NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB System Primary Care Committee

Part B – Public Meeting

Thursday 18 April 2024
Venue: Meeting Room 1, No 1 Lakeside,
920 Centre Park Square, Warrington,
WA1 1QY (WA1 1QA for Sat Nav)

Timing: 10:25-12:15

Agenda

Chair: Erica Morris

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:25am	**Preliminary Business**			
SPCC 24/04/B01	Welcome, Introductions and Apologies	Chair	Verbal	-
SPCC 24/04/B02	Declarations of Interest	Chair	Verbal	-
SPCC 24/04/B03	Questions from the public (TBC)	Chair	Verbal	-
10:35am	**Transformation** *(part 1)*			
SPCC 24/04/B04	System Pressures / Feedback and update from GP forum	Jonathan Griffiths	Verbal For Info	-
10:45 **SPCC 24/04/B05**	Strategic Framework Update	Jonathan Griffiths	Verbal For Info	-
10:55am	**Committee Business, Risk & Governance**			
SPCC 24/04/B06	Minutes of the last meeting (Part B) 22 February 2024	Chair	Paper	Page 3
SPCC 24/04/B07	Action Log of last meeting (Part B) 22 February 2024	Chair	Paper	Page 17
SPCC 24/04/B08	Forward Planner	Chair	Paper	Page 19

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
11:05am	**Transformation** *(part 2)*			
SPCC 24/04/B09	Estates : General Update	Nick Armstrong	Paper For Info	Page 21
11:15 **SPCC 24/04/B10**	Access Improvement Plan Update / Next Steps	Chris Leese	Paper & Presentation For Info	Page 29
11:30am	**BAU and Operations**			
SPCC 24/04/B11	Finance Update	Lorraine Weekes-Bailey / John Adams	Paper For Info	Page 54
11:45 **SPCC 24/04/B12**	Contracting, Commissioning and Policy Update	Chris Leese / Tom Knight	Paper For Info	Page 67
12:00am	**Quality and Performance**			
SPCC 24/04/B13	Agreed way forward for Primary Care Quality and Performance	Clare Watson / Chris Douglas / Chris Leese	Paper For Discussion Agreement	*To Follow*
12:15pm	**CLOSE OF MEETING**			

Date and time of next regular meeting:
Thursday 20 June 2024 (09:00-12:30)

F2F, Meeting Room 1, No 1 Lakeside,
920 Centre Park Square, Warrington, WA1 1QY

Cheshire & Merseyside ICB System Primary Care Committee

Part B In Public

ATTENDANCE		
Name	**Initials**	**Role**
Erica Morriss	EMo	*Chair*, Non-Executive Director
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Tom Knight	TKo	Head of Primary Care, C&M ICB
Louise Barry	LBa	Chief Executive, Healthwatch Cheshire
Fionnuala Stott	FSt	LOC representative
Mark Woodger *Via Teams*	MWo	LDC representative
Adam Irvine	AIr	Primary Care Partner Member
Tony Foy	TFo	*Vice-Chair*, Non-Executive Director, C&M ICB
Rob Barnett	RBa	LMC representative
Naomi Rankin	NRa	Primary Care Member for C&M ICB
Christine Douglas	CDo	Director of Nursing & Care, C&M ICB
Susanne Lynch	SLy	Chief Pharmacist, C&M ICB
Chris Leese	CLe	Associate Director of Primary Care, C&M ICB
Rowan Pritchard-Jones	RPJ	Executive Medical Director, C&M ICB
Anthony Leo	Ale	Place Director, Halton
Jonathan Griffiths	JGr	Associate Medical Director, C&M ICB
Matt Harvey	MHa	LPC representative
Sally Thorpe	STh	*Minute taker*, Executive Assistant, C&M ICB
John Adams	JAd	Head of Primary Care Finance, C&M ICB
Lorraine Weekes-Bailey	LWB	Senior Primary Care Accountant
Kevin Highfield	KHi	Interim Head of ICB Primary Care Digital Services
Luci Devenport	LDe	Contracts Officer, C&M ICB
Marc Smith	MSm	Interim Associate Non-Executive Director (NED Development Programme)

Apologies		
Name	**Initials**	**Role**
Daniel Harle	DHa	LMC representative

AGENDA NO	ITEM
	Preliminary Business
SPCC 24/02/B01	Welcome, Introductions and Apologies **Apologies received:** Daniel Harle
SPCC 24/02/B02	Declarations of Interest ***(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 on the ICBs Register of Interests). Register of Interest available at:*** *https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/managing-conflicts-of-interest/*
	Committee Business
SPCC 24/02/B03	**Minutes of the previous meeting:** - Part B – 21 December 2023 **The minutes were approved as a true and accurate reflection of the meeting.**
SPCC 24/02/B04	**Action Log:** - Part B – 21 December 2023 **The action log was updated accordingly.**
SPCC 24/02/B05	**Forward Planner** It was agreed to circulate this after the meeting.
SPCC 24/02/B06	**Questions from the public** None received.
SPCC 24/02/B07	**Risk Register (inc. Place Risk Registers)** **Paper Purpose:** The Committee was presented with the regular report on principal risks within the remit of this committee and corporate and place risks escalated to the committee. **Paper Recommendations:** - **Note** the current position in relation to the risks escalated to this committee, identify any further risks for inclusion, and consider the level of assurance that can be provided to the Board and any further assurances required. - **Note** outcome of place-level PC risk review - **Agree** recommended reduction of Risk 1PC and reduction & closure of 6PC It was noted that 6PC was marked at risk 12, however there is an error in the pack and it is in fact 6.

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	Mitigations are being managed in place, and the risks are acknowledged. <u>Discussion</u> The Committee raised concern that a score of 9 had been given across Primary Care. It was highlighted that the focus on the risk is in relation to workforce, and it was muted that there is not much more that can be done against this. There is reporting across all nine places and there is more work to be done on assurance. It was questioned as to how much more the Committee felt they might want / need in relation to this? It was questioned whether workforce issues could stop the strategic aims? In terms of numbers of workforce for general practice t was highlighted that it was difficult but important to understand. There has been spending of £61m on additional roles this year, and that the spending has gone to non-doctor workforce. It cannot be simply to employ more doctors as there is more spending of ARRS monies on non-doctor roles because there are not enough doctors available to do the work, equally there is not enough money coming into the practice, and if we focus on the ARRS roles, then we are missing the element around the specific roles. There is also the importance of supervision and that one person cannot supervise 100's at the same time. In terms of the request to reduce the risk rating, it was felt that whilst, as an organisation, we may have done as many mitigations as possible, it is the difference between an agreeable risk but this does not mean the risk is reduced. Noted that this is a BAF risk, and to move this to a 9 would be seen as it coming off the priority list, it is believed that this can only ever be scored as a 12 and if the score was reduced there would be great challenge from Board to explain otherwise. There was deliberation as to how to work through this as the risk group make the recommendation to the Committee, but the Committee disagree then the process needs to be refined as to how to proceed. Suggested for a discussion outside of SPCC to work through the process. Noted that we are part of a much bigger system. **Take offline – revise and rework before Board in March.** Next step is looking to close this, dental (Halton) have briefed our local authority colleagues, noted that it is coming to the next HWBB – **agreed to close.** **Typo on 7PC (amend)**

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<tr><th>AGENDA NO</th><th>ITEM</th></tr>
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Decisions:

CW, CL & Hilary to meet outside of SPCC to agree a process. With a view to revise and rework before Board in April.
<table>
<tr><th>Actions</th><th>By whom</th><th>By when</th></tr>
<tr><td>i) Revise and rework before Board in April</td><td>CWa / CLe & Hilary Southern</td><td>April 2024</td></tr>
<tr><td>ii) Amend typo on 7PC</td><td>Hilary Southern</td><td>asap</td></tr>
<tr><th>Declarations of Interest</th><th colspan="2">By whom</th></tr>
<tr><td>Nil</td><td colspan="2"></td></tr>
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<tr><td></td><td>BAU and operations</td></tr>
<tr><td>SPCC 24/02/B08</td><td>BAU Contracting and Commissioning Policy Update – Chris Leese & Tom Knight

Paper recommendations:

Paper Purpose:
The report is presented to SPCC to provide information and assurance in respect of key national policy and related local actions in respect of the four primary care contractor groups that fall under the remit of the System Primary Care Committee:
- GMS/PMS (General Medical Services/Personal Medical Services) and APMS (Alternative Providers of Medical Services) including DES (Directed Enhanced Services)
- General Dental Services/ Community Dental Services
- General Ophthalmic Services
- Community Pharmacy Services

The paper contained:
- An update on any key areas of policy in the above groups
- Any update on Cheshire and Merseyside issues that the committee need to be aware of for assurance purposes

Paper Recommendations:
The Committee was asked to:
• Note the updates in respect of commissioning, contracting and policy for the four primary care contractor groups
• Note and be assured of actions to support any particular issues raised in respect of Cheshire and Merseyside specific contractors</td></tr>
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	Advised that the Improvement Plan was going to be presented to board in March. It was highlight that the support that the ICB receive from the NHS services authority for 'mouth matters' as resulted in a withdrawal of some services, and we are awaiting a response from NHSE regarding some of these issues. Advised that for the next SPCC committee meeting there will be assurance from finance and performance that the work has been done and the units of dental activity will be included in the report regarding access for adult patients. There has been a slight increase in terms of access and this will show as part of the flashcard information compared to the data for the Northwest. In terms of Community Pharmacy it was advised the launch of Pharmacy First on 1st February and this forms part of the primary care access plan, this sits under the PCARP programme board, there is a communications plan and there will be a roll out of soft comms before the launch, so far the noise has been negligible. Matt Harvey, for Liverpool in particular in terms of pharmacy first, very much a continuation on a theme, some smaller issues have been ironed out, re-education of some care navigators generally on the whole it has been good. Covered most of the conditions so far. Re Pharmacy First, there have been some difficulties re communications in some areas but it has landed really well with the LMC and local place teams, however it has not always cascaded to the GPs or care navigators very well, TK **requested to feed this back to the comms team please.** Some practices have commented that some patients who appear to fit within the criteria have been 'bounced back' to practices, some more info needed on this. LMCs would liaise with any examples. Specific feedback passed to NHSE central team has been around obesity being set as an exclusion criteria, some more work needed on this, and there was an error on some of the PR campaigns, whereby the up to 17-year old ear service has been portrayed by an adult on the posters. Guidance issues are need where the pharmacy has been too busy, so again it has bounced-back to practice, there is a need for some standardisation and for the transfer of workload it would be beneficial to have a standard approach across the patch. In general practice it was advised that they would not know what the number of patients was who are going into a pharmacy and being resolved, it would be helpful to be able to see those figures and understand them. Questioned if the system was working and to reassure us.

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It was noted that this was only week three, therefore it is early days, comments have been listened to from day 1, so the metrics are available, an evaluation will be planned after the first quarter, this will be on each of the 9 places and, as a committee, SPCC can ask each of the places to report on this, noting that this would be helpful for Healthwatch too.

It was questioned whether there was a systematic way of capturing the data and information, and it was advised that BI have a detailed Pharmacy First dashboard, it was further asked whether this was focussed at place level and whether the data can be extracted for place?

It was noted that Place do have some sense of ownership, however Tom Knight agreed to take this back through the group for further discussion.

In relation to Optometry it was questioned around urgent eye care in that they did know the ones that get bounced back, but there are no communications being captured or reported on this for SPCC, it was asked if consideration could be given to this please – **Chris Leese agreed collate this information and pick up at the Optom Ops Group**

Additionally Pharmacy noted that sometimes there is a 'rejection' or duplicate referral only to find that the patient is already sitting in the walk-in centre.

Noted that since the start of this around 1000 have been rejected, but that they have dealt with 80% of the referrals, however we are unable to say what the 1000 are (whether they are duplicate etc) and the data does not show how many walk-ins there are. It was noted that Community Pharmacy have to pay for this data.

Caution to note regarding the performance snapshot, we are coming out of covid restrictions when there was dentist lockdown now would expect to see an increase on access. This will show on the next set of data not done anything differently but factor in the more recent picture.

Actions	By Whom	When
i) Pharmacy First - Have had some difficulties re communications in some areas but it has landed really well with the LMC and local place teams, however it has not always cascaded to the GPs or care navigators very well, **requested to feed this back to the comms team please.**	Tom Knight	
ii) BI Pharmacy First dashboard, and place level specific information and ownership. Tom Knight agreed to take this back through the group for further discussion.	Tom Knight	

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	iii) Locally Commissioned Eye Services – pick up outside of the meeting at the Optom Ops group with a list of those in place and understand from place who was commissioned these	Chris Leese	Action would be managed at Optom Ops Group
	Declarations of Interest	**By Whom**	
	Nil		
SPCC 24/02/B09	***Finance Update – Lorraine Weekes-Bailey & John Adams***		

Paper Purpose:
The report is presented to the SPCC with a detailed overview of the financial position related to primary care expenditure as at the end of January 2024 (M10).

The report covers seven areas of spend: -

- Local Place Primary Care
- Primary Care Delegated Medical
- Prescribing
- Primary Care Delegated - Pharmacy
- Primary Care Delegated – Dental
- Primary Care Delegated -Optometry
- Primary Care Delegated Other Services

The paper highlighted any key variances within the financial position, in respect of the forecast outturn, compared to the allocated budgets.

Also provided was an overview of the reserves and flexibilities available. As well as the providing the most up to date breakdown of the Additional Roles Reimbursement Scheme (ARRS) allocation, and Place level spend and projected forecast.

Paper Recommendations:
The Primary Care Committee was asked to:

- **Note** the combined financial summary position outlined in the financial report as at 31st January 2024.
- **Note** the Additional Roles spend to date and the anticipated forecast outturn and predicted central drawdown.
- **Note** the approach to 2024/25 planning.

Discussion
Working through plans, with 21st March being the deadline. Have met with all primary care leads, Heads of Finance and Place Finance. Will be presented to the next SPCC as to what the plans look like.

Additional roles in variation to draw-down for Sefton and St Helens. **Question to ask of the Place(s) themselves to report on at the next meeting as to whether**

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there were any difficulties or challenges on why there is such a significant variance.

Questioned as to how the ICB will manage, practices are already anxious about the pressures. Advised that they will be following the increase in national wage which will impact across all primary care contractors staffing budgets. Noted that the baseline of 1.9% will not cover the cost of the national wage increase and that this will be a real risk for the ICB.

In terms of capital update the plan is to spend all the money at that point in time. The PIDs have been signed off and authorised and the digital team are in the progress of procuring.

Advised there is an additional amount of £2.7m slippage available from the national team.

The Committee noted the report.
<table>
<tr><th>Actions</th><th>By whom</th><th>By when</th></tr>
<tr><td>i) Question to ask of the Place(s) themselves to report on at the next meeting as to whether there were any difficulties or challenges on why there is such a significant variance.</td><td>Sefton and St Helens Place Directors</td><td>April 2024</td></tr>
<tr><td>ii) Presentation to next SPCC on plans</td><td>Loraine Weekes-Bailey / John Adams</td><td>April 2024</td></tr>
<tr><th>Declarations of Interest</th><th colspan="2">By Whom</th></tr>
<tr><td>Nil</td><td colspan="2"></td></tr>
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<tr><td></td><td>Quality and Performance</td></tr>
<tr><td>SPCC 24/02/B10</td><td>NMP – Susanne Lynch (Verbal Report)</td></tr>
<tr><td></td><td>Advised that in terms of non-medical prescribing each CCG had a policy. Worked collectively, proposal to Q&P committee in March. Get quality assurance back in and provide clear accountability.</td></tr>
<tr><td></td><td>The Committee noted the verbal report.</td></tr>
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	Transformation
SPCC 24/02/B11	***System Pressures – Jonathan Griffiths (Verbal Report)***
	Highlighted the ongoing winter demand and pressures, with continued high rates of flu and covid as well as the usual winter viruses. Working to the primary care access plan all practices are working through and with Pharmacy First. It seems a long time ago since the SDF funding came through. Noted there are issues in primary care regarding infection control and PPE, in particular what sort of mask to wear if dealing with measles. Whilst this may seem trivial it is a huge issues for general practice. There is a task group on this along with a whole number of groups who meet to discuss. Noted there are some GPs who may not have seen a case of measles before, there is an evening webinar event to help people understand what to do. Advised that there are also changes to the medical certification re cause of death, specifically this is around how the medical examiners view the medical notes and is yet more information and work that GPs will need to take on from 1st April. Advised that the changes are predominantly being managed at place and the digital team are looking at a digital system that could be used. It was advised that measles can start in the mouth and as a suggestion whether there could be fit testing for dental practices going forward. It was advised that if we started to fit test everyone, then just for primary care it would take approximately 187 days worth of work. Logistically we do need a way to do this but the numbers are growing, there are concerns and it does need to take place, but the numbers are huge. In terms of PPE, if there is guidance for staff who are seeing patients with measles then there has to be the facility for staff to be adequately provided. In relation to patients who are or believe themselves to have ADHD there is no proper process in place to help diagnose and then manage those patients (who are over 17 years), there has been an exponential rise for those who are being treated remotely, who then come back with a diagnosis there is no wherewithal to manage these patients. **Requested for a discussion on this at a future meeting please.** Mark Woodger stated that all dental staff were trained in fit testing during covid and may be able to support this process going forwards – this offer was very gratefully received. Concern was raised that covid has not gone away and there are still many deaths from it, additionally anyone born before 1984 is not vaccinated by MMR, and that anyone between 1970-1988 have only been single-vaccinated for measles and rubella, this causes concern also.

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It was advised that there is a separate cell covering vaccinations.

The Committee were advised that this is presented to Execs on a weekly basis, and that Ian Ashworth is the lead. This is a 7a service so is co-ordinated by the region.

