NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB System Primary Care Committee

Part B – Public Meeting

Thursday 15 August 2024
Venue: Meeting Room 1, No 1 Lakeside,
920 Centre Park Square, Warrington,
WA1 1QY (WA1 1QA for Sat Nav)

Timing: 10:00-12:10

Agenda

Chair: Erica Morris

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:00am	**Preliminary Business**			
SPCC 24/08/B01	**Welcome, Introductions and Apologies**	Chair	Verbal	-
SPCC 24/08/B02	**Declarations of Interest**	Chair	Verbal	-
SPCC 24/08/B03	**Questions from the public (TBC)**	Chair	Verbal	-
10:10am	**Committee Business, risk and governance**			
SPCC 24/08/B04	**Minutes of the last meeting (Part B)** 18 April 2024 *(no Part B meeting held in June due to pre-election)*	Chair	Paper To ratify	Page 3 *click here to go to page in pack*
SPCC 24/08/B05	**Action Log of last meeting (Part B)** 18 April 2024 *(no Part B meeting held in June due to pre-election)*	Chair	Paper For info	Page 14 *Click here to go to page in pack*
SPCC 24/08/B06	**Forward Planner**	Chris Leese	Paper To note	Page 17 *Click here to go to page in pack*
10:25 **SPCC 24/08/B07**	**Committee Risk Report** Month 2, Quarter 2 (2024-25)	Hilary Southern	Paper To note	Page 19 *Click here to go to page*

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:35	**BAU Policy Operations**			
SPCC 24/08/B08	**System Pressures**	Jonathan Griffiths	Verbal	-
10:45 **SPCC 24/08/B09**	**Local GP Network feedback**	Jonathan Griffiths	Verbal	-
10:55 **SPCC 24/08/B10**	**Contracting, Commissioning and Policy Update** a) Community Pharmacy and Dental	Tom Knight	Paper To note	*Click here to go to page in pack* Page 39
	b) Primary Medical and Optometry	Chris Leese	Paper To note	Page 44 *Click here to go to page*
11:15 **SPCC 24/08/B11**	**Finance** a) Update	John Adams / Lorraine Weekes-Bailey	Paper For Info	*Click here to go to page* Page 54
	b) Including Capital Allocation 24/25 update – Premises and Digital	John Adams / Kevin Highfield	Presentation For approval of allocation *not for decision*	Page 64 *Click here to go to page*
11:35am	**Transformation**			
SPCC 24/08/B12	**Digital Update**	Kevin Highfield	Paper To note & approve	Page 69 *Click here to go to page*
11:45am	**Quality and Performance**			
SPCC 24/08/B13	**Primary Care Quality Update**	Tom Knight	Paper To note	Page 83 *Click here to go to page*
11:55 **SPCC 24/08/B14**	**GP Patient Survey report**	Clare Watson	Paper To note	Page 92 *Click here to go to page*
12:10pm	**CLOSE OF MEETING**			

Date and time of next regular meeting:
Thursday 17 October 2024 (09:00-12:30)

Teams meeting only – no F2F on this occasion

NHS
Cheshire and Merseyside

Cheshire & Merseyside ICB
System Primary Care Committee – Part B Public

Meeting Room 1, Lakeside, Warrington

Thursday 18th April 10:25-12:15

Unconfirmed **Draft Minutes**

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	MWo	LDC representative
Adam Irvine	AIr	Primary Care Partner Member
Tony Foy	TFo	*Vice-Chair*, Non-Executive Director, C&M ICB
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
Daniel Harle	DHa	LMC representative
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
Loraine Weekes-Bailey	LWB	Senior Primary Care Accountant
Marc Smith	MSm	Interim Associate Non-Executive Director (NED Development Programme)

Apologies		
Name	**Initials**	**Role**

Item	Discussion, Outcomes and Action Points	Action by
	Preliminary Business	
SPCC 24/04/B01	**Welcome, Introductions and Apologies**	
	The Chair welcomed everyone to the meeting. Apologies were noted as appropriate.	
SPCC 24/04/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/* None declared.	
SPCC 24/04/B03	**Questions from the public**	
	There were no members of the public present, and the Committee had not received any questions in advance of the meeting.	
	Transformation (part 1)	
SPCC 24/04/B04	**System Pressures / Feedback and update from GP Forum – verbal updates**	
	General Practice The issue of General Practice and the contract from NHSE was raised and the subsequence response GPs and the BMA have given. The Committee were advised that NHSE were imposing a one-year national contract, this was reported to have been poorly received by General Practice, and it was outlined that they cannot perform their contract with such a small degree of uplift. It was advised that a survey had been conducted, which required a simply yes or no response, this received an over 60% response rate and of that, over 99% indicated they were not agreeable to the contract. GPs are now in dispute with NHSE with a potential review scheduled in July, however it is not expected that this will bring about any significant outcome. It was outlined that there could be a possible ballot of the profession in the Autumn in the form of Industrial Action, it is unlikely to be a walk out, since they are contractors rather than employees, therefore the most likely outcome would be a *work to rule*. If this were the case, then there could be significant impact on delivery across the system, and it was noted that this would need to be recorded on the risk register for the ICB. Await further events. JGr was keen to note that the industrial action taken by colleagues recently (consultants and junior doctors) has been about pay, whereas this is about the contract, therefore it is subtly different.	

	It was noted that the BMA and the GPCE have commissioned a PR company to get the message across to their patients. Up to now, media etc has been quiet. Additionally the LMC have been promoting this to inform their patients. It is suspected that this will pick up speed in the near future. Noted that in Cheshire East in particular, GPs have organised and will be launching their own public facing media, however we have not heard of this happening in any other areas. It was noted that in terms of a risk perspective it was also important to link the risk to FIRC (the Finance, Investment and Resource Committee). In terms of system pressures, it was noted that it would touch on lots of work areas, primary care and secondary care release work into general practice, and that most GPs would feel that not enough is being done to support their colleagues, there is a level of frustration despite the hard work that is going on. JGr noted that this was about changing cultures, hearts and minds and behaviours over many years. A toolkit has been issued to trusts to help, and there is a new template from NHSE to all trusts in terms of how they are fairing/ or believe to be fairing. Noted that this is very part of the PCARP (Primary Care Access Recovery Plan) launched last year, and that in the first year or PCARP there was nothing much about primary/ secondary care interface, however this year it has raised significantly. Noted that there are primary and secondary care interface groups that meet, they do exist and can take specific issues, but it is appreciated that it is feeling slow. In terms of funding, more locally, colleagues are very keen to ensure uplifts occur for discretionary spends, will it be above/ below / the same in terms of national contract. Noted that there is a meeting scheduled next week to discuss this. <u>Dental</u> MWo outlined that orthodontic waiting lists have grown since covid, but that by revitalising the managed clinical network, it has become a good news story as it was being dealt with. This is really reassuring. In terms of workforce, they are now allowing therapists to work independently, and to be able to prescribe, therefore the pressure is eased somewhat by them not having to be supervised. There is a recognised contractual risk element, and recruiting into those practices who are underperforming. Professional accountability and a shared understanding forms differing views. Additionally within the dental recovery plan the ICB are looking at some of the opportunities to come in and work on the NHS contract. There is conversation between LUFT and other stakeholders around Pathway 6, and there are strategic conversations taking place around a dental school, whilst not for now, but for the future so this is a positive discussion.	

