources will be made available on NHS Futures to support completion of PDAF submission and preparations for delegation. If you require any further support, please contact england.directcommissioning@nhs.net.

Name of ICB	NHS Cheshire and Merseyside Integrated Care Board
For completion of the Safe Delegation Checklist, please confirm that: ➢ A senior responsible officer and workstream leads have been identified ➢ A delivery plan, including key milestones has been agreed	Yes Yes

Domain 1: Transformation and Quality				
Question	**Response**	**Current RAG[1] rating at 3/10/22**	**Projected RAG[2] rating at March 2023**	**Regional commentary**
Will the ICB have a (shared) understanding of how the functions could be used to deliver additional benefit for people who use services, and could be integrated with current processes and pathways to do so?	Yes	R ☐ A ☐ G ☒ C ☐	R ☐ A ☐ G ☐ C ☒	
Are there current or expected mechanisms through which people who use services, and the public could be actively engaged and involved in shaping the functions to be delegated?	Yes			
Please provide further details of the key actions that are planned /have been undertaken in support of this domain *(400 words max).*	The ICB is developing a Primary Care strategy which sets out the vision for C&M's Primary Care services including a forward plan for Dental and Optometry services. The ICB is currently undertaking comprehensive mapping of the proposed Dental and Optometry functions to be delegated. Any Dental and			

[1] R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

[2] R: Readiness by Mar 2023 is not achievable; A: Delivery by Mar 2023 is at risk but mitigation plan in place; G: On target for readiness by Mar 2023; C: Completed

	Optometry service changes (such as a site relocation) will be managed locally with oversight by the ICB. Professional Dental and Optometry Networks and managed Clinical Networks will transfer to the ICB for transformation and service/pathway redesign. Some of the benefits expected to be delivered include: - • Improved population and public health outcomes as decisions regarding service delivery and transformation will be made closer to the communities they currently impact. • Wider collaboration between providers and partners in place across the various services (Primary Care, Urgent and Emergency Care, Social Care, Mental Health, Public Health and the voluntary sector) – opportunity to address health inequalities and improve outcomes whilst delivering joined up high quality care and ensuring efficient use of resources. The ICB has drafted a Public Engagement Framework which sets out C&M's commitment to involve patients and communities in identifying opportunities for shaping future care services, (including those for Dental and Optometry) thereby facilitating improvements in health outcomes and reducing health inequalities. • The framework has been co-produced with local Healthwatch, VCFSE organisations and			

	public sector partners across C&M's nine places. • Patient and public engagement activities will be undertaken at both a system and place level and will ensure to facilitate and encourage participation from groups who experience challenges in accessing services. The ICB will continue to utilise existing quality and performance metrics, for example NHS BSA data regarding treatment and referral management, comparative dental access rates etc. The ICB will commence the development of a C&M wide dashboard for Dental and Optometry which will include high priority areas such as NHS waiting lists and Dental and Optometry access.			
Please describe any known issues/risks associated with this domain. What mitigation plans does the ICB have to address these issues/risks?	1. Need to ensure complete clarity regarding the current position of Dental and Optometry Services on core policy areas and that there is a sufficiently clear and comprehensive handover of the current position. There is a risk of inherited financial pressures and challenges in access to Dental and Optometry services. Mitigation plan: NHSE staff who are part of the ICB Dental and Optometry delegation task and finish (T&F) group are developing a handover document which will cover the key areas including an overview of the current state of the Dental and Optometry services (including any fragile services), patient demand forecasts, areas of inequalities (and mitigation plans) and current performance/complaints etc. • If there are several fragile services that are on the brink of closure this would have an impact on the ICB to identify alternative provision, therefore there is a requirement to fully understand fragile			

	services and the current mitigations to support the services. C&M will be undertaking a series of deep dives to explore further. • An up to date risk register will be included in the handover document which will be presented to the ICB Primary Care Committee and a relevant risk group will be identified as outlined in the ICB governance policy. • There is a requirement for the risk register to clearly state any current financial pressures and any potential risks or issues which may be inherited (such as Secondary Care dental pressures). • The handover document will also state a clear inherited budget for all aspects of Dental and Optometry (such as urgent dental funding). • Finally, the handover document will include open actions related to key priority areas such as access to NHS dentistry, waiting lists for NHS dentistry/orthodontics and future plans for urgent dental centres. 2. There is a reputational risk that would transfer across to the ICB on the 1st April 2023 regarding the high media scrutiny which currently exists in relation to dental access and waiting lists. Mitigation plan: ICB will work closely with the comms team to ensure clear and consistent messages to the public regarding access to dental services. 3. There is a risk that there is a gap in the current commissioned levels for NHS dentistry and the needs of the C&M population. Mitigation plan: • C&M will undertake a comprehensive end to end review of the current dental pathways. • The review will be considered during the development of the ICB Primary Care strategy and in line with the ICB's available financial envelope for commissioning appropriate Dental services whilst addressing any health inequalities in relation to access. • Rapid Needs assessment is due for completion and will be considered as part of the strategy.	