For assurance this is additionally raised to Q&P as a report.

It is an incident, but not been classed as a major incident.

The Committee noted the verbal report.
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Decisions

Requested for a discussion on ADHD patients at a future meeting.

Request information from Places on ADHD, whether SPCC is the correct committee to receive this – take offline to discuss.
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<tr><th>Actions</th><th>By whom</th><th>By when</th></tr>
<tr><td>i) Requested for a discussion on ADHD patients at a future meeting.</td><td></td><td></td></tr>
<tr><td>ii) Request information from Places on ADHD, whether SPCC is the correct committee to receive this – take offline to discuss.</td><td></td><td></td></tr>
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<tr><td>SPCC 24/02/B12</td><td>
Update – Policy : Primary Care Transformation – Jonathan Griffiths (Verbal Report)

Advised the intention to run a similar meeting to community pharmacy and dental (and optometry hopefully).

This is all about reforming general practice.

Concern was expressed in terms of the number of non-doctors who are working within general practice eg. physician associates. Concern comes where patients are seeing someone who is not medically qualified, and whilst there has been a big push to the patient population that you do not have to see a GP we must be mindful to not mislead patients.

It was added that there is an assumption of being a doctor because someone is going to prescribe.
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<tr><td></td><td>In terms of professional standards it is important how we communicate with our patients, there is the need to be open and transparent to all in our care. Good clinical practice is maintained through direct supervision of colleagues in general practice and our ability to deliver these professional standards sit with both supervisors and those other staff. Additionally it is key that if there are any issues, then it does need to be escalated.

The Committee noted the verbal report.
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<tr><th>Actions</th><th>By whom</th><th>By when</th></tr>
<tr><td>Nil</td><td></td><td></td></tr>
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<tr><td>SPCC 24/02/A13</td><td>Dental Improvement Plan Update – Tom Knight
It was advised that the believe is that we will not get a dental bus as suggested, there has been reference at the scrutiny committee regarding the local plan and what it might look like.

There is talk of water fluoridation which is out to consultation and it is pleasing to see this is on the agenda for consideration.

It was noted to feel too little too soon however it is encouraging that we as an organisation have something that we can wrap around and tie-in with.

The Committee noted the Presentation.
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<tr><td>Nil</td><td></td><td></td></tr>
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<tr><td>SPCC 24/02/B14</td><td>Dental National Recovery Plan – Tom Knight (Presentation)
The presentation was highlighted as being the Improvement plan for C&M, and that it had started out as being ambitious, it was questioned what this might mean for this Committee in terms of SORD and decision making. Highlighted that the recommendation was to present to Board in April.

Outlined that we want to build on current programmes but that it is very difficult due to short timescales. There is a dental underspend, and a £600k dental funding linked</td></tr>
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	into strategic health for C&M. There is a need to understand the increase of access pathways 1-5 and to understand the knock-on to secondary care services and partners. It was outlined that Pathway 3 is the priority for this year, this is based on a 50% uptake on the scheme based on information from the Greater Manchester scheme, but we need to find a way not to incur the risk cost. Could change the eligibility criteria, the schemes we can afford but the risk not so. It does hinge on the national scheme take-up. Pathways 1 and 2 are established, and Pathways 4 and 5 are being supported regionally. In terms of investment and finance proposals we are continuing the funding to ensure reliance of the triage dental helpline. This is in integral part and it is important that this is in place and resilient. The funding was based on pre-covid. *Pathway 1* – urgent care (25) want to continue these, they support urgent care via the dental helpline and include priority breast cancer pathways. Want to formalise this on our referral management system. Utilising contract values, just delivering 10% in a different way. Sessionally funding urgent care pathway, can be booked into a session where they are made dentally fit. Dedicated space where the pathway is fully covered. Asking to continue these, they are in place want to continue to 2025. Intention to fund from intentional contract values but reduce by 10%, in order to see new patients, but with the caveat that they patch in with a family hub/homeless community. Around 176 practices eligible, based on the uptake of 50% of the practices. Would agree a go live date on NHS choices. **Can we check with GM (those who have not spent their dental monies).** Other part of the pathway, asking to pay 10% overperformance on contracted. *Pathway 4* – where a child is seen or referred to a service if they need a general anaesthetic or has additional needs, they are onwardly referred to the advanced childcare services, want to roll out to all of C&M. *Pathway 5* - cared for vulnerable adults, to link dental practices with care homes, oral health planning, mouth care matters training, end of life care, and to facilitate appointments at practice where necessary. In terms of dental access and workforce it is about being ambitious, there is a proof of concept for healthcare centres and this is one of our responses to the workforce challenge. Acknowledging this will not solve the access problem but it will contribute to the workforce issue.

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	In relation to finances the proposals are very detailed there are lots of components to the proposals and assumptions have been made, but these will be monitored both monthly and quarterly for the level of scrutiny. The figures are the best cost we can generate at present. It is acknowledged there are lots of unknowns and believe the resource available next year will be similar to last year (£14.5m / £15m). To be mindful that there is a degree of risk in this plan and if recommended to board it is felt that they will ask why we are not committing to as much as we have. The Committee asked specifically; Did pathways 1 & 2 ensure access to urgent dental care? It was confirmed yes. Does anything said indicate more into private and not NHS? It was advised that we were trying to make NHS dentistry as attractive as possible with these schemes in C&M. However there are external factors and we do still need contract reform. What was happening with NW water and the adding of fluoride? It was advised that there is a live consultation with the Secretary of State, and until we know more from the North East, who are looking to do this first, we have no further information. Place questioned around what was the amount of national extra money in, against what is us using our allocation. It is suspected that it is not 'new' but that it is baseline. In response to this it was advised that it is the £1m total contribution, we have a thriving dental school in our patch, and highlighted that they had looked to see if the sessional worked, based on 20 sessions, the concept is more about what we can deliver that is not mandated, and advised that we are collaborating with providers to establish what they are working on. The board meeting is on 28th March the report will need a bit more work and will come to Board via the SPCC Chair's report. Will be looking to recommend board supporting this and it will be for us to bring the confidence as part of the recommendations. If we assume they will support, look to set up the PMO for the start and if possible the phasing of this. Thanks to both the dental team and to Roger's. We did challenge ourselves to be ambitious and to do something transformational for Cheshire and Merseyside, based on targeting the areas of greatest need. It is encouraging to see this ambition and there is lots to do, we now need to wait on the board decision. Pathways 1 and 2 are supported by current envelope, reliance on this to diminish once pathway 3 starts and takes off, but the risks are very manageable. Positive and best outcome. **The Committee agreed to continue with the Urgent care pathways, this is in line with SFI between now and end of March, advising there was a risk otherwise of stopping/undoing it now and then restarting it, therefore agreed to continue now but that this would be formalised in March.** **The Committee agreed all other recommendations in principle but that there would be a discussion at Board.**

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<tr><th>AGENDA NO</th><th>ITEM</th></tr>
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Decisions

The Committee agreed to continue with the Urgent care pathways, this is in line with SFI between now and end of March, advising there was a risk otherwise of stopping/undoing it now and then restarting it, therefore agreed to continue now but that this would be formalised in March.

The Committee agreed all other recommendations in principle but that there would be a discussion at Board.
<table>
<tr><th>Actions</th><th>By whom</th><th>By when</th></tr>
<tr><td>Check with Greater Manchester for those who have not spent their dental monies</td><td>Tom Knight</td><td></td></tr>
<tr><th>Declarations of Interest</th><th colspan="2">By Whom</th></tr>
<tr><td>Nil</td><td colspan="2"></td></tr>
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<tr><td></td><td>Any other Business Raised
Nil</td></tr>
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Date and time of next meeting:

Thursday 18th April 2024 (09:00-12:30)
Meeting Room 1, No 1 Lakeside, 920 Centre Park Square, Warrington, WA1 1QY

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD

NHS Cheshire and Merseyside

(Public) System Primary Care Committee Action Log 2023-24

Updated: Feb 2023

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 23/09/B07	08-Sep-2023	System pressures	a) discussion at a future meeting (summary record access across Dental & GP) b) RPJ agreed to speak to digital teams regarding this	Rowan Pritchard Jones	21-Dec-2023	19.10.23 - RPJ is on the case with this. CWa agreed to liaise with him for update	ONGOING
SPCC 23/10/B07	19-Oct-2023	Risk Register	"Quality" to be put on both the SPCC and the Quality & Performance Committee so that discussion is being held and recorded	Christine Douglas			ONGOING
SPCC 23/10/B14	19-Oct-2023	Oral Health	agreed to share the Prevention story with HCP and the C&YP Committee	Clare Watson	01-Nov-2023	closed at Feb 2024 meeting	COMPLETED
SPCC 23/12/B06	21-Dec-2023	BAU Contracting and Commissioning Update	JGr will provide a verbal update next time on his meeting(s)	Jonathan Griffiths	22-Feb-2024	closed at Feb 2024 meeting	COMPLETED
SPCC 23/12/B07	21-Dec-2023	Finance Update	T&F Group - bring back to next meeting - and where up to and what next.	JAd / LWB	22-Feb-2024	closed at Feb 2024 meeting	COMPLETED
SPCC 23/12/B07	21-Dec-2023	Finance Update	Meeting in February to look at the themes	Susanne Lynch	22-Feb-2024	update at Feb 2024, manage the branding. Planning of the work this year in terms of show and tell within the 9 teams, patient and community pharmacy.	ONGOING
SPCC 23/12/B08	21-Dec-2023	Approach to Quality & Performance	To note on the forward planner. Quality CDo to bring update / report to next SPCC supported by CLe and JGr	Christine Douglas	22-Feb-2024	Picked up also in Part A	COMPLETED
SPCC 23/12/B12	21-Dec-2023	Primary Crae Digital	Approve remotely, EMo and Cwa to approve rapidly outside of meeting, KHi to send it through	Erica Morriss / Clare Watson / Kevin Highfield		closed at Feb 2024 meeting	COMPLETED
SPCC 24/02/B07i	22-Feb-2024	Risk Register	Revise and rework before Board in April	Clare Watson / Chris Leese / Hilary Southern	April 2024		ONGOING
SPCC 24/04/B07ii	22-Feb-2024	Risk Register	Amend typo on 7PC	Hilary Southern	asap		ONGOING

(Public) System Primary Care Committee Action Log 2023-24

Cheshire and Merseyside

Updated: Feb 2023

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 24/04/B08	22-Feb-2024	BAU Contracting and Commissioning Update	i) Pharmacy First - Have had some difficulties re communications in some areas but it has landed really well with the LMC and local place teams, however it has not always cascaded to the GPs or care navigators very well, **requested to feed this back to the comms team please.**	Tom Knight			ONGOING
SPCC 24/04/B08	22-Feb-2024	BAU Contracting and Commissioning Update	ii) BI Pharmacy First dashboard, and place level specific information and ownership. Tom Knight agreed to take this back through the group for further discussion.	Tom Knight			ONGOING
SPCC 24/04/B08	22-Feb-2024	BAU Contracting and Commissioning Update	iii) Locally Commissioned Eye Services – pick up outside of	Chris Leese		Action would be managed at Optom Ops Group	ONGOING
SPCC 24/02/B09	22-Feb-2024	Finance Update	i) Question to ask of the Place(s) themselves to report on at the next meeting as to whether there were any difficulties or challenges on why there is such a significant variance.	Sefton & St Helens Place Directors	April 2024		ONGOING
SPCC 24/02/B09	22-Feb-2024	Finance Update	ii) Presentation to next SPCC on plans	Lorraine Weekes Bailey / John Adams	April 2024		ONGOING
SPCC 24/02/B11	22-Feb-2024	System Pressures	i) Requested for a discussion on ADHD patients at a future meeting.				ONGOING
SPCC 24/02/B11	22-Feb-2024	System pressures	i) Request information from Places on ADHD, whether SPCC is the correct committee to receive this – take offline to discuss.				ONGOING
SPCC 24/02/B14	22-Feb-2024	Dental National Recovery Plan	Check with Greater Manchester for those who have not spent their dental monies	Tom Knight			ONGOING

Last updated: 8.4.2024

Cheshire & Merseyside System Primary Care Committee Forward Planner

Item	Frequency	Who	Part A / B	Sep 23	Oct 23	Dec 23	Feb 24	April 24	June 24
Standing Items Committee Business									
Apologies	Every meeting	EM	Both	yes	yes	yes	yes	yes	
Declarations of Interest	Every meeting	EM	Both	yes	yes	yes	yes	yes	
Minutes of last meeting	Every meeting	EM	Both	yes	yes	yes	yes	yes	
Action & Decision Log	Every meeting	EM	Both	yes	yes	yes	yes	yes	
Forward Planner/Annual Plan Review	Every meeting	EM	Both	yes	yes	yes	yes	yes	
Committee Risk Register	Every other meeting	HS/CL	B	yes	yes	no	Yes with place updates	No	Yes
Questions from the public (where recv'd)	Every meeting	EM	B	yes	yes	yes	yes	yes	
Forward Planner	Every meeting	CL	B			yes	yes	yes	
Governance and Committee Performance									
Review of Terms of Reference	Yearly	EM/MC	n/a	no	Yes	no	no	no	
Self-Assessment of Committee Effectiveness	Yearly	EM	n/a	no	no	yes	no	no	
Recurrent Papers/Updates									
Finance Update*	Every Meeting	LWB	A	yes	yes	yes	yes	Yes	
PSRC Minutes/Update Minutes/Update from Pharmacy Operations Group and highlights	Every Meeting	TK	A	yes	yes	yes	yes	Yes	
Policy Update – Primary Care Contracting and Commissioning	Every Meeting	CL/TK	B	yes	yes	yes	yes	Include the assurance FW and special schools for GOS	
Escalation from Place Primary Care Forums	Where Place indicate	CL	A	yes, where raised	yes, where raised	yes, where raised	yes, where raised	Yes, where raised	
Quality and Performance	Every Meeting	CD/KW	A	No	No	No	No	Yes general approach paper	Yes with dashboard
Primary Care Quality Deep Dives	2 meetings per year	CD/KW					No	No	TBC
Update from PC Workforce Steering Group	Quarterly	JG	B	no	Yes	no	no	No (but is part of PCARP update)	Yes
Digital Primary Care Update	Quarterly	JL	B	no	no	Yes	Yes	No	Yes (1,2)
System Pressures and update from GP forum	Every Meeting	JG/CL	B	Yes	Yes	Yes	Yes	Yes	Yes
Primary Care Estates Update	Quarterly	TBC	B	No	Yes	No	No	Yes inc how we agree extra GMS space	As part of capital bids (2)
Key Business items (to populate)									
Primary Care Strategic Framework		JG	B	Yes	No	Yes	No	Yes / discussion re Optom/Dental next steps	
Operating Model/Decision Making Matrix for Delegated Primary Medical Services review and update		CL	B	No	No	No	No	No	Yes
Minutes of any ExtraO Meeting		Chair/TK	A	Yes	No	No	No	No	
Primary Care Access Recovery Plan including performance dashboard for Access, EQIA		CW/CL	B	yes – update	yes - Update	yes - Actual Plan (post board)	No	Yes (Board Slide deck updated_	
Dental Improvement Plan – Progress /National Dental Recovery Plan		TK	B	Yes	Yes	No	Yes	Yes as part of	

Last updated: 8.4.2024

Cheshire & Merseyside System Primary Care Committee Forward Planner

Item	Frequency	Who	Part A / B	Sep 23	Oct 23	Dec 23	Feb 24	April 24	June 24
								BAU	
Place ARRS Spend Plans		Place Leads	B	no	Yes	no	In finance paper	In finance paper and AIP	
Update on Primary Care Quality/Patient Safety*		CW/CD	B	no	Yes Verbal	Yes full paper	Verbal	Paper	
Finance Task and Finish Update		LWB	A	Yes	Yes as part of finance update	Yes as part of finance update	Yes separate presentation	Yes as part of finance paper	
Summary – GP Patient Survey (System Level)		CL	B	Yes	No	No	No	No	TBC
dental primary care and community procurements		TK	A	No	No	Yes	No	No	
Dental Paper – Part Year performance		TK	A	No	No	No	No	Yes	No
Pharmacy Closures Impact Assessment		TK/JJ	A	No	No	Yes	No	No	No
TOR of PSRC		TK	A	No	No	Yes	No	No	Yes
Wirral Place issue		IS	A				Yes		
Halton Place ARRS spend		SV/TL	A				Yes		
ARRS x2 place exceptions		TBC	TBC					Note in finance update	
Digital needs and Priorities for POD (1)		JL	B					No	Part of next digital update
Internal Audit Report		CL	B				Yes Draft	Yes final	No
Wirral APMS		tbc	A					Yes	
Digital/Capital/Estates bids for agreement (2)		tbc	B					No	Yes
Sefton ARRS		tbc	A					Yes	
ADHD AOB Part A		JG	A					Yes verbal	

NHS
Cheshire and Merseyside

Committee Report

Cheshire and Merseyside ICB
ICS Infrastructure Strategy & Estates Update

Date: 18th April 2024

Cheshire and Merseyside ICB
ICS Infrastructure Strategy & Estates Update

Date of meeting:	**18th April 2024**
Agenda Item No:	**SPCC B24/04/09**
Report title:	ICS Infrastructure Strategy & Estates Update
Report Author & Contact Details:	Nick Armstrong, Head of Estates, NHS Cheshire & Merseyside nick.armstrong@cheshireandmerseyside.nhs.uk
Report approved by:	N/A – NHS C&M Estates SRO position vacant.

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)
Not Applicable

Executive Summary and key points for discussion
The Report aims to provide the System Primary Care Committee with an interim update on the development of the Cheshire & Merseyside Integrated Care System Infrastructure Strategy.