	Optometry Reported a *"measly"* offer of an extra 39p GOS, noting that this is quite a loss for the practice (by about 50%), and will have a demoralising effect. Optometry as a sector is noted to do a lot for their patients under goodwill, and actively work very hard to keep people out of general practice or secondary care, yet if (we) keep pushing then it is going to change that view and they will start to push back. The Committee noted that the problem with all these conversations, is that it feels by saying 'you' it needs to be clear that these are national contracts/conversations rather than the ICB. In response, comments were made that we cannot all sit here and say these are not our decisions, as it will become a huge problem if optometry were to work to rule, it was stated that as a sector they do not generally complain but if they did there would be huge knock-on problems. Pharmacy It was reported that contracts are still in negotiation and there have been lots of closures of local community pharmacies, it is not believed that there are any more (or at least have not been notified of any yet), but there are reports of financial losses for some of the larger chains/ change of ownerships. Additionally stock shortages have not gone away, this in turn pushes back to general practice colleagues for them to change prescriptions to in stock medications. This along with the change to concession price (when they cannot buy an item at the unit price) will only lead to more risk of dispensing at a loss. Since the last SPCC meeting, pharmacy has seen an exponentially growth. Speaking with an LPC 'hat' AIr advised the Committee that they have limited data visibility to Pharmacy First, in that they cannot see self-referrals for example. He advised that for the year to date (31st Jan) to now, there have been over 18k referrals moved into pharmacy. Noted that specific data will be released in its totality 3 months retrospectively so can then only look back on the true numbers. It was noted that there have been 1150 patients referred on (either into general practice or into a more acute situation), and of the seven common conditions the vast majority are not on the pathways. Noting also that this is not on a place-based footprint. The Committee stated that they would be interested to see the trends coming through and would like to see the statistics when available. PNAs are noted to be driving the commissioning, TKn has asked to be aware of the conversation with local authority colleagues regarding the effect of the PNAs on closures etc. JGr advised that the Primary Care Forum was the correct forum to have these conversations and would raise as an item in terms of the Pharmacy First numbers not being seen in areas of lower uptake.	

	Noted that growth is good, but it was questioned as to whether there is a financial risk to the ICB? In terms of communications, community pharmacy and Pharmacy First, constantly need to go back to this and update. It should be cost neutral – JAd confirmed this would be cost neutral. ICB comms are linking in with national comms (although it was noted that there had been unhelpful national comms in the portrayal of an adult in a child immunisation programme).	
SPCC 24/04/B05	**Strategic Framework Update – verbal update**	
	JGr advised that this had been approved last year, however acknowledged that not much more has been done on this. Aware not done dental or optometry as yet. He asked a question of the Committee as to whether (we) would like to do a framework for dental and optometry, and to recognise the challenge of doing this. He suggested a paper for the future. And in terms of actions he has gone through them systematically and RAG rated them. It was recognised that this would be challenging and that the capacity is not quite there. In terms of RAG it was noted that this falls within own responsibility. TKn offered support in terms of the dental framework, and FSt offered support for Optometry. It was noted that it would be helpful when doing the systematic review to have consideration of the PCARP and that updates have been presented to Board, there are new things around contracting for primary care, community pharmacy, and the DIA (Data into Action) plan and it may be that we find we have made more progress than we think we have. Noted that the Innovation Agency supported us last time and that we need to decide whether the framework is the best spend of finances or whether it is better spent elsewhere. Noted that this is work in progress, the optometry sector will have a lot of input into this. From a dental perspective, workforce is on (our) risk register, two surveys have been conducted and no results have filtered through, whilst supportive of delivery there needs to be a more strategic input to broaden the team and get support from place. In terms of the dental underspend, do not feel they could have mobilised this in-year, and cannot understand why this cannot be spent? It is felt that they do not have a strategic plan and do feel the need to elevate the strategic approach. **ACTION : to pick this up at the June meeting.** Strategically we feel we know the issues around workforce, contract and delivery (and the impact that covid had on dentistry). The challenge is understanding the national recovery plan and our own plan. It is felt that there is a strategic view, that we have a plan in place and is one of the few areas that has received investment, additionally it is supported by the Board.	

	MWo added that 50% of contracts are set below the level, and questioned if we had a way of increasing delivery within those practices. Additionally questioning what the difference was between a practice that is performing at 80% and one that is performing at 20%. It is felt that we do not have this mapped out to understand better and to give support, he added that place has a large role to play in this for their local areas. **Actions** / **By whom** / **By when** Dental underspend, understanding why this cannot be spent. Need for a strategic plan and to elevate the strategic approach. / / June 2024 / /	
	Committee Business, Risk & Governance	
SPCC 24/04/B06	**Minutes of the last meeting (Part B) 22 February 2024**	
	Noted that the minutes should reflect that it was not all dental practices had received training on fit testers (it was more about the availability of training of the staff). Subject to this amendment, **the minutes were approved as a true and accurate reflection of the meeting.**	
SPCC 24/04/B07	**Action Log of last meeting (Part B) 22 February 2024**	
	The Action Log was updated accordingly.	
SPCC 24/04/B08	**Forward Planner**	
	Reported this as good work, thanks given to CLe.	
	Transformation (part 2)	
SPCC 24/04/B09	**Estates : General Update**	
	Paper Purpose: 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. **Paper Recommendations:** The Committee was asked to note the contents of the report. <u>Discussion</u> The Committee noted that this was a high-level paper and picks up from the national paper. In the absence of Nick Armstrong (NAr) any questions raised today will be put to him for the next meeting. It was questioned around the process to support the strategy for the next five years, however what is the plan for 'now' and what next? It was noted that this was a difficult space to be in given the situation we are in, noting that premises improvement grants are not hugely significant and	

	that there has been some previous estates improvements but we still have pockets of different contracting. Areas of concern still around accessibility and quality, and there is a need for a substantive look to the estates across C&M to understand how poor/ positive the estates is. The Committee did not feel the paper had any sense of integration, and that across the PCN there may be some availability within place that could be used. Additionally the Committee would like to see a specific plan for C&M with a 'heat map', noted that this has not been seen yet to start the discussions. The Committee therefore wished to note the 'asks' for the future paper and subsequent discussion around: - here and now - integration - strategic It is felt there is a lack of progress in lease renewals and decision making at ICB level. Dental discussions and discussions around proof of concept, conversations taking place. **ACTION : CWa agreed to speak to NAr.**	