What support is needed to ensure the ICB is ready to assume responsibility for these functions from April 2023?	Any national transformation of dental/improving access learning and support in readiness for 01/04/2023	

Domain 2: Governance and Leadership				
Question	**Response**	**Current RAG[3] rating at 3/10/22**	**Projected RAG[4] rating at March 2023**	**Regional commentary**
Will the ICB have sufficient general governance capability (mature structures, appropriate expertise) to oversee the functions at every appropriate tier of their commissioning and delivery?	Yes	R ☐ A ☐ G ☒ C ☐	R ☐ A ☐ G ☐ C ☒	
Will the ICB have sufficient clinical governance capability and leadership to oversee the functions?	Yes			

[3] R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed
[4] R: Delivery by Mar 2023 is not achievable; A: Delivery by Mar 2023 is at risk but mitigation plan in place; G: On target for delivery by Mar 2023; C: Completed

Will the ICB have mechanisms in place which allow for the identification and monitoring of emerging risks, impacts, and unanticipated dependencies in the immediate post-delegation period?	Yes			
Will the ICB have broad agreement amongst the parties[5] relevant to delivering the functions on the approach to monitoring and governance?	Yes			
Please provide further details of the key actions that are planned /have been undertaken in support of this domain *(400 words max).*	The ICB has identified board level leadership and expertise in relation to Dental and Optometry service functions: - • Dental (Primary Care/Urgent and Community) and Optometry services will sit within the portfolio of the Assistant Chief Executive of the ICB, led day-to-day by the Associate Director of Primary Care and supported by the Associate Medical Director for Primary Care and Place Clinical Directors. They will be supported by the NHSE commissioning leads. • The pool of dentists and optometrists who currently support in an advisory capacity will also be a part of the ICB leadership team. • Secondary Care and Specialist Dental services will sit within the Quality and Performance Committee, interfacing with the CMAST provider collaborative.			

[5] *For example, all parties (e.g., other ICBs) where joint arrangements for the delivery of the delegated functions are being developed.*

	• Dental and Optometry service functions will be reviewed in line with the ICB's existing wider governance and accountability structure. • The functions will form part of the Clinical and Care Professional Leadership framework. • Dental and Optometry Services being incorporated into the system level Primary Care Committee. • To evaluate and consider the most appropriate committee for Secondary, Community and Urgent Care Dental services in line with the ICB's existing governance and accountability structure. • Dental and Optometry representation at the Primary Care Providers Leadership Forum. • The ICB will work closely with the NHSE Dental and Optometry Leads to understand and quantify any live risks or issues and openly discuss any potential future risks or issues the ICB needs to be actively aware of. • Risks will be owned by the system level Primary Care Committee in line with the ICB's risk management framework. • Complaints process/detail will be confirmed following the future function mapping with NHSE/I • Clinical governance arrangements for Dental and Optometry services will be captured as part of the ICB's wider clinical governance structure • A number of existing processes (i.e., Primary Care Dental CQC reports managed by NHSBSA) will however continue			

	• NHSE clinical advisors will continue to assess concerns via the Performance Assurance Group and General Dental and Optometry Councils. • Quarterly reports being generated for the regional teams. • C&M NHS Trusts continuing to liaise with NHSE regarding any Secondary Care Dental performance and quality concerns.			
Please describe any known issues/risks associated with this domain. What mitigation plans does the ICB have to address these issues/risks?	Some reference has been made in section 1 but in relation to Governance and Leadership: - 1. Ensuring all governance risks are captured and part of the handover/work plan and safe delegation checklist. Mitigation plan: The handover documents currently being prepared will capture the risks, these are managed through the task and finish group. 2. Ensuring governance structures are robust and able to manage due process and decision making. Mitigation plan: Existing governance routes detailed above already in operation (system level Primary Care Committee). There will be a continuation of some of the existing mechanisms detailed in the previous section. A deep dive is planned into all issues in relation to Dental which will include these areas.			
What support is needed to ensure the ICB is ready to assume responsibility for these functions from April 2023?	1. Availability of case studies in relation to Dental and Optometry service incidents and examples of best practice in the handling of the responses – currently managed by NHSE and to be delegated to the ICB. 2. Consistent messaging to public regarding access to dental services from a national, regional and local perspective.			