Recommendation/ Action needed:	**The Committee is asked to:** Note the contents of the report.

Which purpose(s) of an Integrated Care System does this report align with?	
Please insert **'x'** as appropriate:	
1. Improve population health and healthcare	
2. Tackle health inequality, improving outcome and access to services	X
3. Enhancing quality, productivity and value for money	
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	
3. Getting Upstream	
4. Building systems for integration and collaboration	X

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

Cheshire and Merseyside ICB
ICS Infrastructure Strategy & Estates Update

Place Priority(s) report aligns with:	

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*) - *No*					
	What level of assurance does it provide?					
	Limited		**Reasonable**		**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 Identified*					
	Any current services or roles that may be affected by issues as outlined within this paper? - *No*					

Document Development	**Process Undertaken & Impact Considerations**	**Yes**	**No**	**N/A**	**Comments** (i.e. date, method, impact e.g. feedback used). ***Greater detail to be covered in main body of report***
	Financial – any resource impact?			X	
	Patient / Public Involvement / Engagement			X	
	Clinical Involvement / Engagement			X	
	Equality Impact Analysis (EIA) - any adverse impacts identified? EIA undertaken?			X	
	Regulatory or Legal - any impact assessed or advice needed?			X	
	Health Inequalities – any impact assessed?			X	
	Sustainable Development – any impact assessed?			X	

Next Steps:	

Responsible Officer to take forward actions:	Nick Armstrong, Head of Estates, NHS Cheshire & Merseyside

Appendices:	

ICS Infrastructure Strategy & Estates Update

1. Executive Summary

1.1. The Report aims to provide the System Primary Care Committee with an interim update on the development of the Cheshire & Merseyside Integrated Care System Infrastructure Strategy.

2. ICS Infrastructure Strategies

2.1. After significant delays, NHS England published national guidance for developing infrastructure strategies on the 27th March 2024. Each integrated care system (ICS) is required to have a clear and well-planned strategy for is infrastructure. The national guidance is based on learning from pilots and best practice across government and supports ICSs to develop a 10-year strategy.

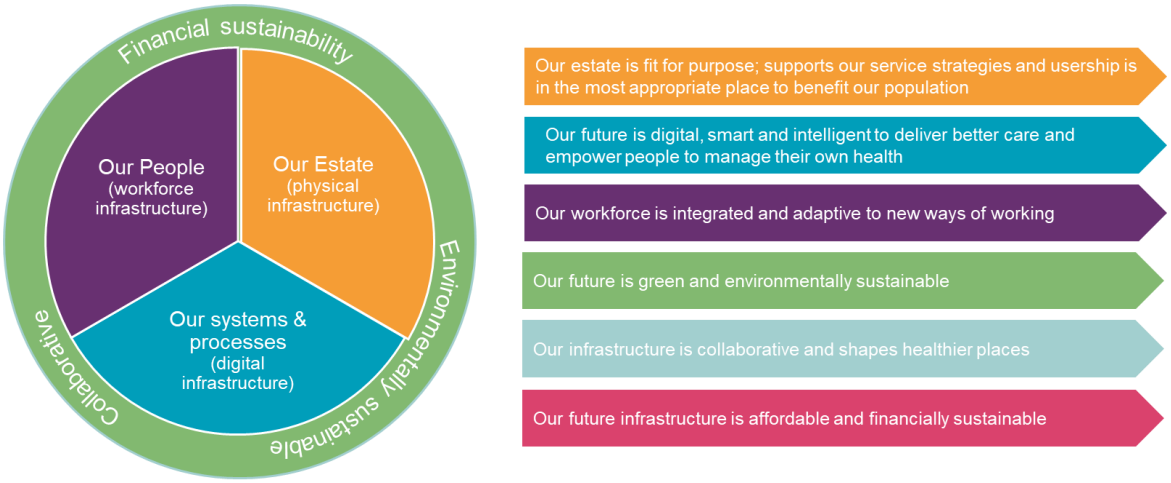
2.2. In response to expected NHS England requirement for all ICSs to produce an Infrastructure Strategy, Liverpool & Sefton Health Partnership (LSHP) were commissioned to complete this work on behalf of Cheshire and Merseyside ICB.

2.3. Work commenced on the NHS Cheshire and Merseyside Infrastructure Strategy in January 2024, after a detailed gap analysis of existing ICB publications and information was completed.

2.4. The purpose of this strategy is to develop a 10-year system-wide infrastructure strategy that aligns to clinical vision, delivers the NHS Long Term Plan and sets out how the local estate will be used.

2.5. The document structure is based on the ICBs mission, vision and principles and is centred around 3 key infrastructure pillars with a series of key enablers (finance, sustainability, collaboration).

- Physical infrastructure: Our Estate
- People as infrastructure: Our People
- Digital Infrastructure: Our Systems and ways of working



2.6. The infrastructure strategy document adopts the following structure, with each section covering Our Places, Our People and Our Processes.

- Section 1 of the strategy will give an overview of our system structure and partnerships and the area in which we provide our services, what we do and our vision and how we can build upon our ongoing efforts to create an environment for change.

- Section 2 of the strategy outlines our current infrastructure baseline. We'll discuss our local context, the challenges, and the opportunities for a new delivery model across our system and will look at our current position against each of our core infrastructure principles; [built estate, estate sustainability, digital infrastructure, affordability and financial sustainability and healthy places]. Additionally, we'll showcase areas where we are excelling.

- Section 3 of the strategy will consider where we need to be as a collaborative system by 2040 and our aims against each infrastructure principles.

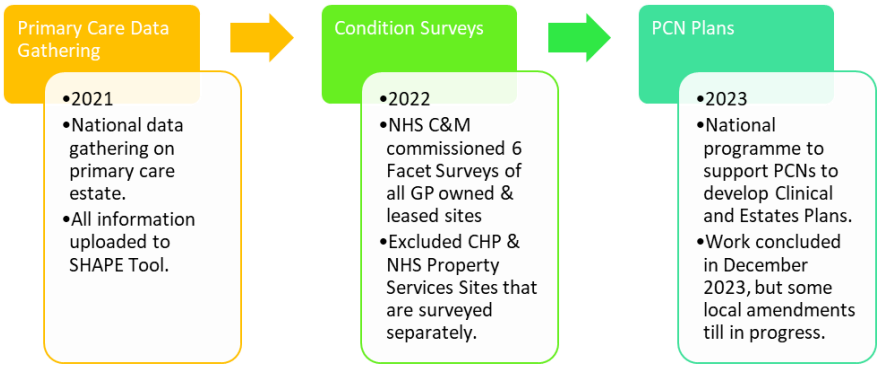
- Section 4 of the strategy will look at the approaches we will take to achieve our 2040 vision. Through our capital pipeline, we will set out the things we need across our infrastructure workstreams, our own enablers for infrastructure transformation; from financial investment to new collaborations.

- Section 5 will outline our next steps and recommendations that have been identified through the development of this strategy.

2.7. Alongside national strategies, we have important local strategies that identify our needs and challenges at a localised level and shape the landscape of our infrastructure needs. These include the following:

2.8. Stakeholder engagement has taken place with key members of the ICB, system partners and through the strategic estates groups (SEGS) at place level. So far the project team have attended Cheshire West, Liverpool, Sefton, Warrington and Wirral with the other places engaging within April, due to the timings of their SEGS . in addition to the SEGs the project team have also engaged with the directors of finance and estates for providers trusts through their monthly meeting and planning to continue engagement in April.

2.9. In terms of General Practice, information from the work undertaken since 2021 from primary care data gathering though to the Primary Care Network Clinical & Estates Plans will be reflected in the infrastructure strategy.



2.10. We are required to submit a draft strategy by May 2024 for review and a finalised strategy by 31st July 2024. NHS Cheshire and Merseyside ICB are on track to complete this and a presentation of the draft and completed strategy can be made to a future committee as required.

3. General Practice Development Procedures

3.1. The NHS C&M Estates Team have drafted standard operating procedures to support General Practice with the process of bringing forward future estates developments and making requests for additional space within existing buildings such as CHP and NHSPS properties.

3.2. The procedures include;

- The core principles that underpin premises development in the ICB
- A definition of recurrent and non-recurrent premises costs
- The mechanism in each place for requesting additional accommodation
- The process for agreeing recurrent and non-recurrent premises costs
- The development planning and approval process including the roles and responsibilities for implementing the premises development procedures
- The mechanism by which the ICB will monitor and evaluate the implementation of the procedures

3.3. Once these procedures are agreed there will be a series of awareness sessions raised for General Practice, it is expected that these will be held in the Summer and will also include guidance on future improvement grant applications.

4. Supporting Dental Estate Developments

4.1. The NHS C&M Estates Team continue to support ICB dental leads regarding a number of legacy estates issues including costs in CHP and NHSPS buildings and opportunities for utilisation of void dental estate that is available across Cheshire and Merseyside. A working group has been established jointly with finance colleagues to look at these and work through on a case by case basis with the relevant parties.

5. Recommendations

5.1. The Committee is asked to note the contents of the report.

6. Officer contact details for more information

- Nick Armstrong, Head of Estates, NHS Cheshire & Merseyside
  nick.armstrong@cheshireandmerseyside.nhs.uk

Meeting of the System Primary Care Committee of NHS Cheshire and Merseyside

Date : **April 2024**

Primary Care (General Practice)

Access Improvement Plan – Update

Agenda Item No: SPCC B24/04/10

Primary Care (General Practice) Access Improvement Plan - Update

1. Purpose of the Report

1.1 To update the Committee on progress of the ICB's Access Improvement Plan, following approval by the Board in November 2023 and updates to this Committee including the specific actions requested by the Board following the November meeting.

1.2 To update and inform discussion regarding the direction and approach for Year 2 of the Access Improvement programme including connections to the Planning Guidance and local priorities.

2. Executive Summary

2.1 On 9th May NHS England released 'Recovering Access to Primary Care' ,a major policy announcement with a national commitment to 'tackle the 8am rush' and make it easier and quicker for patients to get the help they need from primary care. https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/

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2.2 The ICB's improvement plan 'response' had to be submitted to ICB Board's in either October or November 2023, returning for updates in early 2024.

2.2 The plan aims were to support recovery by focusing for 23/24 on four areas:

- Empower patients to manage their own health
- Implement Modern General Practice Access 'model'
- Build capacity to deliver more appointments from more staff than ever
- Cut bureaucracy and reduce the workload across the interface between primary and secondary care

2.3 To support delivery of the Access Improvement Plan, the ICB set up a programme management governance structure, detailed project plan for delivery of the improvement plan, under the Executive leadership of the Assistant Chief Executive with SRO (Senior Responsible Officer) for each of the four areas above.

2.4 In response, each Place agreed their own Access Improvement Plan, which were drawn together into a System Level plan, as per the policy ask, which was agreed at the Board in November 2023.

2.5 In response to the specific ask that Boards were updated in early 2024, this paper is supported by a presentation which gives progress/updates on ;

- Each of the 4 areas of the policy document
- Per Place update
- Equality and Health Inequalities (EQHIA) in relation to the plan

2.6 In addition an Access Improvement Dashboard is presented with data presented where available for the specific areas.

2.7 The specific asks following the Board in November are given below with the corresponding update ;

- An updated/completed Equality and health inequality analysis (EHIA) and report noting an action plan will need to be developed as part of this with actions at both place and system level. That the dashboard contains the actions from the EHIA so they are not seen as 'separate'
  The action plan is in development and during Q1 of 24/25 this will be finalised and form part of the next Board update. Some key deliverable metrics are in the dashboard

- Completed metrics and targets as far as possible within the dashboard
  Contained within the dashboard and where gaps, a narrative is provided.

- Numbers of Pharmacy Technicians included in the dashboard in the relevant workforce/Building Capacity section
  This is now in the dashboard but the figures are still being collated

- Assurance that places are engaged with their Health and Wellbeing Boards as part of the local place led improvement plans
  Places have confirmed this

- Places to be encouraged to share best practice and approaches between them, systematically
  This is happening via place primary care leads 'ways of working' forum and facilitated centrally.

- A simple monthly reporting place plan template to be agreed to support the system level/NHS England assurance process and to give some key feel for progress before the next iterations
  As the NHS England assurance document is monthly, we have incorporated this.

- Measuring the difference for patients – in January, working with our Healthwatches and other bodies, develop/commission measures for impact of these measures and the real time experiences of patients. This may already be happening at Place level but this should form part of the update to the Board – noting that this may need to be ongoing over 24/25 dovetailing into the national General Practice survey

The ICB have discussed this with Healthwatches and have identified a source of funding to deliver some Access Improvement Related questionnaires across all places, that do not duplicate the GP Patient Survey but concentrate on 'is it feeling different' based on specific areas of the policy document.

2.8 It was agreed at Board that updated plan, based on the new guidance - and the 9 updated place plan(s) return in September 2024. This will include an updated dashboard and equality and health inequality analysis action plana and reflect the yet to be new recovering Access Guidance for 24/25 and Planning/Contract assumptions for 24/25, noted below and referred to in the Contracting Update paper ;

https://www.england.nhs.uk/wp-content/uploads/2024/02/PRN01111-letter-gp-contract-arrangements-24-25.pdf

https://www.england.nhs.uk/publication/arrangements-for-the-gp-contract-in-2024-25/

NHS England » Priorities and operational planning guidance 2024/25.

https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/

2.9 The approach for 24/25 will also need to reflect the new unconfirmed assurance asks from NHS England also which as currently drafted reduce the number of assurance asks to 10 key areas. The combination of what is currently know in respect of 2.8 and these assurance asks, plus the ICB's actions and priorities – give a draft overview of the approach/aims for the 24/25 which is summarised in Appendix three - which in turn will inform a revised dashboard (current dashboard given in Appendix 2).

2.10 It should be noted that Place plans and priorities will need to reflect the performance indicators given in Appendix 3, but it is recognised that place will need to 'add in' their local place priorities to give a complete picture of access locally.

3. Ask of the Board and Recommendations

3.1 **The Committee is asked to *Note*** the update in respect of the Access Improvement Plan for Primary Care (General Practice) and ***discuss/note*** the muted approach for Access Improvement for 24/25 in Appendix 3.

4. Next Steps and Responsible Person to take forward

4.1 SRO for overall delivery: Christopher Leese, Associate Director of Primary Care working with the SROs for the 4 key areas of the Guidance and Place Leads.

5. Officer contact details for more information

Christopher Leese, Associate Director of Primary Care –
chris.leese@Cheshireandmerseyside.nhs.uk

6. Link to delivering on the ICB Strategic Objectives and the Cheshire and Merseyside Priorities

- Tackling Health Inequalities in outcomes, experience and access (all 8 Marmot Principles)
- Improve population health and healthcare

7. Link to meeting CQC ICS Themes and Quality Statements

- Supporting to People to live healthier lives
- Safe and effective staffing
- Equity in access
- Equity in experience and outcomes
- Care provision, integration and continuity
- How staff, teams and services work together

8. Risks

Risks are detailed in the paper appendices but support the following BAF risks ;

- P1
- P3
- P5
- P6

9. Finance

Full financial information is contained within original plan and by exception in this presentation

10. Communication and Engagement

A communications plan summary was contained within the original plan and by exception in this presentation

11. Equality, Diversity and Inclusion

An Equality and health inequality analysis and report was included with the original plan and any updates are by exception within the presentation.