Actions	By whom	By when
To speak to Nick Armstrong to ensure the future paper and subsequent discussions covers the items raised at April SPCC	Clare Watson / Nick Armstrong	

SPCC 24/04/B10	**Access Improvement Plan Update / Next Steps**	
	Paper Purpose: - 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. - 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. **Paper Recommendations:** **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. <u>Discussion</u> CLe outlined that the year 2 data had been released the day the papers for the SPCC Committee had been published, therefore the updated information was shared with the Committee on the day of the meeting rather	

	than to look at the information that had been presented to Board (the original data), he presented three updated slides. It was outlined that in the last two weeks he had been in meetings with region going through the metrics around the asks and whether we are being clear. Actions will be within the four key asks, NHS app around usage and function for example. There is a monthly NHSE reporting on this, and an ask to produce an updated plan to Board in Oct or Nov later this year. As it stands the ICB is awaiting the letter with the guidance of what might be asked of us. It was advised that the Programme Board meet monthly and there is a revised action plan which will come to the Committee for information/ assurance. Noted that these are 'asks' of the ICB working with Providers. Actions / By whom / By when (empty) (empty)	
	BAU and Operations	
SPCC 24/04/B11	**Finance Update**	
	Paper Purpose: - 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. - As of the 1st April 2023, the ICB took on the delegated responsibility for all Ophthalmic services and Dental services across Cheshire and Merseyside. - 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. **Paper Recommendations:** The Committee was asked to - Note the combined financial summary position outlined in the financial report as at 31st March 2024. - Note the Additional Roles out-turn spend and central allocation drawdown. <u>Discussion</u> Plans for next year outlined. ARRS – this year £65.7m (£63.1m spent) £67.1m available to us. Shortfall of £1.2m, this has never been an issue as now we are asking the PCN to spend their allocation. This is national not just our organisation.	

	Sefton and LMC are working around what the uplifts are. Discretionary Funding, applied is a 1.9% Tariff uplift minus 1.3% efficiency an overall uplift on 0.6%. In terms of SDF funding we do not have all the guidance yet, but it was agreed last year to use the HEI monies instead of fair share, this will come to SPCC first. DHa outlined the relevance of the uplift for Sefton and the LMC, in that if the uplift is not appropriate then they will not feel they can pay their staff and the LMC will become involved. The importance of using the national formula was highlighted, and that conversations will take place at the HCP in terms of our direction of travel, it is important for a consistent use of this for our discretionary budgets and that it is an organisational position. EMo questioned whether we had underspent the GPIT spend? In response, LWB advised that this was mainly in two places where they had a larger budget set (but that the capital is being spent). It was questioned whether the discretionary spend was the same for all the areas? It was advised that all together the primary care was aligned similarly but that the discretionary spend looked different, however the *bottom line* was almost the same. In place, there may be different schemes, but we do have consistency where we can. Review of discretionary spend charter is being reviewed (certainly in Cheshire East and in Cheshire West). Actions / By whom / By when (empty) (empty)	
SPCC 24/04/B12	**Contracting, Commissioning and Policy Update**	
	Paper Purpose: 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 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
- 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)

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 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)

Discussion
Outlined the assurance document as seen in Appendix 1, (CLe has to send this before end of April) on the Annual Self Declaration Form.

It was suggested to give everyone a deadline on Appendix 1, and noted that this is because we are now responsible for the delegation of the contractor groups and as part of the delegation framework.

It was noted that in terms of the amber rated one (Quality), MIAA initially gave a red rating, however we have not agreed to this, the Committee questioned why this was so.

In response, CLe advised that this had been rated as amber based on the questions/ discussions, he advised that we are able to show that we have systems in place, but that they may have been somewhat invisible. It is felt that amber is fair and that action is being taken. Additionally it proves that it is working but we have limited data/ evidence to say it is working all the time.

The Committee noted and were assured and agreed with the recommendations as proposed.

The Committee discussed the sign off and agreed to a deadline being set so that it can be submitted.

Actions	By whom	By when

	Quality and Performance	
SPCC 24/04/B13	**Agreed way forward for Primary Care Quality and Performance – verbal report**	
	Discussion It was noted that there would be a trial run to see if working to both committees is a good option, it was suggested for a 6-month review. Suggestion of a visual flowchart/ organogram for ease of reference. CDo advised that the System Quality Group (SQG) meets bi-monthly and they focus on different areas therefore it might be worth thinking about an SQG around primary care specifically (the other is nurse focussed). This would give for wider learning across the system and it would be key to have the correct representation. MWo questioned around infection control and that it was important if there are frameworks in place to share them with the providers. Noted that it would be good to have shared incident reporting, specifically in dentistry there are 'near misses' and it would be good to share these across C&M. **ACTION : Tom Knight to look into this.** It was questioned where physio sat in this? Advised that it would sit with the community contracts and in terms of quality it would be as part of the ADQ place based reports. The Committee agreed that they would like to understand a more about this particular aspect, and that this would be a good aspect to test the coverage of quality in this new format. **ACTION : TFo to reconfirm with the ADQs and to ask the two Cheshire places about this issue (private physios)**	

Actions	By whom	By when
Look to have shared incident reporting	Tom Knight	
Ask the two Cheshire Places ADQs about the private physio aspect	Tony Foy	

	Closing remarks, review of the meeting and communications from it	
	Meeting closed.	