Domain 3: Finance				
Question	**Response**	**Current RAG[6] rating at 3/10/22**	**Projected RAG[7] rating at March 2023**	**Regional commentary**
Does the ICB understand allocated ICB budgets and expenditure on other primary care services?	Yes - NHSE have shared how the 2022/23 allocations were built and provided a walkthrough with finance colleagues in the ICB. Allocations were based upon 2019/20 spend for Dental and Optometry services split by ICB and adjusted for: - • Non recurrent expenditure • Recurrent spend commitments made in 2019/20 • Long Term Plan national growth assumptions • Pay awards This walkthrough will be refreshed and revisited to the current month 4 allocations and forecast through September by NHSE and the ICB. In addition, NHSE and the ICB will have an agreed workplan from September to March 2023 to complete an in depth financial due diligence on Dental and Optometry services. This workplan will include agreeing financial plans for 2023/24 and a financial risk management strategy.	R ☐ A ☐ G ☒ C ☐	R ☐ A ☐ G ☐ C ☒	

[6] R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

[7] R: Delivery by Mar 2023 is not achievable; A: Delivery by Mar 2023 is at risk but mitigation plan in place; G: On target for delivery by Mar 2023; C: Completed

The 2022/23 allocations for Primary Care are detailed in Table 1 below.

Table 1 – Other Direct Commissioning Allocations 2022/23 - Cheshire & Merseyside ICB

	C&M Budget Plan	C&M Allocation	Surplus / (Deficit)
Service area	**£m**	**£m**	**£m**
Primary Dental Contracts	121.63	126.9	5.27
Community Dental	11.6	11.47	-0.13
Secondary Dental	31.19	31.15	-0.04
Medical & Other	1.03	1.09	0.07
Ophthalmic	27.19	27.19	0
Pharmacy (transferred July 22 to ICB)	*71.98*	*71.98*	*0*
Total Primary Care	**264.61**	**269.78**	**5.17**
Revalidation (to remain with NHS England)	*2.36*	*2.36*	*0*
Total Primary Care & Revalidation	**266.97**	**272.14**	**5.17**
Non Recurrent Spend			
Orthodontic Procurement	4.1	-	-4.1
Reserves	1.9	0.37	-1.54
Dental Underperformance	-0.47	-	0.47
Total Primary Care & Revalidation	**272.51**	**272.51**	**0**

"Revalidation services" will not be delegated and will remain with NHS England

** Pharmacy income is expected to be less than planned due to national income assumptions being higher than actual income growth and a prescription price freeze announced in May 2022. This is expected to create a financial pressure of £2.5m in 2022/23.*

	Medical and other services are a collection of lower value Primary Care services that are to be delegated from 1st April 2023. In addition to these allocations NHS providers have been given elective recovery funding to support the recovery of Secondary Care Dental services. **Historically, the Primary Care Dental budgets underperform by c£10m each year.** This can be used to fund any financial pressures or provide funding for non-recurrent investments.			
Has the ICB undertaken a financial risk assessment and developed a plan to mitigate any financial risks identified?	**A detailed financial risk assessment is planned and will form part of the in-depth financial due-diligence process during September 2022 to March 2023.** From a financial perspective, the Dental and Optometry services are funded to their existing contracts and are forecasting a small surplus or to breakeven in 2022/23. Historically, the Primary Care dental budgets underperform by c£10m each year. This can be used to fund any financial pressures or provide funding for non-recurrent investments. The ICB and NHSE will have an agreed workplan from September to March 2023 to complete an in depth financial due diligence on dental and optometry services. This workplan will include agreeing financial plans for 2023/24 and a financial risk management strategy.			
Please provide further details of the key actions that are planned /have been undertaken in	The ICB and NHSE finance teams are meeting fortnightly to work through the agreed workplan. This will be reported through the ICB task and finish group for the delegation of Dental & Optometry services and internally through the NHSE regional team.			

support of this domain *(400 words max).*	The due diligence of these services and the financial planning to agree the allocations for 2023/24 will be key pieces of work. Regular updates on this workstream will be provided to the ICB Director of Finance to ensure all financial issues and risks are fully understood and that the financial plan for 2023/24 is agreed and goes through the ICB financial governance processes. Updates will go to the ICB Finance, Investment and Resources committee and the system Primary Care Committee. The risks will be added to the risk register of the ICB and this governance will oversee the transfer until the 1st April 2023.			
Please describe any known issues/risks associated with this domain. What mitigation plans does the ICB have to address these issues/risks?	1. Next planning guidance due on 24th December 2022 which could have an implication on allocations. Mitigation plan: Bi-weekly due diligence meetings with the Director of Finance for C&M ICB (adhering to financial governance for the ICB). 2. Non-recurrent costs for Optometry procurement. Mitigation plan: consideration within expenditure plans. The NHSE and ICB teams will work through this jointly in the financial deep dives.			
What support is needed to ensure the ICB is ready to assume responsibility for these functions from April 2023?				