12. Appendices

Appendix One: *Presentation*
Appendix Two: *Access Improvement Dashboard 23/24*
Appendix Three : *Draft key indicators for 24/25 Dashboard*

Cheshire and Merseyside

Update – Primary Care Access Improvement Plan

April 2024

Clare Watson, Assistant Chief Executive – Executive Lead for Access Improvement

Policy Background & Patient Experience

- Access recovery/improvement a major tranche of national policy around General Practice (with some related Community Pharmacy actions)
- Remains an ICB priority with overall circa £88 million being invested in this area for 23/24

Why is the policy important for patients – National Policy patient feedback

- To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
- For patients to know on the day they contact their practice how their request will be managed. a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
    - If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
    - Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

What our patients told us (GP Patient Survey 22/23)

- Easier access, ability to make a timely appointment that meets patient needs within a reasonable timescale and understanding the reasons for being offered the appointment with that member of staff, were priority areas

Local Healthwatch feedback included

- Patients need to feel valued and important/understood from their first point of contact with their GP surgery
- Clear information about how to access timely appointments and services with a choice means available - avoiding people feeling isolated and dis-enfranchised particularly recognising certain groups such as unpaid carers language and accessibility requirements
- Patients able to make or manage appointments by visiting the Surgery; by an uncomplicated telephone system that is answered in a timely manner; or by online systems where appropriate and accessible to people. Each of these methods should respect people's privacy.
- Know what the next step/action is, when that is likely to take place, and how they can keep track of any referral. 'Who, when and why'

Progress to date (1)

NHS Cheshire and Merseyside

Empowering Patients

- **Pharmacy First Launch** - 98% of community pharmacies signed up to deliver the service as of 04/03/24 ***more of our patients can access Pharmacy for a range of health needs rather than their GP practice***

- **NHS App-** Exceeded targets for enablement of access to Appointments, Prescriptions & Record Access ***patients are accessing a greater range of services in C and M through the app***

Building a Modern General Practice Access Model

- **Practice Websites** ("What Good Looks Like"): 8 out of 9 Places have started to review their practice websites against national guidance (ease of access, navigation, clarity of information, sign-posting) with the remaining Places to start imminently ***to support patients in understanding services and access options through practice websites***

- **Cloud Based Telephony** – 141 of 142 new telephony contracts have been signed - Phase 1 40 practices live by 25th March Phase 2 102 practices live by end Q1 24/25 ***CBT helps practices improve patient experience, supports better signposting, triage and demand management/call monitoring in line with patient ask re access by telephone***

- **Care Navigation training** ICB enhanced the national offer with local bespoke training supporting 270 plus staff and 290 practices sending teams of staff to the various offers ***supporting practice staff to engage with patients to help understand the various care offers, timescales and assurances regarding their needs***

- **Transformation Support through General Practice Improvement Programme*:*** Participation in this national programme is voluntary 172 practices are participating in the universal offer; 36 in the intermediate offer; 10 in the intensive offer with an increased number of practices taking up the universal offer of support ***this training supports practice in improving/enhancing their services to patients based on for some offers, their particular capacity challenges, looking at outcomes of their patient survey for example***

Progress to date (2)

NHS Cheshire and Merseyside

Building Capacity

- **Additional roles** - the ICB has accessed overall 94.8 per cent of draw down funding bringing 1,264 additional direct patient care into the ICB since December 23, 305 recruited this year alone ***increasing the range of available direct patient care staff for patients within general practice***
- **Number of appointments within 2 weeks** continues to rise (88.9%/261 practices delivering this) ***in line with patient expectations for timely appointments***
- **23/24 investment in premises improvement grants** £2.45m additional 16 schemes approved ***delivering practice premises changes to increase space for staff and enhancing the patient experience***

Reducing Bureacracy

- **Primary/Secondary Care Interface** groups established and operating in all places **– *clinicians engaging to support further streamlining of work to enhance patient referral / handover processes and reduce bureacracy***
- **Primary Secondary Care Interface Comms Toolkit** – published Jan 24 to support the above
- The ICB has received **national recognition** for this and has showcased the work to national policy leaders

Equality and Health Inequalities

- **Draft 3-year, EHI action plan** has been developed and initial actions are captured in the Access Improvement Dashboard *recognising the actions needed to support our diverse population in their access requirements including language, format and deprivation considerations*
- Established a strategic ethnicity quality data group

Key Next Steps

- Places agreeing the improvements achieved via **PCN Capacity and Access Improvement Plan for 23/24** *which details the PCN specific improvement and changes that underpin the system plan, based on local populations*

- **Self Referral** – challenges remain and this work needs to be progressed as a priority workstream

- **GP Retention**– although outside of the Additional Roles scheme further work is required to embed retention initiatives *recognising the importance of continuity of care as part of the patient experience and the loss of an experienced workforce*

- **Workforce Planning and Modelling -** response to the National NHS Workforce plan needs to include Primary Care ambitions and trajectories to help us 'measure' capacity further

- **Appointments within 2 weeks / same day** – push towards 90 per cent of appointments being offered within 2 weeks and further work required to measure same day appointments *to further meet the ask of our patient experience feedback regarding timely, relevant appointments to individual needs*

- **Patient Experience – measuring the 'impact' of all the actions** - Results of GP Patient Survey due Summer 24 / Healthwatch surveys and place level feedback planned – *to understand 'what is the difference being felt Recognising that the HW work / patient experience needs to be ongoing to truly understand the impact*

- **Equalities and Health Inequalities Health Impact Assessment related actions** – *roll out of place bespoke and system level action plan recognising the diversity of our population and identifying additional actions*

- **Implementing Access Improvement Year 2** – awaiting revised national policy expectations in more detail

- **More detailed place/system updates return to Board in September 2024**

NHS
Cheshire and Merseyside

Update – Primary Care Access Improvement

Place Summaries

Place Update – Access Improvement Plan March Board
Cheshire East

NHS
Cheshire and Merseyside

Progress since November 2023

- Cheshire East Practices continue to make good progress with implementation of CBT. 19/37 sites having migrated to a new digital telephony provider. The remaining 18 sites have go live dates booked before the 31/3/24.
- Continue to maximise the financial and procurement support within the PCARP Programme.
- Access Improvement data has been updated and shared with practices for local measures by 31.3.24
- PCARP Toolkit check list updated.
- Workforce return completed.
- Continue to meet with PCN CDs and Managers on a weekly basis.

Key actions for next period March-July

- Receive and review end of year PCN CAIP Plans, taking through Place Governance for recommendation
- Work through 2024/25 contract changes aligned to Aligned to PCARP with PCNs and agree implementation.

Key challenges/exceptions/risks

- Challenge of capacity to undertake GPIP Visits
- Cheshire East Practices - lack eligibility of funding from the digital framework against the nationally agreed criteria.
- ARRS recruitment and retention.

Showcase of any best practice/good example

- Eaglebridge implementing the cloud based telephony and triage- -have been sharing best practice and operational protocols around triage so the patient journeys are very similar, supporting further joint / central working

Place Update – Access Improvement Plan March Board
Cheshire West

Progress since November 2023

- 33 (77%) practices have moved to Cloud Based Telephony as at end February 24. The remining are expected to have completed the process by end March 24.
- Transition Funding accessed

Key actions for next period March-July

- Ensure the final 10 practices complete the move to Cloud Based Telephony by the deadline.
- Ensure that the Practices/PCNs undertake their Quarter 4 Local Survey to provide the information for the matrixes to monitor improvement in Capacity and Access work.
- Maximise the number of Support Level Framework conversations undertaken with practices

Key challenges/exceptions/risks

- Estates – physical space for both core general practice roles as well as ARRS roles continues to be a significant issue.
- Financial position regarding System Development Funding
- Challenges regarding implementation of CBT/Digital asks re pace and timelines

Showcase of any best practice/good example

- 14 Practices undertaken GPIP – 2 Intensive programme, 12 Intermediate Programme

Place Update – Access Improvement Plan March Board Halton

NHS Cheshire and Merseyside

Progress since November 2023

- % of patients with NHS App increased from 50 to 52 % (July to December 2023.)
- Call back functionality now in place in all Practices.
- PCN DES ARRS funding fully invested with 95 wte additional staff working across primary care.
- Transition & Transformation funding provided to 7 Practices to support improvements in access to be implemented.
- At scale website provider identified for Practices, GP Federations and PCNs.

Key actions for next period March-July 2024

- Transition & Transformation Funding - collate outcomes of successful bids, seek further bids for 2024/25 funding.
- SDF – Follow up meetings arranged with 2 Practices, 1 initial meeting to be held, continue to offer to all practices.
- Evaluate PCN CAIP plan outcomes.
- Refine and implement project with Health Watch to gather patient experience of access and insights to inform improvements.
- Continue delivery of Integrated Neighbourhood Model Same Day Primary Care programme of work to align approach to same day access across 14 Practices and 2 UTCs. Commence development of UTC DOS into a simplified programme for care navigation.
- Implement at scale website across all Practices, GP Federations and PCNs.

Key challenges/exceptions/risks

- Capacity in General Practice and competing priorities e.g. New CQC inspection regime launched which includes a focus on Access.
- Reporting time lag for some data e.g. at start of March, December is the latest available data for NHS App uptake.
- Reporting issue with Online Consultations via Patchs and ARRS appointments not being reflected in GPAD data.

Showcase of any best practice/good example

- Place Led Care Navigation programme – 245 staff trained across all practices and GP Federations at two PLT events. Continue to build on this with plan to expand Care Navigation into two UTCs as part of Integrated Neighbourhood Model Same Day Primary Care.
- Transition & Transformation Funding - £75,512 allocated to practices.
- PC Workforce Group established to develop relationships between ICB Place, Training Hub and General Practice/PCNs. Benefits include improved collaboration on workforce challenges, developing PDL/LEF roles, commenced GP Training Needs Analysis survey and supporting PCN development & clinical leadership via nominated PCN Workforce Leads.
- Place level Practice, GP Federation & PCN Websites project to ensure consistent approach across Place.
- Strong collaboration with PCNs and Place PC Team, with regular meetings to align programmes of work and priorities across PCN and ICB Place.

Place Update – Access Improvement Plan March Board Knowsley

NHS Cheshire and Merseyside

Progress since November 2023

Empowering Patients:
- Self Referral pathways reviewed and promoted via practice websites & care navigators
- Knowsley average is 49 % of registered patients have the NHS App. (National target is 90%) Practices range from 43.6% to 66.3% - Monthly review to track progression.
- 23% of patients are registered/ enabled to book/cancel appointments online – Ongoing monitoring of activity.
- Overall NHS App utilisation included in PCN CAIP plans. BI support to be accessed to enable Practice level data to be extracted and included in monitoring data set. – System Ops Team monitoring activity

Implementing Modern General Practice:
- Online consultation – All 24 practices live with PATCHs
- Self-Monitoring – Home BP monitoring in place Via Community Pharmacy.
- Appointment booking tools – available via NHS App - included in PCN CAIP plans.
- LQIS plan submitted and under review via the Primary Care Steering Group – Sign Off Feb/March

Building Capacity:
- Continue to support PCNs to report accurate complement of staff onto NWRS portal.
- Local Place PC Workforce Group to be established with representation from the Spinney Training Hub and PCN GP Workforce Leads
- Process now in place for Section 106 requests to request infrastructure funding to support General Practice estate development.
- Strategic Estates group (SEG) established.

Cutting Bureaucracy
- Automation - EMIS Web enables integrated care, supports coordinated working across organisations.
- Analyse Rx, is a clinically integrated platform that allows primary care teams to quickly and automatically gain insight to determine clinical priorities

Key actions for next period March-July
- Review of AARs allocation and workforce effectiveness
- Review of LQIS and PCN development Plans
- Ongoing of implementation of Digital Plans inc Call back functionality and EMIS Hub roll out

Key challenges/exceptions/risks
- Re alignment work with some PCNs and their configuration ongoing

Showcase of any best practice/good example
- Borough wide collaboration to provide additional access to MMR / Childhood Imms

Place Update – Access Improvement Plan March Board Liverpool

NHS Cheshire and Merseyside

Progress since November 2023

- 7 of the 9 PCNs have maximised ARRS budgets this year, and re-distribution of underspend process currently underway
- All SDF funding has been allocated and quarterly monitoring of delivery is in progress
- c25 Practices have now accessed the Modern General Practice Transformation and Transition funding
- c200 general practice reception/admin staff have attended Care Navigation Training within more sessions planned in Feb and March (Connexus)
- Support Level Framework visits have commenced, and small numbers of increases also in practices signing up for the GPIP offer
- Prospective Record Access is enabled in the majority of practices, with a project in place at Informatics Merseyside to support a small number of practices with higher than 10% use of the exclusion code preventing patients from accessing records online; Nearly all practices have now enabled all functionality in the patient NHS App (appointment booking, records access, prescriptions).

Key actions for next period March-July

- Review and sign-off of PCN Access Improvement plans (30% CAIP funding) and the QOF Quality Improvement projects
- Cloud based telephony: c 11 practices progressing in ‘phase 1’ telephony migrations, and c60 practices currently working to sign up to ‘phase 2’ telephony migrations (plans not yet finalised); small numbers of practices are now starting to progress next steps with ICB digital team and suppliers for kit orders and training.

Key challenges/exceptions/risks

- Workforce – capacity and demand
- Estates
- Accuracy of the GPAD data and issues with online consultations and other external systems including PCN Enhanced Access data not pulling through
- National issues with patients’ prospective access to records
- ANP Digital Badge requirements for working at a PCN
- Digital framework timescales and implementation

Showcase of any best practice/good example

- SDF projects have been well thought out and innovative – including a collaborative approach to new care models for ADHD between 7 PCNs.

Place Update – Access Improvement Plan March Board Sefton

NHS Cheshire and Merseyside

Progress since November 2023

- November care navigation training taken place
- Phase 1 and 2 telephony in progress
- S&F PCN moved into new premises
- See good example information below

Key actions for next period March-July

- Progress transition to Modern General Practice Model
- Review of CAIP plan outcomes 23/24
- Work to support NHS app usage and secondary care interface issues
- Support/embed changes to 24/25 GP contract

Key challenges/exceptions/risks

- Sustainability of general practice, increased demands, i.e winter pressures, Industrial Action, Measles, 24/25 GP contract, etc.
- SDF funding can only support short term schemes, challenges with 0.93p digital PCARP funds
- Further communications required (national) regarding evolving nature of primary care, new roles etc to the public
- Elections (24/25)

Showcase of any best practice/good example

- ARI hub continued/enhanced in South Sefton (4000 appts delivered Nov and Dec)
- ARI hub set up for quarter 4 in Southport and Formby (an approximate additional 3,200 appts expected)
- Additional resource for Acute Visiting Service capacity in Quarter 4

Place Update – Access Improvement Plan March Board
St Helens

NHS
Cheshire and Merseyside

Progress since November 2023

- All Practices are compliant with NHS App System enablement - 51% of St Helens population are Registered for the NHS App
- All Practices have enabled call queuing functionality and 16 Practices will have gone live with call back as at 14/03/24.
- 49% of patients are registered/ enabled to order repeat prescriptions online and 48% of patients are registered to book/cancel appointments online.
- Place Workforce development group established, working in partnership with the Training Hub to support Recruitment and Retention in St Helens
- The Digital Inclusion team is supporting patients on how to access services, messaging, on-line booking, repeat prescriptions, self-referral pathways etc. The Digital Inclusion Team are running onboarding campaigns at 9 practices currently. PCNs are rolling out their own local surveys to measure improvement to patient experience

Key actions for next period March-July

- Completion of Call Back roll out
- GP/Nurse Retention event/Questionnaire 'Your Voice, Your Career
- Evaluation of local PCN Patient surveys
- Review of achievement of PCN Capacity and Access Plans
- Maximising Digital Access with drop-in sessions supported by digital inclusion team

Key challenges/exceptions/risks

- Insufficient estate to enable Hubs for ARRS staff
- Financial sustainability of practices
- Ensuring communications maximisation of resources
- Increased workload on Community Pharmacy.
- Workforce - Reduced Access to Primary Care due to Insufficient clinicians (GPs, Practice Nurses and Advance Nurse Practitioners) alongside increased patient demand

Showcase of any best practice/good example

- Learning Environment Facilitators across all PCNs who are supporting practices to be Learning Environments and attract students/apprenticeships, discussions taking place with Edge Hill University.
- Establishment of first/last 5-year GP support

Place Update – Access Improvement Plan March Board Warrington

NHS Cheshire and Merseyside

Progress since November 2023

- Cloud Based Telephony in place in all GP practice in Warrington – 4 remaining analogue practices supported to switch to an advanced cloud-based telephony solution
- Maximised ARRS budgets
- All SDF funding has been allocated and monitoring of delivery is in progress
- Increased on the day access
- 100% appointment mapping

Key actions for next period March-July

- Complete all outstanding practice Support Level Framework conversations
- Continue to promote GPIP and further Warrington Place Engagement
- Continue to develop the Cloud Based Telephony Solutions on offer to ensure they are optimised and meet the requirements of the 2024/25 contract
- Review and sign-off of PCN Access Improvement plans (30% CAIP funding) and the QOF Quality Improvement projects

Key challenges/exceptions/risks

- Primary Care Estates in order to host PCN level roles
- Risk on improving Survey and F&F test scores as positive change doesn't always evoke positive feedback initially
- Accuracy of GPAD data and issues with online consultations and other external systems including PCN Enhanced Access data not pulling through
- Implementing National Digital Framework

Showcase of any best practice/good example

- Full implementation of Anima in Warrington Innovation Network PCN
- Improved patient satisfaction.
- Implementation of automated patient registration tool has been well received by patients and staff improving access but reducing workload.

Place Update – Access Improvement Plan March Board Wirral

NHS Cheshire and Merseyside

Progress since November 2023

- All CBT contracts signed and in place in line with deadlines. Majority of applications successful.
- 10 out of 44 practices have accessed the Transition and Cover Support Funding 2023-2024.
- Most practices have enabled the 3 NHS App functions – working with 5 practices to ensure full compliance
- Access Hub in place from 18 Dec – 31 March 2024 for urgent/acute on the day appointments – available to all practices. Additional 462 extra appointments for urgent on the day care.

Key actions for next period March-July

- Patient surveys undertaken by PCNs
- Progress with SLF conversations for the targeted practices first (as capacity allows).
- Website audits by Place to be completed.
- Greater understanding of CAIP 24-25 requirements and what this means once further guidance released.

Key challenges/exceptions/risks

- Capacity to undertake SLF conversations for all practices.
- Practices working to tight deadlines to change telephony provider, with some challenges regarding implementation.