Date of Next Meeting:
Thursday 20 June 2024
F2F, Lakeside, Warrington

End of Meeting

CHESHIRE MERSEYSIDE INTEGRATED CARE BOARD

NHS Cheshire and Merseyside

(Public) System Primary Care Committee Action Log 2024-25

Updated: Aug 2024

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	Kevin Highfield / John Llewellyn	22-Jun-2024	*Update requested from KH/ JL at August 2024* *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		*Updates on risk to be covered off at August 2024 meeting. Quality placed as a mitigated risk with QSAG etc and the full review of SPCC risks.* *Noted to be on the agenda for todays meeting (Feb 2024)*	ONGOING
SPCC 23/12/B07	21-Dec-2023	Finance Update	Meeting in February to look at the themes	Susanne Lynch	22-Feb-2024	*UPDATE April 2024 : to BAU, needs confirmation from Places now being discussed in more detail, PCN needs the wider system view* *UPDATE 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.*	COMPLETED
SPCC 24/02/B07i	22-Feb-2024	Risk Register	Revise and rework before Board in April	Clare Watson / Chris Leese / Hilary Southern	22-Jun-2024		ONGOING
SPCC 24/04/B07ii	22-Feb-2024	Risk Register	Amend typo on 7PC	Hilary Southern	asap		ONGOING
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		*agreed to close at April 2024 meeting*	COMPLETED

(Public) System Primary Care Committee Action Log 2024-25

Updated: Aug 2024

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	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		*agreed to close at April 2024 meeting*	COMPLETED
SPCC 24/04/B08	22-Feb-2024	BAU Contracting and Commissioning Update	iii) Locally Commissioned Eye Services – pick up outside of	Chris Leese		*UPDATED : April 2024 - agreed to close* *Action would be managed at Optom Ops Group*	COMPLETED
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	*agreed to close at April 2024 meeting*	COMPLETED
SPCC 24/02/B09	22-Feb-2024	Finance Update	ii) Presentation to next SPCC on plans	Lorraine Weekes Bailey / John Adams	April 2024	*agreed to close at April 2024 meeting*	COMPLETED
SPCC 24/02/B11	22-Feb-2024	System Pressures	i) Requested for a discussion on ADHD patients at a future meeting.		11-Jun-2024	Item closed as review undertaken at last meeting and this is now part of the recovery comm programme on neurodiversity. Paper coming to next meeting	COMPLETED
SPCC 24/02/B14	22-Feb-2024	Dental National Recovery Plan	Check with Greater Manchester for those who have not spent their dental monies	TKn	15-Aug-2024	*Request for TK to update at August 2024 meeting in order to close this action.* *UPDATE : April 2024 - dental ringfenced was used to underpin 2023-2024*	ONGOING
SPCC 24/04/B05	18-Apr-2024	Strategic Framework Update	Dental underspend, need to understand why this cannot be spent. Need for a strategic plan and to elevate the strategic approach	TKn	22-Jun-2024	Request for TK to update at August 2024 meeting in order to close this action.	ONGOING
SPCC 24/04/B09	18-Apr-2024	Estates : General Update	To speak to Nick Armstrong to ensure the future paper and subsequent discussions covers the items raised at April SPCC	CWa / Nick Armstrong	22-Jun-2024	Item closed as convresation has taken place between Cwa & NA for future structure of presentation	COMPLETED

(Public) System Primary Care Committee Action Log 2024-25

Cheshire and Merseyside

Updated: Aug 2024

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/B13ii	18-Apr-2024	Agreed way forward for Primary Care Quality and Performance	To look at having shared incident reporting	CDo/CWA/TKn/CLe/JGr	11-Jun-2024	Short paper due to SPCC on the progress of QSAG and the interface with Q&P so SPCC/Board can be assured of process. Part of Quality Update to next meeting	ONGOING
SPCC 24/04/B13iii	18-Apr-2024	Primary Care Performance	Utilising the IPR for Primary Care at the next meeting	CLe	15-Aug-2024		NEW

Last updated: 31.7.2024

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	Aug 24	Oct 24	Dec 24
Standing Items Committee Business												
Apologies	Every meeting	EM	Both	yes	yes	yes	yes	yes	Yes	Yes	Yes	Yes
Declarations of Interest	Every meeting	EM	Both	yes	yes	yes	yes	yes	Yes	Yes	Yes	Yes
Minutes of last meeting	Every meeting	EM	Both	yes	yes	yes	yes	yes	Yes	Yes	Yes	Yes
Action & Decision Log	Every meeting	EM	Both	yes	yes	yes	yes	yes	Yes	Yes	Yes	Yes
Forward Planner/Annual Plan Review	Every meeting	EM	Both	yes	yes	yes	yes	yes	Yes	Yes	Yes	Yes
Committee Risk Register	Every other meeting	HS/CL	B	yes	yes	no	Yes	No	No	Yes inc Part A collective action discussion	No	Yes
Questions from the public (where recv'd)	Every meeting	EM	B	yes	yes	yes	yes	yes	Yes	Yes	Yes	Yes
Forward Planner	Every meeting	CL	B			yes	yes	yes	No	Yes	Yes	Yes
Governance and Committee Performance												
Review of Terms of Reference	Yearly	EM/MC	n/a	no	Yes	no	no	no	No	No	No	No
Self-Assessment of Committee Effectiveness	Yearly	EM	n/a	no	no	yes	no	no	No	No	Yes	No
Recurrent Papers/Updates												
Finance Update	Every Meeting	LWB	A	yes	yes	yes	yes	Yes	Yes verbal	Yes inc SDF	Yes	Yes
PSRC Minutes/Update Minutes/Update from Pharmacy Operations Group and highlights	Every Meeting	TK	A	yes	yes	yes	yes	Yes	No	Yes	Yes	Yes
Policy Update – Primary Care Contracting and Commissioning	Every Meeting	CL/TK	B	yes	yes	yes	yes	Yes	No	Yes (optom special schools/SDF	Yes	Yes
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	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	No verbal update	Yes – update TOR/notes and dashboard	Yes dashboard and details?	TBC
Primary Care Quality Deep Dives	2 meetings per year	CD/KW					No	No	No	No	TBC	TBC
Update from PC Workforce Steering Group	Quarterly	JG	B	no	Yes	no	no	No (but is part of PCARP update)	No	No	TBC	TBC
Digital Primary Care Update	Quarterly	JL	B	no	no	Yes	Yes	No	Yes See (1) Below	Yes single side summary of £ capital	No	Yes
System Pressures and update from local forum(s)	Every Meeting	JG/CL	B	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Primary Care Estates Update	Quarterly	NA	B	No	Yes	No	No	Yes inc how we agree extra GMS space	Yes as part of wider updates	No	Yes	No
Key Business items (to populate)												
Primary Care Strategic Framework		JG	B	Yes	No	Yes	No	Yes	No	No	TBC	TBC
Minutes of any ExtraO Meeting		Chair/TK	A	Yes	No	No	No	No	No	No	TBC	TBC
Dental Access Improvement		TK	B	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No
Primary Care Access Recovery Improvement		CL	B	yes – update	yes - Update	yes - Actual Plan (post	No	Yes (Board Slide deck	Yes/part – digital summary	Part update *part of BAU update?*	No	Yes

Last updated: 31.7.2024

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	Aug 24	Oct 24	Dec 24
						board)		updated				
Place ARRS Spend Plans		Place Leads	B	no	Yes	no	In finance paper	In finance paper and AIP	In finance paper	Finance Paper	TBC	TBC
Summary – GP Patient Survey (System Level)		CL	B	Yes	No	No	No	No	No	Yes	No	As part of access improvement
Dental Paper – Part Year performance note update in December along with procurement		TK	A	No	No	No	No	No	Yes	No	No	Yes
Capital bids for agreement		KH	B					No	Yes	No	No	No
Improvement Grant Estates Bids		NA	B					No	Yes part of above	No	No	No
ADHD		LM	B					Yes verbal	Yes presentation	No	Verbal update	TBC
Dental procurements (verbal)		TK							Yes	No	No	Yes
APMS Wirral place decision		SBS	A							Yes	No	No

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

Date: 15 August 2024

Committee Risk Report,

Month 2, Quarter 2, (2024-25)

Agenda Item No: SPCC 24/08/B07

Responsible Director: Christopher Leese, Associate Director of Primary Care/ Tom Knight, Head of Primary Care

Committee Risk Report

1. Purpose of the Report

1.1 The ICB Risk Management Strategy sets out committee and sub-committee responsibilities for risk and assurance. This is the regular report on principal risks within the remit of this committee and corporate and place risks escalated to the committee.

2. Executive Summary

2.1 There are twenty-six risks covered by this report including one principal risk, two corporate risks and twenty three place risks escalated in accordance with the Risk Management Strategy.

2.2 All these risks cover the area of primary care, including General Practice, General Dental Service, Ophthalmology and Community Pharmacy. Appendix D contains detailed summaries for each risk, including identified controls and assurances.

3. Ask of the Committee and Recommendations

3.1 **The Committee is asked to:**

3.1.1 **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.

4. Reasons for Recommendations

4.1 All committees and sub-committees of the ICB are responsible for:

- providing assurance on key controls where this is identified as a requirement within the Board Assurance Framework
- ensuring that risks associated with their areas of responsibility are identified, reflected in the relevant corporate and / or place risk registers, and effectively managed.

4.2 Non-Executive Board members play a critical role in providing scrutiny, challenge, and an independent voice in support of robust and transparent decision-making and management of risk. Committee Chairs are responsible, with the risk owner and the support of committee members, for determining the level of assurance that can be provided to the Board in relation to risks assigned to the committee and overseeing the implementation of actions as agreed by the Committee.

4.3 Risks arise from a range of external and internal factors, and the identification of risks is the responsibility of all ICB staff. This is done proactively, via regular planning and management activities and reactively, in response to inspections, alerts, incidents and complaints. The committee is asked to consider whether any further risks should be included.

5. Background

5.1 The establishment of effective risk management systems is vital to the successful management of the ICB and local NHS system and is recognised as being fundamental in ensuring good governance. The ICB Board needs to receive robust and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

5.2 Risk are escalated to the committee risk register which are rated as high (8+) in the context of the ICB as a whole, together with any relevant place risks rated as extreme (15+) in the context of the place. Committees will receive an overview of all relevant risks on first identification and annually, including those not meeting the threshold for escalation, to enable oversight of the full risk profile.

5.3 This committee risk report format follows the standard format and comprises 4 elements which are described in more detail below.

5.3.1 **Committee Risk Register** (appendix one) – which lists the committee's risks, ownership, scoring and proximity. The committee should pay particular attention to those risks where the current score is furthest from target, with a focus on planned action to strengthen controls, and on those where risk proximity indicates the risk is likely to materialise within the next quarter.

5.3.2 **Committee Place Risk Distribution** (appendix two) – which indicates, for risks common across all or a number of places, how risk is distributed across each of the 9 places and will also feed into place risk reporting. This may indicate that action is required in a particular place/s to strengthen the effectiveness of an existing control or to implement additional controls.

5.3.3 **Risk Assurance Map** (appendix three) – which provides a rating of the adequacy and effectiveness of each group of controls and identifies the sources of assurance available to the committee in relation to each risk. The latter is in the form of reports to the committee and, through their scrutiny and questioning, the committee will be able to form of view of the level of assurance that can be provided to the Board.

5.3.4 **Risk Summaries** (appendix four) – for each risk which describe the risk in more detail and provide scores, trends, controls list, ratings, gaps and actions, planned and actual assurances, ratings, gaps and actions. This enables the committee to dive into the detail of any area of risk which is giving cause for concern.

Implications and Comments

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

Objective One: **Tackling Health Inequalities in access, outcomes and experience**
Objective Two: **Improving Population Health and Healthcare**
Objective Three: **Enhancing Productivity and Value for Money**
Objective Four: **Helping to support broader social and economic**

6.1 Effective risk management, including the BAF, support the objectives and priorities of the ICB through the identification and effective mitigation of those principal risks which, if realised, will have the most significant impact on delivery.

7. Link to achieving the objectives of the Annual Delivery Plan

7.1 The Annual Delivery Plan sets out linkages between each of the plan's focus areas and one or more of the BAF principal risks. Successful delivery of the relevant actions will support mitigation of these risks.

8. Link to meeting CQC ICS Themes and Quality Statements

Theme One: **Quality and Safety**
Theme Two: **Integration**
Theme Three: **Leadership**

8.1 The establishment of effective risk management systems is vital to the successful management of the ICB and local NHS system and is recognised as being fundamental in ensuring good governance. As such the risk management underpins all themes, but contributes particularly to leadership, specifically QS13 – governance, management, and sustainability.

9. Risks

9.1 Corporate Risks

9.1.1 **Overall Summary**: There are currently **two** primary care related corporate risks identified for NHS C&M – both scoring **high-extreme** (8-25), one scoring 12, the other 16. Copies of all risk summaries can be found at Appendix 4.

9.1.2 **Risk (1PC)** Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services) has been reviewed and while there remains an ongoing pressure in general across Dental, General Practice and beginning to emerge within Community Pharmacy – with a lack of key trained primary professional staff, in particular GPs, Pharmacists and Dentists (in the NHS family) – therefore the risk remains 16 – there has been a significant decrease in place specific risk scoring relating to this area.

9.1.3 **Risk (6PC)** Identified dental provider contract management risk – potentially leading to loss of provider and impact on dental provision. Risk **remains** 12; formal notice served following exhaustion of local resolution procedures – currently with Primary Care Appeals (PCA) and awaiting outcome.

9.2 Place-level Primary Care related risks

9.2.1 Place-level risks as below; Committee to note only one is scoring 8+ currently. All place-level risks are managed with Place PC forums and escalated to the ICB central team as relevant.