Category	Metric	Latest period	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Local Trajectory	National Target	Region value	National value	Latest Rank	By	RAG	Updated / Notes	Source: BI Input
Primary Care 1. Empowering Patients	No. of additional CCS consultations delivered	Nov-23	N/A	-32	182	N/A	N/A	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.24		**Additional onsultaions are determined by using a monthly avrage of the previous 12ths as baseline (Jul- Sept 23 - 7,512 monthly average baseline)**	**NHSBSA - Via Email CPCS Severices data monthly**
	No. of additional BP consultations delivered	Nov-23	N/A	3,980	2,204	N/A	N/A	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.24		**Additional onsultaions are determined by using a monthly avrage of the previous 12ths as baseline Combining Ambulatory BP and Standard BP monitoring. (Jul- Sept 23 - 7,710 monthly average baseline)**	
	No. of additional OC consultations delivered	Nov-23	N/A	25	63	N/A	N/A	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.24		**Additional onsultaions are determined by using a monthly avrage of the previous 3ths as baseline *(Jul- Sept 23 - 143 monthly average baseline)***	
	No. of pharmacies registered for CCS/PF	Jan-24	N/A	N/A	N/A	538	537	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.24		**YTD number of Pharmacies registered to deliver the service. At Feb 24 we are working with the assumption that there are 559 Pharmacies in C&M ICB**	**NHSE - Advanced Service data set Registration/Deregistraion - NHSE Teams folder - Weekly Data sets**
	No. of pharmacies registered for BP	Jan-24	496	494	500	514	519	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.24		**YTD number of Pharmacies registered to deliver the service. At Feb 24 we are working with the assumption that there are 559 Pharmacies in C&M ICB**	
	No. of pharmacies registered for OC	Jan-24	139	145	204	370	336	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.24		**YTD number of Pharmacies registered to deliver the service. At Feb 24 we are working with the assumption that there are 559 Pharmacies in C&M ICB**	
	% of 7 self-referral pathways in place across ICBs	Nov-23	TBC	49.0%	49.0%	49.0%	49.0%	TBC	50.0%	TBC	TBC	TBC	30.09.23		Have NW postn but not C&M as a %	Not provided by BI
	50% increase in self-referrals	Nov-23	3,090	3,282	3,066	N/A	N/A	TBC	**4,314**	TBC	TBC	TBC	31.03.24		Provided by BI via NHSE	Provided by BI via NHSE
	CPS Referrals	Dec-23	15,557	18,382	21,132	23,759	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Provided by BI	Provided by BI
	Practices/PCN have enabled all four NHS App functions for patients: Records	Dec-23	97.4%	98.8%	99.4%	99.4%	N/A	TBC	**90.0%**	TBC	TBC	TBC	31.07.23			Provided by BI
	Practices/PCN have enabled all four NHS App functions for patients: Appointments	Dec-23	84.6%	92.2%	94.8%	95.9%	N/A	TBC	**90.0%**	TBC	TBC	TBC	Ongoing			Provided by BI
	Practices/PCN have enabled all four NHS App functions for patients: Messages	TBC	N/A	N/A	N/A	N/A	N/A	TBC	**N/A**	TBC	TBC	TBC	TBC	TBC	Not currently available	Not Currently Available
	Practices/PCN have enabled all four NHS App functions for patients: Prescriptions	Dec-23	97.1%	98.6%	99.1%	99.1%	N/A	TBC	**90.0%**	TBC	TBC	TBC	TBC			Provided by BI
	Enable patients to have access to the four key NHS App functionalities (records, messages, apps, scripts): % practices enabled to book/cancel appointments	Dec-23	44.1%	46.7%	47.7%	48.3%	N/A	TBC	**TBC**	TBC	45.2%	TBC	31.03.24			Provided by BI
	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled to order repeat prescriptions	Dec-23	49.6%	50.3%	50.7%	50.8%	N/A	TBC	**TBC**	TBC	50.3%	TBC	31.03.24			Provided by BI
	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled to view care records	Dec-23	20.3%	41.4%	44.5%	44.6%	N/A	TBC	**TBC**	TBC	41.4%	TBC	31.03.24			Provided by BI
	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled for at least one online service	Dec-23	50.1%	50.7%	51.1%	51.3%	N/A	TBC	**TBC**	TBC	50.7%	TBC	31.03.24			Provided by BI
Primary Care 2. Modern General Practice Access	No. of practices participating in INTERMEDIATE support offer:	TBC	30	N/A	N/A	N/A	36	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.25		This is the data which all Places returned recently. Need to see how this correlates to NHSE data when received. They have said they will send through. It may not be in the same format as their previous data set. This section will need review	Not provided by BI
	No. of practices participating in INTENSIVE support offer:	TBC	16	N/A	N/A	N/A	10	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.25		This is the data which all Places returned recently. Need to see how this correlates to NHSE data when received. They have said they will send through. It may not be in the same format as their previous data set. This section will need review	Not provided by BI
	Total Number of Practices participating in national support offers:	Jan-24	46	46	46	46	55	TBC	**63**	TBC	TBC	TBC	31.03.25		63 is ICB "fair share" of national available resource.	Not provided by BI
	No. of practices at Modern General Practice Access Model:	TBC						TBC	TBC	TBC	TBC	TBC	TBC	TBC	This will be collated based on the national definitions by the next board update.	Not provided by BI
	Number of Practices identified as receiving Transition cover 23/24	Sep-23	0					TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.25		this will be updated at end of 23.24 see main report for narrative	Not provided by BI
	How many practices have identified 1 x person for the national training programme?	Sep-23	146				272	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.	Not provided by BI
	How many practices have identified 6 x persons for the C&M local training programme ?	Nov-23	220	220	220	220	290	TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.	Not provided by BI
	How many PCNs have identified digital and transformation leads?	Nov-23	36	36	36			TBC	No Nat. ICB Target	TBC	TBC	TBC	31.03.25		PCN participation is voluntary; ICB continues to encourage uptake at regular Place Forums.	Not provided by BI
	Number of Practices transitioned to cloud-based telephony	Jan-24	0	0	1	2	3	TBC	**36**	TBC	TBC	TBC	31.03.24		All practices actively working with National Commercial & Procurement hub. Contracts must be signed by 15th December 2023. National target is local target changed = 35 analogue practices. 01.05.24 6 practices live, 3 in Feb 24, likewise 26 to go live by 25th March 24	Provided by Digital
	Number of evergreen practices transitioned to cloud-based telephony	Jan-24	0	0	1	1	1	TBC	**5**	TBC	TBC	TBC	31.03.24		All practices actively working with National Commercial & Procurement hub. Contracts must be signed by 15th January 2024. National target is local target = 5 evergreen practices. 01-03-24 1 practice live, remaining 4 to go live by Q1 24/25.	Provided by Digital
Primary Care 3. Building Capacity	ARRS - Number of ARRS WTE and which roles	Dec-23	1,138	N/A	N/A	1,175	N/A	TBC	**759**	TBC	TBC	TBC	31.03.24		Position vs. baseline	Provided by BI
	Additional GPs recruited in year (numbers are WTE GPs)	Jan-24	1,820	1,820	1,829	1,819	1,817	TBC	**1,868**	TBC	TBC	TBC	31.03.24		Using national ambition 'extra 6000 GPs by 23/24'	Provided by BI
	DPC Staff our share of 26,000 national ambition by 31.3.204	Sep-23	1,692	N/A	N/A	1,843	N/A	TBC	**759**	TBC	TBC	TBC	31.03.24		figure is number of roles' DPC direct patient care staff	Provided by BI
	GP Mentors	Jan-24	20	20	20	20	20	TBC	**25**	TBC	TBC	TBC	31.03.24			Not provided by BI / Provided by the Training Hub
	GPN & GP Fellowships	Jan-24	140	N/A	N/A	N/A	174	TBC	**103**	TBC	TBC	TBC	31.03.24			Not provided by BI / Provided by the Training Hub
	UNDERGRAD MED SCHOOL PLACES: NW Baseline – 900 approx. NW increase 100 by 2025, 375 by 2028 and 1000+ by 2031	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	NHSE to confirm this	Not provided by BI
	ST1 Trainees	Nov-23	254	243	240	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Provided by Training Hub	Not provided by BI
	ST2 Trainees	Nov-23	260	251	248	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Provided by Training Hub	
	ST3 Trainees	Nov-23	302	310	311	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Provided by Training Hub	
	Number of GPs on National Retention Scheme	Sep-23	30	N/A	N/A	N/A	34	TBC	TBC	TBC	TBC	TBC	TBC	TBC	https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/ (National GP Retention Scheme)	Not provided by BI / Provided by DI Randall - Primary Care Contracting & Policy Team
	Training Practices - increase number	Sep-23	210					TBC		TBC	TBC	TBC	24/25		seeking updated figure	Not provided by BI
	Practice Nurse HC total	Jan-24	1,040	1,043	1,056	1,054	1,055	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC		Provided by BI
	Vacancies GP	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Not currently collected - 24/25 ambition	Not provided by BI
	Vacancies supported / filled by MiAA offer 23/24	Jan-24	92	N/A	N/A	N/A	419	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Jan 24 figure is 419 vacancies over the 3 year period. Sept Figure was 23/24 YTD	Not provided by BI
	No. of additional appointments	Dec-23	955,683	1,104,303	1,292,969	1,395,153	N/A	TBC	**1,800,000**	TBC	TBC	TBC	30.03.24		Performance against 2019	Provided by BI
	Face to face appointments	Dec-23	950,778	1,068,284	932,752	753,736	N/A	TBC	TBC	TBC	TBC	TBC	TBC		Pre-Pandemic 2019 was 988333	Provided by BI
	Telephone appointments	Dec-23	336,391	353,158	360,781	305,367	N/A	TBC	TBC	TBC	TBC	TBC	TBC		Pre-Pandemic 2019 was 153199	Provided by BI
	On line appointments	Dec-23	34,363	43,322	48,498	46,300	N/A	TBC	TBC	TBC	TBC	TBC	TBC		Pre-Pandemic 2019 was 1640	Provided by BI
	Deliver on same day appointments - No.of GPs	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Target/Data source TBA	Not provided by BI
	Deliver on appointment within 2 weeks - No. of appointments at lower threshold	Dec-23	88.4%	88.5%	88.6%	88.9%	N/A	TBC	**90%**	TBC	TBC	TBC	30.03.24		The National IIF ask is 85% (Lower Threshold) and 90% (Upper Threshold) of appointments to take place within 2 weeks of booking.	Provided by BI
	Deliver on appointments within 2 weeks - number of practices delivering on lower threshold	Dec-23	258	260	261	261	N/A	TBC	**430**	TBC	TBC	TBC	30.03.24		Out of 346	Provided by BI
	Practices with GPAD enabled	Jan-24	100%	100%	100%	100%	100%	TBC	**100%**	TBC	TBC	TBC	31.08.23		NHSE supplied data	Not provided by BI
	PCNs – GPAD Enabled	Sep-23	48					TBC	**34**	TBC	TBC	TBC	31.08.23		GPAD enabled but full PCN data is still a challenge as different appt book/system so not all available data may be captured at the moment.	Not provided by BI
	PCNs – GPAD reviewed	Sep-23	48					TBC	**33**	TBC	TBC	TBC	31.12.23		See note above	Not provided by BI
	well being - number of staff who have access offers	Sep-23	40					TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	offer end in March 24 - **seeking updated figure**	Not provided by BI
	ADULT NURSE TRG PLACES: NW Baseline – 3350 approx. NW increase 250 by 2025, 1200 by 2028 and 2700	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC from 24/25	Not provided by BI
	ADVANCED PRACTITIONERS: ACP Baseline NW – 450 approx. – increases of about 100.	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC from 24/25	Not provided by BI
	CLINICAL APPRENTICESHIPS: NW Baseline – About 1 in 10, by 2030 aim 1 in 6	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC from 24/25	Not provided by BI
	MED DEGREE APPRENTICESHIPS: At least three providers in the NW interested	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC from 24/25	Not provided by BI
	PHARMACIST UNDERGRADS: Working with Jane Brown (NW Pharmacy Dean on numbers).	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC from 24/25	Not provided by BI
	Number of Pharmacy Technicians	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	Added 02.01.24	Not provided by BI
Primary Care 4. Cutting Bureaucracy	Onward referrals C2C	Jan-24	45,891	56,031	66,254	74,756	84,587	TBC	**TBC**	TBC	TBC	TBC	TBC		This equates to 6.8% of referral to Acute Secondary Care. This number of C2C referrals is an increase on the last 5 years.	Provided by BI
	Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: eg single outpatient department email for GP practices or primary care liaison officers in secondary care.	Sep-23	TBC	0	0	0	1	TBC	**17**	TBC	TBC	TBC	30.11.23		Our Consensus on the Primary Secondary Care Interface and supporting Communications Toolkit are published and have been promoted to all Trusts. Local Primary Secondary Care Interface Groups are established and working on the ground to improve these issues.'Only Warrington Place has clear points of contacts agreed.	Not provided by BI
	Roll out online patients registration service to up to 2,000 Nationally practices by December 2023	Jan-24	22%	30.5%	31.6%	33.6%	42.80%	TBC	**32.0%**	TBC	TBC	TBC	31.12.23		C&M fair share target is 32%. Good progress been made within the last month - position 22% @ 14/9/23, current position @ 25/10/23 31.6% (112 practices). NHSE national team attending Digital Primary Care Board meeting 8th November to share examples of good practice amongst C&M practices. **11-03-24- Current position is 43.4%**	Provided by Digital
	Reduce requests for GPs to provide medical evidence for other government	Sep-23	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC	TBC	TBC	TBC	This is a national task / awaiting further guidance.	Not provided by BI
	To establish primary-secondary care interface forums and report progress on AoMRC key asks	Oct-23	6	6	6	6	6	TBC	**6**	TBC	TBC	TBC	TBC		We have a target of 6 PSCI groups and we have 6. They will in due course report on the AoMRC recommendations. Each PSCI group is working on establishing the communications asked for so still amber.	Not provided by BI
Primary Care 5. Other Areas	% of population that understand digital access routes	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	This may be being collated regionally	Not provided by BI
	% of population understand community pharmacy	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	This may be being collated regionally	Not provided by BI
	% of population confident in MDT and triage	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	This may be being collated regionally	Not provided by BI
	Calls to 111 (that could have been managed in primary care)	N/A	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC	TBC	To be confirmed for 24/25	Not provided by BI
	National GP Patient Survey – overall experience 'good' returns to previous levels	Mar-23	72.0%	N/A	N/A	N/A	N/A	TBC	**84.0%**	TBC	TBC	TBC	31.07.23	TBC	For reporting in 24/25 survey	Provided by BI
	Friends and Family Test 'Good'	Dec-23	90.1%	90.0%	90.0%	90.4%	N/A	TBC	**90%**	TBC	TBC	TBC	31.03.24		OK 08/01: 102 Practices with no data (102 in October)	Provided by BI
	Place improvement plan in place and agreed	Sep-23	9	9	9	9	9	TBC	**9**	TBC	TBC	TBC	20.10.23		Complete	Not provided by BI
Primary Care 6. EHIA Indicators	Place EHIA plans in place and agreed	TBC	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC		still in development	
	Number of Practices completed Accessible Information Standard self-assessment (subject to NHSE launch)	TBC	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC		still in development	
	Proportion of population with a recorded ethnicity, in line with census 2011 categories. to establish a ICB baseline.	TBC	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC		still in development	
	ICB to develop an improving ethnicity recording and quality strategy for Primary Care	TBC	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC		still in development	
	GP Website Providers meet accessibility standards	TBC	N/A	N/A	N/A	N/A	N/A	TBC	**TBC**	TBC	TBC	TBC	TBC		still in development	

NWRS / A	Change in ARRS	U 30	152.46	
		30-34	318.1	
330.28 Total	Collated ARRS	35-39	318.79	
		40-44	291.06	
		45-49	243.6	
		50-54	210.39	
		55-59	177.43	
		70+	15.3	
		unknown	12.22	
			1739.35	

988,333	
153,199	
1,640	

Appendix 3 – Working ICB Headlines for Access Dashboard 24/25

Category	Metric
EMPOWER PATIENTS National Metrics (Access)	Increase NHS App record views
	Increase NHS App repeat prescription numbers
	Increase no. of self-referrals across a wider range of pathways
	Increase no. of PF common condition appointments per month
	Increase no. of oral contraception prescriptions
	Increase in Community Pharmacy Blood Pressure Check
IMPLEMENTING MODERN GPA National Metrics (Access)	Complete implementation of better digital telephony:
	Complete implementation of highly usable and accessible online journeys for patients:
	Complete implementation of faster care navigation, assessment and response:
	National transformation / improvement support for general practice: and systems:
BUILDING CAPACITY National Metrics (Access)	Continue to expansion and retention commitments in the Long Term Workforce Plan:

CUT Bureaucracy National Metrics (Access)	Make further progress on the four Primary Care Secodary Care Interface AoRMC recommendations:
	Make on-line registration available in all practices by October 2024:
Primary-Secondary Interface Assessment Tool UPDATED.docx	Onward referrals
	Complete Care fit notes and discharge letters
	Call and recall
	Clear points of contact
National Metrics (Planning Guidance)	Appointments in General Practice and Primary Care Networks
	Percentage of appointments seen within two weeks
	Appointments where required within 48 hours (further work required on this)
Contracting asks	Meeting reasonable needs / Prospective Access to medical records follow up
ICB METRICS	Places confirming that their CAIP Plans for 23/24 have been assessed, agreed or otherwise
	For areas under doctored against the national average, actions to increase GP WTE/Retain GP WTE
	As above for PNurses

	Specific understanding evidence of patient experience measures,
	ARRS spend 24/25 TBC maximisation in line with staffing requirements
	Modern general practice model roll out
	SDF Spend £ trajectories
	Wellbeing support offers
	Place EHIA plans in place and agreed
	Number of Practices completed Accessible Information Standard self-assessment (subject to NHSE launch)
	Proportion of population with a recorded ethnicity, in line with census 2011 categories, to establish a ICB baseline.
	ICB to develop an improving ethnicity recording and quality strategy for Primary Care
	GP Website Providers meet accessibility standards
Place additional metrics	Place to confirm the quantifiable improvements met through CAIP and other measures / progress based on the Place Access Improvement plan submitted to Board including place specific workforce such as GP numbers

NHS
Cheshire and Merseyside

Primary Care Finance Update

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 18th April 2024

Date of meeting:	**18th April 2024**
Agenda Item No:	**SPCC B24/04/11**
Report title:	**23/24 Primary Care Finance Update**
Report Author & Contact Details:	Lorraine Weekes-Bailey, Senior Finance Manager - Primary Care John Adams, Head of Primary Care Finance
Report approved by:	John Adams

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 report provides 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 March 2024 (M12).

The report covers seven areas of spend: -

- Local Place Primary Care
- Primary Care Delegated Medical
- Prescribing
- Primary Care Delegated -Pharmacy
- Primary Care Delegated -Dental
- Primary Care Delegated -Optometry
- Primary Care Delegated Other Services

The paper will highlight any key variances within the financial position in respect of the outturn, compared to the allocated budgets.