Place	Date Raised	Theme	Risk	Initial Score	Current Score	Relates to SPCC Risk
Cheshire East	01/07/2022	Sustainability: Demand	Increased demand, funding and workforce pressures impacting on delivery of high-quality Primary Care Services and resilience of practices and practice estate, resulting in poor care and potential provider failure.	16 (4x4)	12 (4x3)	1PC
Cheshire West	01/07/2022	Sustainability: Demand	Increased demand, funding and workforce pressures impacting on delivery of high-quality Primary Care Services and resilience of practices and practice estate, resulting in poor care and potential provider failure.	16 (4x4)	12 (4x3)	1PC
Halton	-	-	-	-	-	-
Knowsley	01/07/2023	Access	(PC4) There is a risk that the changes to access arrangements are not effectivity communicated and continue to be deemed not accessible by the local population	12 (3x4)	12 (3x4)	-
Knowsley	01/07/2023	Access	(PC5) There is a risk that following the implementation of the Primary Care Access Recovery Plan demand continue to increase and complexity of need grows impacting on delivery of primary care services leading to quality issues and or provider failure.	8 (2x4)	8 (2x4)	-
Knowsley	01/07/2023	PCNs: Maturity	(PC6) There is a risk that failure of PCN core member practices to effectively collaborate to deliver PCN requirements and delivery outcome for patients.	12 (3x4)	12 (3x4)	-
Knowsley	01/07/2023	PCNs: Maturity	(PC7) There is a risk that Individual GP Practices within PCN's remain GP practice focused resulting in failure to develop links to wider and local system partners at PCN, Place and System Level impacting effective Primary Care Transformation and collaboration.	8 (2x4)	8 (2x4)	-
Knowsley	01/07/2023	PCNs: Maturity	(PC8) Risk that PCN development is inhibited due to insufficient subject matter expertise and managerial resource within PCN's resulting in poor governance, planned delivery and management of subcontracted services.	12 (3x4)	8 (2x4)	-
Knowsley	01/07/2023	Sustainability: Workforce	There is a risk that when fully utilised the ARRS resource doesn't have the planned outcome its intended to achieve.	8 (2x4)	8 (2x4)	1PC
Liverpool	18/07/2023	PCNs: Maturity	(LPCG001) Variation in the development, coordination and maturity of the PCNs will affect the ability of PCNs to deliver at scale and/or with other partners	12 (3x4)	12 (3x4)	-

Liverpool	18/07/2023	Sustainability: Demand	(LPCG003) Failure to effectively recover to a sustainable operational model for Primary Care services post Covid, could result in significant levels of unmet demand and exacerbate health inequalities	12 (3x4)	12 (3x4)	-
Liverpool	18/07/2023	Sustainability: Workforce	(PLPCG004) Workforce challenges in General Practice (recruitment and retention of all staffing levels), threatens the delivery model in General Practice reducing patient access to services	16 (4x4)	12 (3x4)	1PC
Liverpool	18/07/2023	Estates	(LPCG007) Lack of NHS estates capacity and limited estates options across the city, risks the ability of the PCNs to deliver services collectively	16 (4x4)	12 (3x4)	-
Liverpool	18/07/2023	Sustainability: Contractual	(LPCG008) Failure of the APMS procurement process could result in practice closures in Liverpool - risk that patients are unable to access to Primary Care Medical Services upon contract termination	8 (2x4)	8 (2x4)	-
Sefton	03/01/2024	Estates	(SPRR7) Risk to the ability of PCNs to deliver service specifications due to lack of estates to operate from.	12 (4x3)	9 (3x3)	-
St Helens	01/07/2022	Sustainability: Workforce	(1PC) Insufficient clinician (GPs, Practice Nurses and ANPs) capacity & capability could lead to unsafe practices and restricted access to primary care.	12 (3x4)	12 (4x3)	1PC
St Helens	01/07/2022	Estates	(2PC) Risks relating to provision of Primary Care Estates. Proposed re-alignment of Primary Care Estates work activities from NHSE to ICB.	9 (3x3)	12 (4x3)	-
St Helens	01/07/2022	Sustainability: Workforce (ICB PC Team)	(7PCC) Limited Capacity within the Place Primary Care Team to ensure effective completion of all Core workstreams, DES Monitoring and response to urgent matters as they arise.	12 (3x4)	12 (3x4)	1PC
St Helens	01/07/2022	Sustainability: Financial	(9PCC) Financial Sustainability of St Helens Practices.	16 (4x4)	12 (3x4)	-
St Helens	01/06/2024	Quality	Increased demand, funding and workforce pressures preventing delivery of high quality Primary Care Services resulting in poor care and potential provider failure	20 (4x5)	16 (4x4)	-
Warrington	28/11/2022	Sustainability: Demand	(130) Due to increasing patient demand and complexity, there may be an impact on the availability and quality of services in GP practices. This will result in safety and reputational issues.	9 (3x3)	6 (2x3)	-
Warrington	08/05/2024	Contract	Risk of contract holder handing the contract back or unable to continue to work for other any other reason, could result in the immediate closure of a single-handed GP practice. This would result in reduced patient experience, possible complaints, business service interruption (permanent loss of facility), adverse publicity and financial loss.	9 (3x3)	6 (2x3)	-
Wirral	01/09/2022	Sustainability: Workforce	Primary Care Resilience	9 (3x3)	9 (3x3)	1PC

Wirral	25/06/2024	Sustainability: Workforce	Lack of consistency of offer of Mental Health Practitioner roles across PCNs and in most deprived areas	9 (3x3)	9 (3x3)	-

9.2.2 There are seven risks relating to the corporate risk **1PC "Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)"**; scoring as follows:

Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
12	12	N/A	8	12	N/A	12 12	N/A	9

10. Finance

10.1 There are no financial implications arising directly from the recommendations of the report.

11. Communication and Engagement

11.1 No patient and public engagement has been undertaken.

12. Equality, Diversity and Inclusion

12.1 The report concerns the implementation of an effective risk management system which, while not directly impacting on health inequalities, will create a framework for the consideration, identification and mitigation of risks to health equality and provide assurance regarding the effectiveness of mitigation strategies.

13. Climate Change / Sustainability

13.1 No identified impacts.

14. Next Steps and Responsible Person to take forward

14.1 Continued support to places in developing their place-related primary care risks and reporting through to SPCC.

14.2 Completion of specific risk training across the nine places, in line with the Risk Management Strategy.

15. Officer contact details for more information

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16. Appendices

Appendix One: Risk Register
Appendix Two: Place Risk Distribution
Appendix Three: Risk Assurance Map
Appendix Four: Risk Summaries

Cheshire and Merseyside ICB
Primary Care Committee Meeting

NHS Cheshire and Merseyside

Appendix One: Primary Care Committee Corporate Risk Register Summary – February 2024 (Quarter 4, 2023/24)

Risk ID	Risk Title	Senior Responsible Owner	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Previous Risk Score (LxI)	Target Score	Risk Proximity
FOR COMMITTEE REVIEW – 8+ OR SCORE CHANGE							
Primary Care (General Practice, Community Pharmacy, General Dental Service and Ophthalmic)							
1PC	Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)	Chris Lees/ Tom Knight	16	16 ↔	16	12	A
Dental Related							
6PC	Identified dental provider contract management risk – potentially leading to loss of provider and impact on general dental provision	Luci Devenport	9	12 ↔	12	6	A

COMMITTEE NOTING ONLY (Risks scoring 8 and below)							
General Practice Related							
	N/A						
Community Pharmacy Related							
	N/A						
Ophthalmic Related							
	N/A						

Appendix Two: Place Risk Distribution Summary – February 2024 (Quarter 4, 2023/24)

Risk ID	Risk Title	Current Risk Score									
		ICB Wide	Cheshire East	Cheshire West	Halton	K'sley	L'pool	Sefton	St Helens	W'ton	Wirral
FOR COMMITTEE REVIEW – 8+ OR SCORE CHANGE											
Primary Care (General Practice, Community Pharmacy, General Dental Service and Ophthalmic)											
1PC	Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)	16 ↔	12	12	N/A	8	12	N/A	12 12	N/A	9
Dental Related											
6PC	Identified dental provider contract management risk – potentially leading to loss of provider and impact on general dental provision	12 ↔									

COMMITTEE NOTING ONLY (Risks scoring 8 and below)											
General Practice Related											
	N/A – No corporate risks identified currently										
Community Pharmacy Related											
	N/A – No corporate risks identified currently										
Ophthalmic Related											
	N/A – No corporate risks identified currently										

Cheshire and Merseyside ICB
Primary Care Committee Meeting

NHS Cheshire and Merseyside

Appendix Three: Primary Care Committee Risk Assurance Map – February 2024 (Quarter 4, 2023/24)

Risk ID	Risk Title	Current Risk Score	Controls					Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting	
FOR COMMITTEE REVIEW – 8+ OR SCORE CHANGE								
Primary Care (General Practice, Community Pharmacy, General Dental Service and Ophthalmic)								
1PC	Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)	16 ↔						Significant
Dental Related								
6PC	Identified dental provider contract management risk – potentially leading to loss of provider and impact on general dental provision	12 ↔						Reasonable

COMMITTEE NOTING ONLY (Risks scoring 8 and below)								
General Practice Related								
	N/A – No corporate risks identified currently							
Community Pharmacy Related								
	N/A – No corporate risks identified currently							
Ophthalmic Related								
	N/A – No corporate risks identified currently							

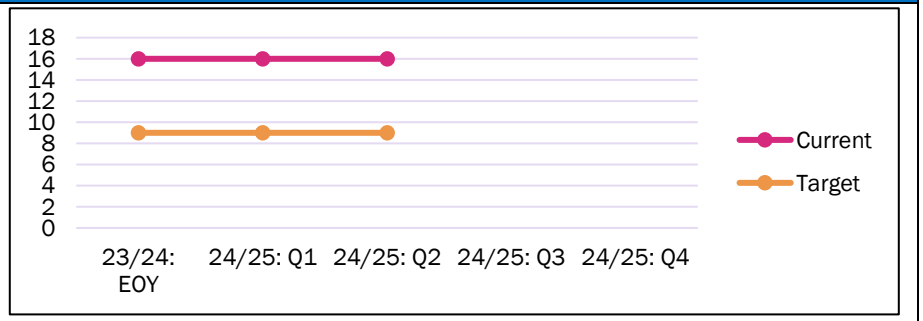
Cheshire and Merseyside ICB
Primary Care Committee Meeting

NHS Cheshire and Merseyside

Appendix Four: Primary Care Committee Risk Summaries – February 2024 (Quarter 4, 2023/24)

FOR COMMITTEE APPROVAL – SCORE MOVEMENT

ID No: 1PC	Risk Title: Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & Dental Services)

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	3	**9**	
Current Risk Score	4	4	**16 ↔**	
Risk Appetite/Target Risk Score	3	3	**12**	

Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
12	12	N/A	8	12	N/A	12 12	N/A	9

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Associate Director of Primary Care (CL)/ Head of Primary Care (TK)	Place Primary Care Leads/ ICB PC Manager (JJ)/ Senior Commissioning Mgr (LD)	Assistant Chief Executive/ Place Primary Care Structures	System Primary Care Committee

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health & Healthcare	Quality, performance, transformation, commissioning.	A – within the next quarter	Corporate	Manage

Date Raised	Last Updated	Next Update Due
01/07/2022* *Legacy CCG Risk*	August 2024	October 2024

Risk Description		
Resilience and sustainability of Primary Care in terms of demand, workforce pressure and external factors such as industrial action, peaks in public concern such as (A Strep). Previously a legacy CCG risk across all 9 CCGs; this has been further expanded to include similar pressures across Community Pharmacy and General Dental Service provision. This is a national issue (more than a risk) around contractual performance being reduced as GPs, dental practices and Pharmacies struggle to recruit suitably qualified and experienced staff. Workforce pressures are impacting on opening hours and access to services. Note individual examples of place-based practice resilience and operational concerns are captured on local place risk registers, but the combined issue across C&M is captured on the overall corporate ICB risk register so that there can be assurances in respect of the overall resilience and sustainability of primary care. This cross references with BAF risk P6 and People's Board risk around workforce sustainability. At **August 2024**: Primary Care workforce, in particular, within general practice and dental services remains challenged, therefore there is a continued risk in continuity of service provision; six of our nine places are reporting a risk to sustainability of primary care services, however on review of these risks, the driving forces differ across the places e.g. some are related to workforce (GP turnover, succession planning etc), others are related to provision of estate e.g. to house the new ARRS roles. Overall controls and mitigations across the places are robust; although there remains an ongoing pressure in general across Community Pharmacy, Dental and General Practice, where a lack of key trained primary professional staff, in particular GPs, Pharmacists and Dentists (in the NHS family); work continues alongside our primary care partners to respond to national asks/ targets and local demand/ pressures, and all places have robust local oversight & reporting arrangements in place. Urgent care process in place for dental treatment for vulnerable patients; and mitigating wider national issue relating to the dental services contract with some flexible arrangements and negotiation of financial values. In addition, for GP workforce there has been a positive uptake of ARRS across most of the nine places, helping bolster the primary care workforce with alternative roles; updates on Pharmacy resilience are presented to SPCC, but mitigations are limited due to the nature of the contracting arrangements. Risk **remains** the same this month.		
Current Controls		**Rating**
Policies	• National Stock takes and Guidance in relation to Primary Care • Delivery Plan for recovering access to Primary Care https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/ • Delivering Operational Resilience across the NHS Winter 2023	**G**
Processes	• System Primary Care Committee – escalation to/ from • Managed operationally at place level through place governance (escalation to SPCC as needed). • Working with National Team and DoH on workforce issues and support. • Primary Care Workforce Steering Group reporting • Access Improvement Plan Templates submission 20/10 highlighting what place actions are being undertaken	**G**
Plans	• Primary Care Strategic Framework – ICB level and Place level, place workforce plans • Clinical Strategy	**G**