At month 12 all reserves and flexibilities are included in the position.

The paper also provides the most up to date breakdown of the Additional Roles Reimbursement Scheme (ARRS) allocation, and Place level spend.

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Recommendation/ Action need:	**The Committee is asked to:** The Primary Care Committee is asked to: - 1. Note the combined financial summary position outlined in the financial report as at 31st March 2024. 2. Note the Additional Roles out-turn spend and central allocation drawdown.

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? **Not at month 12** 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. Introduction and Background

1.1. The report provides 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 anticipated for 2023/24 as at 31st March 2024.

1.2. As of the 1st April 2023, the ICB took on the delegated responsibility for all Ophthalmic services and Dental services across Cheshire and Merseyside.

1.3. The financial positions for March 2024 (M12) are based on the historical recurrent expenditure at each Place plus in-year amendments, including any uplifts for national assumptions.

2. Financial Position

2.1. Table 1a, as shown below, illustrates the detailed financial position of Primary Care and Prescribing services across Cheshire and Merseyside ICB.

Table 1a

Primary Care Position Summary - Month 12 ICB TOTAL	M12 Position Budget (£000's)	Actual (£000's)	Variance (£000's)
Delegated Medical Primary Care			
Core Contract	304,627	304,316	311
QOF	39,016	38,591	425
Premises Reimbursements	49,739	52,092	(2,354)
Other Premises	684	706	(22)
Direct Enhanced Schemes	4,817	4,958	(141)
Primary Care Network	52,129	49,072	3,057
Additional Roles Reimbursement Scheme	62,876	63,100	(224)
Fees	10,033	10,532	(499)
Other - GP Services	1,523	1,210	313
DELEGATED PRIMARY CARE TOTAL	**525,444**	**524,578**	**866**
Local Primary Care			
GP Local Enhanced Service Specification	32,671	30,201	2,469
Local Enhanced Services	13,386	12,923	463
Commissioning Schemes	1,978	2,026	(48)
Out Of Hours	27,007	27,841	(834)
GP IT	14,434	12,512	1,922
Primary Care Other	4,140	2,432	1,708
Primary Care SDF	14,903	11,261	3,641
Pay Costs Local	446	325	120
LOCAL PRIMARY CARE TOTAL	**108,964**	**99,521**	**9,443**
Prescribing			
Central Drugs	14,922	17,814	(2,891)
Medicines Management - Clinical	2,685	2,495	189
Oxygen	5,303	2,896	2,407
Pay Costs Prescribing	6,032	5,828	205
Prescribing BSA	467,878	489,410	(21,532)
Prescribing Other	14,029	22,907	(8,879)
PRESCRIBING TOTAL	**510,849**	**541,350**	**(30,501)**
Delegated Pharmacy Optoms Dental and Other			
Delegated Community Dental	12,576	12,242	334
Delegated Ophthalmic	27,024	25,449	1,575
Delegated Pharmacy	74,441	71,751	2,690
Delegated Primary Dental	135,129	117,170	17,960
Delegated Other Costs	1,476	444	1,031
Delegated Secondary Dental	42,556	38,556	4,000
PHARMACY, OPTOMS, DENTAL & OTHER TOTAL	**293,202**	**265,611**	**27,591**
TOTAL	**1,438,459**	**1,431,060**	**7,399**

3. Delegated Primary Care - Medical

3.1. **Core Global Sum-** There is an underspend of £0.311m, this is mainly due to the removal of some premiums in APMS contracts that had been included at budget setting. This is no longer required as the practices have been moved over to GMS rates, in line with NHSE guidance.

3.2. **Quality Outcomes Framework- (QOF)**- The Delegated Medical Primary Care budget shows an underspend of £0.425m within the QOF service line. £0.540m of this is due to year-end costs of 2022/23 being less than anticipated/accrued. This has significantly changed since the last financial report, this is due to an anticipated increase in costs based on the indicator targets linked to Childhood Vaccinations and Immunisations, this also factors in list size growth. These are based on estimates as actual practice outcomes will not be fully known, until approximately May/June 24.

3.3. **Premises Reimbursements**- currently shows a forecast overspend of £2.354m. There are several factors that have contributed to this overspend. The majority is a reflection of the current annual billing schedules from Community Health Partnership and NHS Property Services. These annual schedules of reimbursables and subsidy costs include the impact of gas and electricity increases. There is also a forecast pressure of £1.1m, due to the latest rent valuations and projected outcome of ongoing reviews. The finance team have now created a database that identifies all outstanding rent reviews, this will enable us to take a consistent view across Place going forward.

3.4. **Direct Enhanced Services-** There is a projected overspend of £0.141m for the Direct Enhanced Services (DES). This is due to an increase in activity and uptake in the current financial year. DES activity such as Minor Surgery and Learning Disability Health checks have increased this year. The pressure has reduced since the last financial update as Cheshire and Merseyside ICB received an allocation of £0.354m for the Weight Management DES. The year-end financial position takes into account the quarter 4 Learning Disability Health Checks and Minor Surgery estimated activity.

3.5. **Primary Care Network (PCN)-** The costs that are covered within Primary Care Network, are payments linked to the PCN DES, such as participation payments, Clinical Director payments and the Impact and Investment fund. This area is projected to underspend by £3.057m, mainly due to the underachievement of the Impact Investment fund in 2022/23. This has increased since the last financial update as Cheshire and Merseyside ICB received an allocation of £0.233m for Cancer Indicators for the Impact and Investment fund. The financial position includes an estimate that Primary Care Networks will achieve 95% of their Impact and Investment Fund target.

3.6. **Fees-** There is currently a projected overspend of £0.499m relating to Fees, this is due to the increase in the Professional prescribing fees that we pay. Within the Prescribing budget we pay “dispensing drug costs”. Where dispensing costs are paid, an associated Professional Prescribing fee is paid to the GP Practice. Due to the increase in dispensing fees, we have seen an increase in the associated Professional Prescribing fee. The over-spend on Fees has increased by approximately £0.2m since the last Primary Care finance report. This is due to an increase in sickness locum costs that have been paid out to GP Practices. We are seeing an increase in sickness costs across a number of places, which is heavily impacting on the budgeted allocation.

3.7. **Other GP Services**- There is an underspend of £0.313m, this underspend is due to prior year funding that was anticipated but has not been utilised.

4. Local Primary Care

4.1. **GP Local Enhanced Service Specification**- The GP Local Enhanced Service Specification at the end of March 2024, shows a forecast underspend of £2.469m. This is due to prior year under-achievement of GP Local Enhanced Service Specification and the downward revision of expected 2023/24 annual achievement based on actual Quarter 1-4 data.

4.2. **Local Enhanced Services**- There is an underspend of £0.463m, this is due to lower than planned activity on Local Enhanced Services in the current financial year and prior year costs also being lower than anticipated/accrued.

4.3. **Out of Hours-** There is a forecast overspend of £0.834m on Out of Hours services, six of our nine Places commission Primary Care 24 to deliver their Out of Hours provision. It has been agreed that during the winter months of October to March, an increased clinical profile will be rostered to support the winter activity that is predicted. For the remaining 3 Places we have seen a slight increase due to the doctors' pay award.

4.4. **GP IT**-There is a forecast underspend of £1.922m as accruals for costs at the end of 2022/23 were higher than the actual final cost charged in 2023/24. NHS England also provided an allocation to support some of the GP IT costs that Cheshire and Merseyside ICB had previously supported.

4.5. **Primary Care Other-** There is a forecast underspend of £1.708m This is mainly due to the planning assumptions in Wirral Place, where they have a corresponding overspend in their delegated GP Services costs plans. This was due to the early planning assumptions regarding the transfer of Access money.

4.6. **System Development Funding-SDF**- £3.641m of funds will be used to support the ICB financial position. £1.2m relates to Digital funds that were ringfenced to support digital projects, which are now paused until 2024/25. There is £0.120m for Digital Pools, these will also be paused for 2023/24, and the remaining underspend is for GP Transformational projects, where projects were still being worked up and will also be paused until 2024/25. All these pauses to projects, were agreed by Place or Digital Leads.

5. Prescribing

5.1. The Prescribing financial forecast projected over-spend of £30.501m.

5.2. Most of the cost pressure is derived from inflation which is approximately 8.81% compared to the national planning assumption of 2.4%.

5.3. Following national guidance, the ICB was advised to uplift plans by 2.4%, a further reduction of up to 5% was made at each Place for an ICB QIPP target.

5.4. Oxygen costs are also anticipated to be underspent. There is an in-year cost pressure of £0.286m due to tariff increases. However, this has been mitigated by £2.7m VAT savings

that we have been advised are claimable against our Oxygen contracts. The VAT savings we are anticipating cover a period of 5 years, therefore include historic, former CCG contracts.

5.5. The finance team will continue to work closely with the Medicines Management teams and the Business Intelligence team.

6. Delegated Pharmacy

6.1. In December, the national team confirmed that they would not amend fee rates within the contract to bring total Pharmacy Contract remuneration back down to the 2023/24 value agreed in the 5-year deal with the profession. This caused a financial pressure in most ICBs. The uptake of New Advanced Services continues to grow and as other fees were not being reduced to compensate, the total Pharmacy Contract spend increased further. However, in Month 12 ICBs were given an allocation to compensate for the decision not to hold total national costs within the agreed £2.504bn pa figure agreed with the profession. C&M ICB received £1.975m. The out-turn position is now £2.69m under-spent which is similar to the initial plan estimate.

6.2. The underspend will support the overall ICB financial position.

6.3. The new "Pharmacy First" contract started on 31st January. The ICB has received an allocation of £2.135m to cover estimated costs to the end of March.

7. Delegated Optometry

7.1. Delegated Optometry has under-spent by £1.6m. The underspend has been used to support the overall ICB financial position.

8. Delegated Other Costs

For information:-The budget service line "Delegated Other" consists of the following service costs:

Service Heading	£'000s
Transformation Team Staff	405
Reserves	882
GPIT	93
Sterile Products	80
Other	16
Total	**1,476**

8.1. Delegated Other Costs have underspent by £1.0m (no change). The underspend is held in reserve to support the overall ICB financial position.

9. Delegated Dental

9.1. With effect from period 8, NHSE confirmed that reserves and forecast surpluses previously contained within the "Dental Ringfence" should be used to support ICB financial positions. At month 12, the Dental underspend is £22.3m, mainly due to under-delivery of contracted activity by primary care dental contractors.

9.2. In accordance with the requirements of the national dental contract, mid-year performance reviews of primary care dental contracts have been undertaken by the BSA and the ICB Commissioning team. ICB Commissioners are bringing a separate report to this committee.

9.3. The primary care dental contracts for which termination notices were issued in 2023, itself the culmination of action begun by NHSE prior to delegation, are still awaiting the outcome of the Appeals process.

10. Additional Roles Reimbursement Scheme

10.1 National funding for the Additional Roles Reimbursement Scheme was increased significantly for 2023/24.

10.2 The ICB spent £39.580m in 2022/2023. In the current financial year 2023/24 the ICB was able to draw down an allocation of up to £65.782m (the amount drawn down cannot exceed the expenditure incurred).

10.3 Table 2a illustrates the budgets available for the Additional Roles reimbursement scheme identified at Place level and Table 2b illustrates how much of the allocation each place is anticipated to spend.

10.4 The projected year end forecast outturn for the ARRS schemes for NHS Cheshire and Merseyside ICB as at 31st March 2024 is £63.100m, please see detail of spend at place level as shown in Table 2b.

10.5 Table 2c, set out the ARRS budgets for 2024/25 that have been allocated to Cheshire and Merseyside ICB, these have now been apportioned to Place, based on weighted populations.

Table 2a

Place	ICB Baseline Allocation	Central Allocation (held by NHSE for drawdown)	Total Allocation
Cheshire East	£5,954,322	£3,485,119	£9,439,441
Cheshire West	£5,704,604	£3,338,957	£9,043,560
Halton	£2,071,235	£1,212,313	£3,283,547
Knowsley	£2,728,757	£1,597,166	£4,325,923
Liverpool	£8,904,006	£5,211,596	£14,115,602
Sefton	£4,327,265	£2,532,788	£6,860,053
St Helens	£3,221,469	£1,885,555	£5,107,025
Warrington	£3,215,679	£1,882,166	£5,097,845
Wirral	£5,367,465	£3,141,626	£8,509,091
TOTAL	**£41,494,801**	**£24,287,286**	**£65,782,087**

Table 2b

Full Year					
Total Budget Excluding Drawdown	Available Drawdown	Total	Total FOT	Variance	%age Utilisation of Full Allocation
£5,954,322	£3,485,119	£9,439,441	£8,822,837	£616,603	93%
£5,704,604	£3,338,957	£9,043,560	£9,017,544	£26,016	100%
£2,071,235	£1,212,313	£3,283,547	£3,363,176	-£79,628	102%
£2,728,757	£1,597,166	£4,325,923	£4,094,094	£231,829	95%
£8,904,006	£5,211,596	£14,115,602	£14,690,258	-£574,656	104%
£4,327,265	£2,532,788	£6,860,053	£5,409,087	£1,450,966	79%
£3,221,469	£1,885,555	£5,107,025	£4,512,192	£594,833	88%
£3,215,679	£1,882,166	£5,097,845	£5,144,427	-£46,582	101%
£5,367,465	£3,141,626	£8,509,091	£8,046,640	£462,451	95%
£41,494,801	**£24,287,286**	**£65,782,087**	**£63,100,255**	**£2,681,832**	**96%**

Table 2c

ARRS Allocation 2024/25			
Place	**Baseline**	**Drawdown**	**Total**
Cheshire East	£6,069,470	£3,572,830	**£9,642,299**
Cheshire West	£5,788,303	£3,407,320	**£9,195,623**
Halton	£2,112,009	£1,243,247	**£3,355,256**
Knowsley	£2,766,934	£1,628,772	**£4,395,706**
Liverpool	£9,125,151	£5,371,575	**£14,496,726**
Sefton	£4,386,495	£2,582,137	**£6,968,633**
St Helens	£3,260,748	£1,919,459	**£5,180,208**
Warrington	£3,280,511	£1,931,093	**£5,211,604**
Wirral	£5,447,380	£3,206,633	**£8,654,013**
Total	**£42,237,002**	**£24,863,066**	**£67,100,068**

11. Capital

11.1 Table 3 below shows the year end primary care capital expenditure position.

Table 3

Cheshire and Merseyside ICB Primary Care Capital Position - Year End 2023/24

Description	Cheshire & Mersey Planned £'000s	Cheshire & Mersey Received £'000s	Comments
Capital Resources			
BAU allocation	4,700	4,700	
BAU allocation transferred from Provider CDEL	0		Offer withdrawn without explanation
2022/23 Acquisition Accrual Reversals	732	732	
2022/23 Improvement Grant Accrual Reversals	70	70	Estimate
IFRS 16 - schemes funded centrally	1,127	1,127	Drawn down only when cost incurred. Can only be used for IFRS16
Total Expected Capital Resource	**6,629**	**6,629**	

Description	Cheshire & Mersey Approved £'000s	Cheshire & Mersey Spent £'000s	Comments
Planned Expenditure			
Approved Schemes			
GP Premises Improvement Grants			
Multi-year schemes approved in 2022/23	1,283	1,258	Prior year commitment - approved 22/23
Schemes approved in 2023/24	1,168	585	
Slippage/cancellations on 23/24 schemes	-583		Valley MC; Brook Vale & Weaver Vale + other smaller schemes
Subtotal Improvement Grants	**1,868**	**1,843**	
GPIT			
Approved NW Region	2,750	2,750	Invoiced
Approved NW Region	894	894	Accrued
Subtotal GPIT	**3,644**	**3,644**	
IFRS 16 - Schemes funded Centrally			
New Lease, Infinity House (Cheshire)	701	701	
Adjustment, Curzon Road (Sefton)	42	42	
Adjustment, Lakeside (Warrington)	142	142	
Adjustment, The Department (Liverpool)	477	477	
Ellis Centre (River Alt - Liverpool)	-2	-2	
Nutgrove Villa (Knowsley)	-55	-55	
Bevan House (Cheshire)	-1	-1	
Termination/NBV disposal, 1829 Building (Chester West)	-191	-191	
Subtotal IFRS 16 - centrally funded	**1,115**	**1,115**	
Total Planned Expenditure	**6,627**	**6,602**	
Capital Resource (Surplus)/Deficit	**-2**	**-27**	

Summary	Plan £'000s	Spent £'000s
BAU		
Allocation plus 22/23 Accrual Reversals	5,502	5,502
Expenditure	5,512	5,487
Net (Surplus)/Deficit	**10**	**-15**
IFRS 16		
Allocation	1,127	1,127
Expenditure	1,115	1,115
Net (Surplus)/Deficit	**-12**	**-12**
Total All (Surplus)/Deficit	**-2**	**-27**

11.2 GP Premises Improvements totaling £1.843m have been supported by capital Grants.

11.3 £3.644m of GPIT equipment has been procured, ensuring GP practice staff have sufficient modern IT equipment to deliver services to patients in an environment that is Cyber Secure.

11.4 IFRS16 schemes are accounting adjustments for leases. These are managed by the ICB Corporate team but are funded from Primary Care Capital. An additional funding allocation was received to cover the £1.115m cost.

12.Recommendations

The Primary Care Committee is asked to:

12.1 Note the combined financial summary position outlined in the financial report as at 31st March 2024.

12.2 Note the Additional Roles out-turn spend and central allocation drawdown.

13. Officer contact details for more information

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NHS
Cheshire and Merseyside

Meeting of the System Primary Care Committee of NHS Cheshire and Merseyside

April 2024

Primary Care Commissioning, Contracting and Policy Update

Agenda Item No: SPCC B24/04/12

1. Purpose of the Report

1.1 The Primary Care Policy and Contracting Update provides the Committee with information and assurance in respect of key national policy and related local actions in respect of the four primary care contractor groups that fall under the remit of the System Primary Care Committee ;

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

This paper contains ;

- An update on any key areas of policy in the above groups
- Any update on Cheshire and Merseyside issues that the committee need to be aware of for assurance purposes
- An updated Internal Audit report (Appendix 1)
- The Annual Self Declaration Form for delegated primary care which is to be submitted by the ICB by 30.4 (Appendix 2)
- North West Primary Care Delegation Agreement Notification Protocol (Appendix 3)

2. Ask of the Committee and Recommendations

The Committee is asked to ;

- ***Note*** the updates in respect of commissioning, contracting and policy for the four primary care contractor groups.
- ***Note and be assured*** of actions to support any particular issues raised in respect of Cheshire and Merseyside contractors
- ***Discuss and agree*** the onward actions identified in response to the Internal Audit Report (Appendix 2) including completing the audit response (4.4 vii)
- ***Discuss and sign off*** the Annual Self Declaration Form for delegated primary care which will be submitted to NHS England before the end of April (Appendix 1)

3. Background

3.1 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 following a national assurance process.

3.2 GMS, PMS, APMS (and DES) contracts are managed locally via place through the previously agreed matrix of decision making, through local primary care forums. Place are responsible for implementing any national policy changes locally, with any onward assurance collated by the central corporate team to NHS England.

3.3 Current number of GP Practices and PCNs in Cheshire and Merseyside is given below plus relevant contract statuses ;

	Number of GP Practices by contract	PCNs	GMS	PMS	APMS	Dispensing	Single Handed
Cheshire West	43	9	35	4	4	3	1
East Cheshire	36	9	21	14	1	5	3
Halton	14	2	1	13	0	0	0
Warrington	26	5	8	18	0	1	0
Liverpool	83	9	77	1	5	0	21
Knowsley	25	3	10	15	0	0	6
Sefton	40	2	23	11	6	0	3
St Helens	31	4	24	6	1	0	10
Wirral	46	5	28	15	3	0	4
Total	344	48	227	97	20	9	48

3.4 Oversight of the national general practice contracts are through the **Primary Medical Care Policy and Guidance Manual** https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/. The ICB must manage the contracts in line with this Policy Book. Further detailed contract documentation can be found here NHS England » GP Contract

3.5 More information on the **national Community Pharmacy contract** can be found here https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/. The number of community pharmacy contracts in Cheshire and Merseyside is 590. Community Pharmacy contracting is managed solely at system level via the Community Pharmacy Operations Group and PSRC (Pharmacy Services Regulatory Committee), which report to this Committee. Further detailed contract documentation can be found here https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/

3.6 Management of **primary care Dental Contracts** is underpinned via the policy-book-for-dental-services.pdf (england.nhs.uk). There are 335 primary care dental contracts and 26 orthodontic contracts in Cheshire and Merseyside.

In addition there are commissioned urgent care services for both in hours and out of hours, along with 4 providers of specialist community dental provision. General Dental Services contracting is managed solely at system level via the Dental Operations Group, which reports to this Committee. Further detailed contract documentation can be found here https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-contract/

3.7 Management of **General Ophthalmic Services contracts** is underpinned via the National Policy Book for Eye Health NHS England » Policy Book for Eye Health . Provision of General Ophthalmic Services (GOS) including sight testing and dispensing is agreed by contract and there are 2 types of contracts: Mandatory Services contracts, which are contracts allowing provision of GOS in a fixed premises and Additional Services (domiciliary) contracts, which allow provision of GOS to a patient in their home address if a patients cannot attend a fixed premises unaccompanied. There are currently 224 mandatory (High Street) services and 60 additional (domiciliary) providers operating within Cheshire and Merseyside ICB. GOS contracting is managed solely at system level via the General Ophthalmic Services Operations Group, which reports to this Committee. Further contract information can be found here https://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic/gos-contract-management

4. Internal Audit Report

4.1 The Committee had previously had sight of the draft internal audit report from MIAA (Mersey Internal Audit), the purpose of which was to assess whether the ICB had primary care commissioning arrangements in place which fulfil the requirements of the delegation agreement and supporting assurance framework.

4.2 The scope of the ask was those primary care contracts delegated to the ICS - it did not cover additional primary care investment activities – and covered all four contractor groups. The field work commenced late last year and completed at the end of January for this initial phase. It also involved, for general practice/medical contracting, place commissioners. The theme areas covered were finance, governance and quality

4.3 Following comments received at the last Committee meeting and subsequent officer meetings with MIAA, the final report is now reported and presented in Appendix 2. The amended report clarifies the differences in the performance management and quality related metrics/performance measures for the 4 contractor groups and denotes further bespoke actions for primary medical contract management in terms of performance measures.

4.4 The Committee will be receiving further assurance in relation to quality and performance measurements/management in a separate update on the agenda, but in short the actions taken to mitigate the Internal Audit Report are

summarised below ;

(i) A System Level Primary Care Quality Group will be set up to oversee quality reporting and escalation for all four contractor groups, noting that for primary medical, as this is managed at place level, a summary overview via the quality lead officer will be presented
(ii) Escalation and reporting templates for all four contractor groups have or are under development to support the above
(iii) Further work on a single common set of primary medical quality measures (dashboard) are being developed
(iv) The indicators in (iii) will be put together with the national key indicators already in place to form an overall performance report to this Committee, alongside deep dives on some quality areas as determined.
(v) A terms of reference, reporting and governance oversight are being agreed by the group outlined in (i) and an update on this will be given as part of the separate agenda item.
(vi) At the first meeting, the Internal Audit report will be discussed and a full management response with actions will be added to complete the report to Audit Committee, as required by the ICBs internal processes.
(vii) It should be noted a formal management response is required to complete the Audit within the document and there should be discussion as to who will complete that at the above meeting.

5. Annual Self Declaration Assurance Reporting

5.1 As part of their assurance of ICBs management of the delegated primary care contracts for all four contractor groups, NHS England have introduced an annual self declaration report which ICBs are asked to complete and return to NHS England, by 30.4.

5.2 The Declaration in draft, is presented in Appendix 2, and the Committee is asked to sign this off prior to submission noting in particular any non-green areas.

5.3 In addition, a Notification Protocol, has been finalised which will also now form part of ongoing assurance to NHS England covering all four contractor groups – this requests that the ICB formally update/report certain contract changes via an escalation process to NHS England and the Committee can view this in Appendix 3. For POD functions the relevant operational group(s)

5.4 As the ask in 5.3 includes primary medical contracts, which are managed at place, the ICB will need to amend the decision making matrix agreed by this Committee last year to ensure more formal place reporting to system for certain contract changes to complete this protocol.

6. Primary Medical Services (General Practice)

6.1 In February 2024 NHS England published changes to the GP contract effective as of 2024 – 2025. The below summarises the changes to the GP contract which will come into effect from the 1st April 2024. Highlights of the changes are given ***below*** with more detail found via this link ; https://www.england.nhs.uk/long-read/arrangements-for-the-gp-contract-in-2024-25/

(a) **Cut bureaucracy for practices** by suspending and income protecting 32 out of the 76 Quality and Outcomes Framework (QOF) indicators. The Investment and Impact Fund (IIF) indicators will be reduced from five to two and the Capacity and Access. Payment (CAP) will increase by £46m to £292m by retiring three Investment and Impact Fund (IIF) indicators.

(b) **Help practices with cash flow and increase financial** flexibilities by raising the QOF aspiration payment from 70% to 80% in 2024/25 and the Capacity and Access Improvement Payment (CAIP) will now start to be paid at any point in the year, once PCNs confirm they meet the simple criteria for payment.

(c) **Give Primary Care Networks (PCNs) more staffing flexibility** by including enhanced nurses in the Additional Roles Reimbursement Scheme (ARRS) and giving PCNs and GPs more flexibility by removing all caps on all other direct patient care roles.

(d) **Support practices and PCNs to improve outcomes** by simplifying the Directed Enhanced Service (DES) requirements. Further details also here NHS England » Network Contract Directed Enhanced Service (DES)

(e) **Improve patient experience of access** by reviewing the data that digital telephony systems generate to better understand overall demand on general practice in advance of winter.

(f) As well as the above areas, the update to the GP contract arrangements confirmed a 2% financial uplift would be applied for 2024/2025 (further details for Cheshire and Merseyside is contained within the Finance Paper)

6.2 The revised specification for the PCN DES (Primary Care Network Directed Enhanced Service) has been released and a summary of these changes can be found here PRN01035_i_letter_primary-care-networks-network-contract-directed-enhanced-service-from-April-2024.pdf (england.nhs.uk)

6.3 The 24/25 Planning Guidance was also recently published, more details via this link NHS England » Priorities and operational planning guidance 2024/25. For General Practice the ask is to improve the experience of access to primary

care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.

6.4 The work outined in 6.3 will underpin our approach to Access Improvement / Recovery for Year 2 and the proposed metrics for this and actions to support are discussed in a separate Access Update agenda item.

6.5 The ICB will be participating in the latest wave of the national General Practice Staff Survey (GPSS) initiative. 21 systems participated in year one of GPSS with 45% of practices in those sites sharing staff lists to create a survey sample of over 1500 organisations and 45,000 individuals – 40% of whom responded to the request to share their views on staff experience in general practice. The ICBs role will be to offer out the opportunity to its practices via Place who will collate all staff lists of their practices to a central coordinator, to then liaise with NHS England. Practice staff will receive the survey direct, centrally. Timelines and further details will be confirmed shortly and it should be noted that it is voluntary for practices take up this offer.

7. Community Pharmacy

Pharmacy Operational Group highlights

7.1 The group meets bi-monthly to discuss all contracting matters underpinned by the Pharmacy Regulations.

7.2 Highlights from the last meeting include:

- A number of incidents have been logged and are being investigated by the commissioning team supported by Clinical Advisors.
- There were no Controlled Drugs Incidents to report.
- 14 Pharmacies have been selected for Community Pharmacy Assurance Framework visits and the visits will be undertaken in April.
- 98% coverage of Pharmacies have signed up for Pharmacy First. Over 14,000 referrals have been made across the ICB up to end of March (LPC data).
- A new provider will need to be identified for the provision of antiviral stockholding supplies.
- The team are investigating a number of unplanned closures.
- The team have been supporting the response to MMR outbreak and use of a number of community pharmacy providers/sites.

- A number of community pharmacies have submitted claims under the Dispensing Services Quality Scheme and these are being reviewed by the commissioning team in line with national guidance.

7.3 The commissioning team is meeting with all 9 local authorities on 9 April to discuss the completion of the Pharmaceutical Services Needs Assessment to be published in October 2025. This is particularly relevant given the number of recent pharmacy closures.

7.4 As recently agreed any primary care quality concerns will be reported and escalated to the new ICB Quality Safety and Assurance Group.

8. Dental

FFT (Friends and Family Test) project

8.1 The FFT started in dentistry in 2013. Prior to the COVID-19 pandemic, Cheshire and Merseyside had the highest number of practices involved with the monthly FFT submissions to the Business Services Authority (BSA) via Compass the electronic' portal' of the BSA in England.

8.2 Led by Mike Willaims – Dental Advisor for the ICB the project was started in June 2023 and the number of practices submitting data in each of the 9 Places (Halton, St Helens, Warrington, Wirral, Cheshire West, Cheshire East, Liverpool and Knowsley) within the ICB was very low (>30%). The main reasons for this dramatic fall off in post covid submissions was:

- Failure to restart transmissions Post Covid
- Shortage of knowledgeable staff-For several years post covid there was a general shortage of trained staff.
- Transmitting monthly but not being received by BSA.
- Practice using wrong contract number and location number (V number) both available from the ICB.
- BSA originally did not issue receipts for receipt of FFT data which has since been rectified.
- Dental software incompatibility: Software providers required to resolve this issue.
- Practices not realising even Nil submissions were required to be transmitted monthly.
- Failure to realise text, e-mail, electronic feedback all acceptable not just paper.

8.3 The following actions are now being undertaken:

- Support practices to manage their FFT process was taken to the Dental Operations Group for approval.
- Dental Adviser to contact by telephone first then follow up NHS e-mail. Close liaison with Vicky Lowe Primary Care Officer (Dental commissioning team) without her support this project could not have been completed.
- It takes up to 3/12 for FFT submitted data to transfer from the BSA to the ICB. The **results to date indicate well over 70% of practices now participating** in Places targeted.
- Patient feedback over **97% of patients rated the dental experience as positive.**

8.4 As the project has proceeded, we have learnt from feedback from the practices and adjusted our data collection methods.

8.5 This project which is ongoing has been shown to significantly encourage the use of FFT patient feedback in general dental practice. Although everyone is aware of issues relating to access to NHS dentistry it is clear from this project those who do receive NHS dental treatment are unanimous in their feedback of the high quality of the NHS dental service they receive.

Decontamination project

8.6 There is legislation (Health & Social Care Act 2008) and guidance (HTM 01-05 and ACOP L8)) which guides dental practices regarding the standard expected in dental practice to create a safe environment for dental staff and patients.

8.7 Led by Mike Williams, dental commissioners must be reassured that the practices it commissions dental services from are compliant. It also needs to be able to demonstrate when challenged by outside organisations such as local authorities, Public Health England and the CQC that our dental practices are safe and compliant.

8.8 The following actions are now being undertaken:

- Outline plan was submitted to DOG for discussion and agreement
- As with the FFT project with over 300 practices to contact it was agreed that feedback from practices would be on a Place-by-Place basis.
- An e-mail was sent to all practices in a Place requesting the results of a recent decontamination audit the results of which were analysed by the dental adviser and appropriate advice given to the practice.
- Clinical audit in the NHS is ‘a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit

criteria and the implementation of change' Also requested was the statement of decontamination which all practices are required to complete annually. These were analysed by the dental adviser and a report sent to each practice.

- Once the audit results and decontamination statements had been checked and were deemed 'fit for purpose' the results were sent to the dental office for filing centrally.

8.9 As legislation and guidance has changed so has advice been given to practices during this project e.g. HTM 01-07 Management of Health care Waste 2022

8.10 This project is still on going but the results to date are significant. Of those Places targeted we can be confident if challenged dental practices we commission dental services from are fully compliant.

8.11 To note as part of the quality assurance process Dental Advisers will be targeting apparent non-compliant practices and checking the FFT and decontamination evidence as part of her Clinical Governance visit. (Clinical governance is a Quality assurance Tool which allows us to continuously monitor and improve our dental services within Cheshire & Merseyside ICB.

Highlights from Dental Operational Group 22 February 2024

8.12 The group meets bi-monthly to discuss all contracting matters underpinned by NHS England Dental Management Policy.

8.13 Highlights from the last meeting include:

- There were no contract hand backs reported.
- There was one request to re-locate and this will require a clinical governance review of the new site
- Contractual action is being taken against one provider.
- Ongoing contractual action is being taken against one provider.
- There were no new items to report to the Performers Advisory Group.

8.14 As recently agreed any primary care quality concerns will be reported and escalated to the new ICB Quality Safety and Assurance Group.

8.15 Prior to approval by the NHS Cheshire and Merseyside Board on 28 March 2024 of the Dental Improvement Plan 2024-26 a Programme Board was established supported by ICB PMO function. The Programme Board will meet monthly and last met on 4 April reviewing the following:

- Development of programme metrics across the 6 agreed Pathways
- Review of Actions for Pathways 1-6
- Review of communications, risk and issues log
- Finance

8.16 Progress highlights:

- Pathways 1 and 2 are being maintained.
- Pathway 3 Expressions of Interest have been sent out and are currently being collated by commissioning team.
- Pathway 4 and 5 discussions underway to support the Local Professional Network. In addition, there is scope to develop work with Halton local authority public health team.
- Pathway 6 discussions are now underway with existing providers to develop 3 potential Proof of Concept sites.

9. General Ophthalmic Services

9.1 **Special Schools Eye Care Service Update** – Prior to the ICB becoming the Commissioner and as part of the NHS Long Term Plan, Cheshire and Merseyside was one of the areas which was involved with providing a Proof of Concept (POC) programme of Eye Care in Special Schools which began in 2020 This involved a small number of dedicated providers sight testing and dispensing children within an equally small number of special school settings locally (day and residential schools- 8 providers and 22 schools). This was by contract and agreed between NHSE (NHS England) and the provider.

9.2 From April 2024 ICB's are now responsible for managing, mobilizing and expanding the service. It was agreed to plan to extend the programme nationally and locally to include all qualifying schools with the eventual aim of 100% of special schools settings having provision and potentially 80% of children being sight tested. This will be an opt in service for the schools involved and there will be a process around engaging with local schools and local providers through 24/25 to ensure that the programme can mobilise and expand. The key next steps/updates in this programme are ;

- Transfer of Proof of Concept (POC) contracts from NHSE to ICB is effective from 01/04/2024. There will be no requirement for contract variations for existing POC providers holding a Eye Care on Special Schools contract.
- Information packs for ICB's including POC provider activity data to date and full details of local schools have been sent along with confirmation of Y1 funding to budget holders for 2024/2025. A model service spec, model contract and KSI will be sent once regulations are laid during this quarter (Q1)

- A national implementation support package to ICB's is in the process of being agreed, projected time frame on implementation has been revised from 04/2024 to through 2024/2025 to give ICB time to begin to engage and mobilise.
- The above will need resourcing and currently with no overall place based eye health transformation lead identified, the work is being managed centrally but some further place/lead support will need to be identified.

10. Link to delivering on the ICB Strategic Objectives and the Cheshire and Merseyside Priorities

The paper supports the delivery of the ICBs delegated duties in respect of primary care contracting – effecting and safe contracting supports the wider themes of

- Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles).
- Improving population health and healthcare.
- Enhancing productivity and value for money

11. Link to meeting CQC ICS Themes and Quality Statements

QS4 Equity in access
QS5 Equity in experience and outcomes
QS7 Safe systems, pathways and transitions
QS8 Care provision, integration and continuity
QS9 How staff, teams and services work together
QS13 Governance, management and sustainability

12. Risks

Supports the mitigation following BAF risks - P1, P4, P5, P6, P8,

13. Finance

There are no additional finance risks or asks associated with this paper

14. Communication and Engagement

No external formal consultation or further engagement is required in respect of this paper. Duties for engagement are accounted for accounted for in each of the aforementioned Policy Book's for the contractor groups. Nationally negotiated contract terms in respect of engagement are already agreed. National guidance in these areas is followed as detailed in the technical guidance for commissioning decisions in respect of the four contractor groups.

15. Equality, Diversity and Inclusion

Duties for these are accounted for in each of the aforementioned Policy Book's for the contractor groups. Nationally negotiated contract terms in respect of this area are already agreed. National guidance in these areas is followed as detailed in the technical guidance for commissioning decisions in respect of the four contractor groups.

16. Next Steps and Responsible Person to take forward

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17. Officer contact details for more information

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Appendix 1.

Annual self-declaration form
ICB Assurance Framework

Delegated Primary Care Functions - Self-certification

For each question, please rate your response following the key provided below. Full details of what assurance is required for each domain is set out in Table 1 of the Framework.

Red	Non-compliant
Amber	Compliant but some risks identified
Green	Fully compliant

ICB Name	
Year to which certification applies	

General		
	R/A/G Rating	**Comments**
Compliance with the Delegation Agreement Has the ICB complied with the terms and associated responsibilities and measures required to ensure the effective and efficient exercise of the Delegated Functions?		If Red or Amber, please provide further details
Governance structures Does the ICB have the appropriate governance structures for the delegated functions in place to enable the commissioning and delivery of high quality care		If Red or Amber, please provide further details
Pharmaceutical Services		
	R/A/G Rating	**Comments**
Compliance with mandated Guidance issued by NHS England		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Pharmacy Manual)?		If Red or Amber, please provide further details
Service provision and planning		
Has the ICB been actively involved with all Pharmaceutical Needs Assessments (PNA) in their area, as undertaken by HWBs in year?		If Red or Amber, please provide further details

Has the ICB assured itself that there are no material gaps (as defined by the PNA) in pharmaceutical provision and has it taken action to address any gaps identified?		If Red or Amber, please provide further details
Can the ICB confirm that all payments made to community pharmacy contractors, dispensing appliance contractors and dispensing doctors are as outlined in the Drug Tariff, in line with usual NHSBSA custom and practice or are made within other formal contractual routes (e.g. LPS contracts or NHS Standard Contract)?		If Red or Amber, please provide further details
Can the ICB confirm that all contracts put in place for local enhanced services are in line with The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013?		If Red or Amber, please provide further details
Has the ICB obtained written consent of NHS England prior to making any new LPS schemes?		If Red or Amber, please provide further details
Can the ICB confirm that all applications for the Pharmaceutical List received by the ICB related to community pharmacy contractors, dispensing appliance contractors and dispensing doctors have been decided within their regulatory timescales? Reasons should be provided where this is not the case.		If Red or Amber, please provide further details
Contractor/ Provider compliance and performance		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.		If Red or Amber, please provide further details
Can the ICB confirm that contractors have completed the Community Pharmacy Assurance Framework (CPAF) and it has taken appropriate action where this is not the case?		If Red or Amber, please provide further details
Primary Ophthalmic Services		
	R/A/G Rating	**Comments**
Compliance with mandated Guidance issued by NHS England		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Eye Health Policy Book)?		If Red or Amber, please provide further details
Service provision and planning		

Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.		If Red or Amber, please provide further details
Contracting		
Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.		If Red or Amber, please provide further details
Contractor/ Provider compliance and performance		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.		If Red or Amber, please provide further details
Dental Services		
	R/A/G Rating	**Comments**
Compliance with mandated Guidance issued by NHS England		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Policy Book for Primary Dental Services)?		If Red or Amber, please provide further details
Service provision and planning		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.		If Red or Amber, please provide further details
Contracting		
Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.		If Red or Amber, please provide further details
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?		If Red or Amber, please provide further details
Contractor/ Provider compliance and performance		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.		If Red or Amber, please provide further details
Primary Medical Services		
	R/A/G Rating	
Compliance with mandated Guidance issued by NHS England		
Has the ICB understood and complied with all nationally set operating procedures and		If Red or Amber, please provide further details

policies (e.g. the Primary Medical Care Policy and Guidance Manual?		
Service provision and planning		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision		If Red or Amber, please provide further details
Contracting		
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?		If Red or Amber, please provide further details
Does the ICB have processes to implement Premises Costs Directions Functions?		If Red or Amber, please provide further details
Contractor/ Provider compliance and performance		
Has the ICB got the appropriate systems and processes in place to manage quality and performance of providers? Has the ICB taken appropriate action where necessary.		Actions relating to system assurance for quality and performance are ongoing but have been agreed. Current monitoring is at Place level but moving towards a more consistent approach and single set of performance indicators. System level quality group has been set up to oversee/co-ordinate

Appendix 2 MIAA Internal Audit Report

Primary Care Contracting Review Assignment Report 2023/24 (DRAFT)

NHS Cheshire & Merseyside Integrated Care Board

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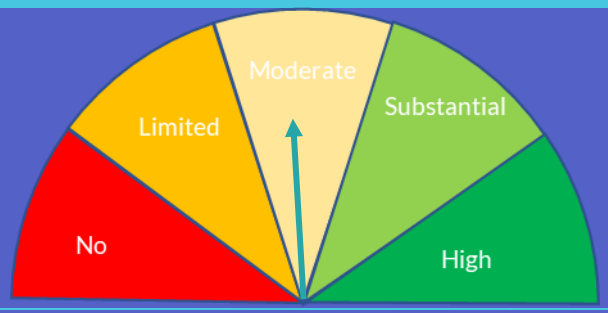
Overall Assurance Opinion



There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.

Contents

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Engagement Manager. To discuss any other issues then please contact the Director.

1 Executive Summary

Overall Audit Objective: To assess whether the ICB had primary care commissioning arrangements in place which fulfil the requirements of the delegation agreement with reference to the supporting assurance framework.

Primary Medical Services, Pharmaceutical Services, General Ophthalmic Services (GOS) and Dental Services were included within the scope of the review.

Key Findings/Conclusion

Governance – The ICB had processes in place to allow for the flow of information from Place Level to the ICB Board through the System Primary Care Committee. There was a Corporate Governance Manual in place which included the Governance Schematic, Scheme of Reservation and Delegation, List of Practices and Delegated Working Agreements.

Quality – It was recognised that quality and performance measures for Community Pharmacy, GOS and Dental are in place as they are linked to national asks and monitored accordingly. There was evidence that contract agreements were in place with all providers.

However, two key issues were identified:

- Quality and performance monitoring for Primary Medical Services in terms of quality visits at Place level and quality reporting through the ICB governance structure were not evident. It was recognised that there were actions occurring at place level but this needed to be more consistently reported against a single set of measures through system governance.
- The quality and performance monitoring for Community Pharmacy, Dental and GOS although happening at system level against the national indicators, required a further step to ensure it was tied into overall quality reporting to the relevant committee.

Finance – The ICB had processes in place to ensure that primary care payments were appropriately monitored against plan and received appropriate approval, including additional payments through schemes of work. There were appropriate reporting mechanisms in place to report on primary care finances.

Objectives Reviewed	RAG Rating
Governance	Green
Quality	Red
Finance	Green
Overall Assurance Rating	**Moderate**

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	0	0
High	1	0
Medium	1	0
Low	0	0
Total	**2**	**0**

Areas of Good Practice

- There was a Corporate Governance Handbook in place which included a range of documents to support the ICB's Constitution. This included a Governance Schematic, Delegated Working Agreements, Scheme of Reservations and Delegation and a list of all GP Practices.
- Pharmaceutical, GOS and Dental Services were undertaken as system level. There were national processes in place in relation the management of quality performance in these areas.
- There was a Primary Care Decision Making Matrix in place which outlined the required involvement from place and system representatives for different scenarios, such as, boundary changes or breach notices in relation to Primary Medical Services.
- There was a System Primary Care Committee (PCC) which was underpinned by a Terms of Reference which outlined the meeting objectives, frequency, membership and quoracy levels. The PCC had been delegated responsibility for decision making in relation to Primary Medical Services.
- The PCC reported to the Trust Board via an AAA Highlight Report at each meeting. In addition, the Integrated Performance Report included a small number of related KPI's.
- The ICB had in place a Primary Risk Register and risks scoring above 8 were presented to the PCC for monitoring and review.
- Reporting and governance arrangements were established at Place level for Primary Medical Services with each Place having a Primary Care Group in place to monitor localised performance and scrutiny on primary care issues that were established.
- Contractual arrangements were in place between providers and commissioners which would enable the enforcement of contractual breach notices where required. Service specifications followed national processes for Primary Care Services.
- The ICB website included links to the Joint Needs Assessment of each Place which had been completed by Local Health and Wellbeing Boards, including input from ICB representatives.
- There were processes in place to ensure that payments to providers were reconciled against activity expectations and had received appropriate approval.
- The Primary Care Financial Position for each Place was reported to the PCC and the Finance, Investment and Resource Committee.

Key Findings – Issues Identified	
High	1.1. Primary Medical Services – There were inconsistencies in the approach and frequency of quality and performance reviews undertaken at GP organisations. In some cases, quality reviews had not been undertaken at all. The ICB had not established clear quality and performance metrics in relation to primary medical services which could be recorded, monitored and reported in an effective manner throughout the governance structure.
Medium	1.2. Pharmaceutical, GOS and Dental Services - The ICB had not developed clear reporting processes to ensure that performance indicators were reported in an effective and timely manner throughout the organisation's governance structure.

2 Findings and Management Action

1. Primary Medical Services – Quality Performance		Risk Rating: High
Control Design		
Key Finding – The ICB has a responsibility to ensure that quality care is delivered according to best evidence that demonstrates that the most clinically effective options are available to the patient for the primary care services under its control. There were inconsistencies in the approach and frequency of quality and performance reviews undertaken for Primary Medical Services. In some cases, quality reviews had not been undertaken at all. The ICB had not established clear quality and performance metrics in relation to Primary Medical Services which could be recorded, monitored and reported in an effective manner throughout the governance structure.	**Specific Risk** – Quality issues are not identified in a timely manner and actioned appropriately increasing the likelihood of patient harm.	**Recommendation** – It is noted that the ICB had recognised this and presented a report in December 2023 to the PCC regarding Primary Care Quality and Performance which outlined how the ICB would improve reporting on quality and performance. This included the identification of key roles and responsibilities. The ICB should ensure that the actions and processes identified with the report continue to be progressed with any delays escalated appropriately. The ICB should ensure the following: • A targeted or rolling programme of practice visits is implemented to ensure that quality standards are being met by providers. • A standardised set of quality and performance indicators are developed across the ICB which can be presented on a dashboard for primary medical • Monitoring and reporting arrangements are developed
Management Response - Responsible Officer – XXX Implementation Date – XXX Month XXX		Evidence to confirm implementation –

2. Pharmaceutical, GOS and Dental Services – Performance Reporting		Risk Rating: Medium
Control Design		
Key Finding – There were national processes in place for the monitoring of quality and performance within Pharmaceutical, GOS and Dental Services including agreed performance indicators. However, the ICB had not developed clear reporting processes to ensure that performance indicators were reported in an effective and timely manner throughout the organisation's governance structure.	**Specific Risk** – Performance issues are not identified in a timely manner and actioned appropriately increasing the likelihood of patient harm.	**Recommendation** – It is noted that the ICB presented a report in December 2023 to the PCC regarding Primary Care Quality and Performance which outlined how the ICB would improve reporting on quality and performance. This included the identification of key roles and responsibilities. The ICB should ensure that a reporting and escalation structure is developed to allow for performance against national indicators in relation to Pharmaceutical, GOS and Dental Services to flow through the organisation.
Management Response - Responsible Officer – XXX Implementation Date – XXX Month XXX		Evidence to confirm implementation –

Appendix B: Engagement Scope

Scope

The overall objective was to assess whether the ICB had primary care commissioning arrangements in place which fulfil the requirements of the delegation agreement with reference to the supporting assurance framework. The following sub-objectives were identified:

- The ICB has effective governance arrangements in place to oversee the management of Primary Medical Services contractors.
- The ICB manages the performance of the Primary Medical Services contractors in order to secure the needs of people who use the services, improve the quality of services and improve efficiency in the provision of the services.
- The ICB actively monitors primary care contracts to ensure value for money on behalf of NHS England and avoids making any double payments under any Primary Medical Services Contracts. Areas within the contracts where claims for reimbursement are being made are supported by appropriate supporting evidence.

Scope Limitations

The review focused on assessing those primary care contracts delegated to the C&M ICB. It did not cover additional primary care investment activities.

Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Appendix C: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non- compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significantimpact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

Appendix D: Report Distribution

Name	Title
Claire Wilson	Executive Director of Finance
Clare Watson	Assistant Chief Executive
Rebecca Tunstall	Associate Director of Finance – Planning and Resourcing
Christopher Leese	Associate Director of Pharmacy
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Limitations

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and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

Public Sector Internal Audit Standards

Our work was completed in accordance with Public Sector Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.

Appendix 3

North West Primary Care Delegation Agreement

Notification Protocol

Purpose and background

The purpose of this document is to set out the protocol for contract management notification from ICBs to NHS England in line with the Delegation Agreement. This document is not intended to override the existing legal framework of the Delegation Agreement or any other documents pertaining to delegation agreement.

As of the 1st April 2023, NHS England has delegated responsibility for the commissioning and contractual management of community pharmacy and optometry and dental services to ICBs. Primary Medical Services were delegated from July 2022. The accountability for the discharge of the Delegated Functions as set out in the Delegation Agreement is retained by NHS England.

Principles

All Notifications are via a narrative email and/or supporting documentation. There is no standard template return.

All notifications are to be sent to england.nwprimarycare@nhs.net

ICB should endeavour to notify NHS England of any matter as agreed below as soon as appropriate.

Process and timelines will be reviewed on a quarterly basis at the Heads of Primary Care meetings.

Contracting

Contract Sign Off

For contracts in perpetuity NHS England will not novate contracts.

Where there has been a variation to contract and re-signing post delegation, this should be signed by the ICB. The ICB should sign for optometry, LPS Pharmacy and dental contracts where the variation commencement is post 1st April 2023 and for GP where the variation commencement is post July 2022.

Where a contract has a commencement date of 1 April 2023 onwards, it should be signed by the ICB; should a contract come to NHS England for signature, it should be sent to the ICB signatories.

Post-delegation, the financial provisions and term of contract affects the level of endorsement required. The ICB are required to follow the financial limits and approval procedures as set out in Schedule 5. Page 84 and 85 of the Delegation Agreement.

Any queries should be sent to: england.nwprimarycare@nhs.net

Contract Notification

NHS England is committed to taking a supportive and collaborative approach to delegation of primary care commissioning (for all four contractor groups). It is proposed that once a quarter the NW Primary Care Regional team will meet with ICB Heads of Primary Care and representatives to for a "check in" meeting to discuss primary Care delegated commissioning and quality/performance metrics. Received Contract notifications will form part of this discussion. In between the quarterly "check in" meetings, there will be instances where ICBs are required to notify NHS England of contractual changes that could have wider implications for commissioned services.

The table below describes commissioning and contractual changes where notification to NHS England is requested. These examples in no way preclude the requirements set of in the delegation agreement. In addition to the table, across all contractor groups the ICB should notify the region by email to england.nwprimarycare@nhs.net in the event of:

- Any serious incident (force majeure) which would have public interest issues.
- Any serious financial issues that may cause a financial loss to the NHS or have reputational issues.
- Any commissioning decisions that may be considered to have repercussions in respect to notational contractual regulations.
- Any other matter that the ICB determines necessary or appropriate to notify NHS England.

Delegated Function	Notification of:	Onward notification by NHS England Regional team to:
Community Pharmacy contracting	The Local Authority has identified a gap in the PNA – this signals current unmet need for the population. NHS E to be notified for shared awareness of current inequality.	NW Communications team england.nwmedia@nhs.net
	Market exit where there is public and/ or local media interest. e.g. Pharmacy closures	
	Serious Shortages Protocols – where there is an unintended consequence creating pressure/ driving patient activity.	NW Chief Pharmacist Office: stephen.riley1@nhs.net
Optometry commissioning	Contractual enforcement action where a provider loses or has suspended their core contractual service.	NW Communications team england.nwmedia@nhs.net
Dentistry commissioning	Dental Public Health Consultants assess and identify a gap in provision	NW Communications team england.nwmedia@nhs.net

	against the Oral Health Needs Assessment. NHS E to be notified of ICB actions in response to identified gap.	
	Market exit where there is public and/ or local media interest.	
	CQC enforcement action where a provider loses or has suspended their core contractual service.	
Primary Medical Commissioning	Practice and Partnership changes involving mergers and closures	
	Notification where a provider is placed in special measures.	
	Enforcement action where a provider loses or has suspended their core contractual service.	
	Notification of local public / media interest.	

This process document will be review intermittently (6 monthly) or as operationally required.