	• Workforce/ People plans via People Board inc Primary Care Workforce Strategy • ICB engagement with HEE and Liverpool Dental School • Dental Improvement Plan & Dental Foundation Trainee programme • GP retention plan (submitted May 2023) • ICB Access Recovery plan approved by ICB Board (October)	
Contracts	• GMS PMS APMS GDS PDS Contracts updated • Local Enhanced/Quality Contracts/ Directed Enhanced Services • Community Pharmacy Contracts	**G**
Reporting	• Primary Care Workforce Steering Group/ • Community Pharmacy National Workforce Development Group • NHSE National Teams (looking at wider workforce issues across Primary Care) • Place reporting to place primary care structures/ forums - Access Improvement Plan Templates submission • Place reporting to System Primary Care Committee through reporting template already agreed noting a clearer risk principal escalation process is to be developed • System Primary Care Committee reporting through to Northwest Regional Structures • Reporting to PSRC Committee and through community pharmacy commissioning Team	**G**

Gaps in control

- Reporting between People Board and SPCC to be developed
- Consistent single set of data to be reported to People Board/ SPCC

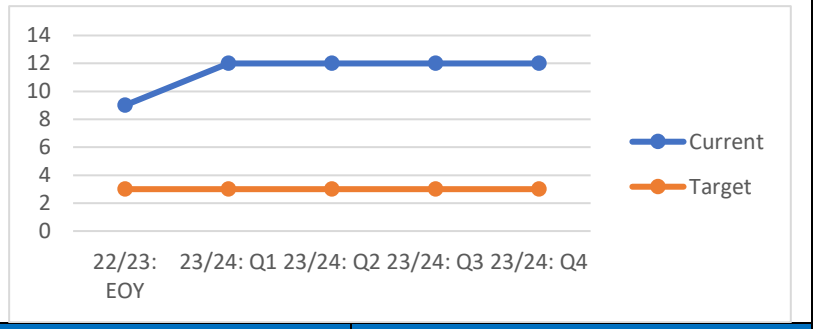
Actions planned	Owner	Timescale	Progress Update
Dental Improvement in place agreed and progressing	Tom Knight	**Complete**	Implementation slowed down due to financial impact. Dental ringfence removed nationally which has resulted in the implementation aspirations

Assurances

Planned	Actual	Rating
Closing BI data gaps for Workforce (Ongoing)	Regular updates at SPCC on System Pressures	**Significant**
Dental Improvement Plan in place – however impact on workforce to be determined.	First meeting of PC workforce steering group held May 2023	
	Primary Care Access Recovery Improvement Plan approved by ICB Board in November	
	Review of Place risks to establish position/ scoring – SPCC risk summary updated to reflect distribution of risk across places and collaborative actions to mitigate	

Gaps in assurance			
[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness] • Some BI data gaps remain			
Actions planned	**Owner**	**Timescale**	**Progress Update**
Working with National Team and DH on workforce issues and support.	CL/ TK/ JJ	Ongoing	
Working locally with LPCs and contractors to understand & quantify issues and where required managing risk via contractual compliance routes/ local arbitration processes.	CL/ TK/ JJ	Ongoing	
Tracking the C&M risk against national and regional closure rates for comparison.	CL/ TK/ JJ	Ongoing	

FOR COMMITTEE REVIEW – SCORES 8+ STATIC/ NO MOVEMENT THIS PERIOD

ID No: 6PC	Risk Title: Identified dental provider contract management risk – potentially leading to loss of provider and impact on dental provision			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	3	**9**	
Current Risk Score	3	3	**12 ↔**	
Risk Appetite/Target Risk Score	2	3	**6**	

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Tom Knight, Head of Primary Care	Luci Devenport, Senior Commissioning Manager	Assistant Chief Executive/ Place Primary Care Structures	System Primary Care Committee Report to Finance Committee

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
TBC	Quality, contracting, transformation, commissioning.	A – within the next quarter	Corporate	Manage

Date Raised	Last Updated	Next Update Due
April 2023 – *transferred from NHSE to ICB*	August 2024	October 2024

Risk Description

Identified Dental Provider Group hold a number of GDS contracts across C&M in various guises i.e. in partnership, sole provider. Five (5) of these contracts have been under remedial action since 1 March 2022 due to no NHS dental provision being available during core hours. Legal advice has been followed; due to the size of the repayment figure (debt) for year 2022/23 and no assurances that contractual targets can be met for the next financial year the legal advice is to breach each contract as the remedial notice has not been rectified and arrange to meet with the provider (without prejudice) with a view to requesting a one-off payment of the money owed or we move to terminate. Continuing with each of these 5 contracts will result in an increasing accumulation of debt into this financial year.
August 2024: Risk **remains** 12 = 4 (likely) x 3 (moderate). Primary Care Appeals (PCA) have now ruled that local resolution has been exhausted and will now due to hear the appeal from the provider against the termination notices served by the ICB as the Commissioner. Timescales unknown at this point, but we are in process of submitting further evidence in support of the termination.

Current Controls		Rating
Policies	• NHS England Dental Policy book 2018	**G**

Processes	• Legal advice has been followed throughout	**G**
Plans	• Awaiting Primary Care Appeals (PCA) outcome	**A**
Contracts	• Multiple – managed by Contracts Team	**G**
Reporting	• System Primary Care Committee	**G**

Gaps in control

- Issue has been ongoing for over 12 months – notice served, but currently with Primary Care Appeals (PCA)
- 4 additional contracts delivered in area which may be destabilized by this issue.
- Wider impact on neighboring ICBs/ Stakeholder response to termination
- Changes to Performer List by Validation Exercise – detail unknown at this time re: quality assurance.

Actions planned	Owner	Timescale	Progress Update
Forward breach notices for each of the above contracts	Luci Devenport	TBC	Evidence has been submitted, and awaiting PCA outcome – currently involving additional evidence submission.
Confirm actual debt amounts	Luci D/ Finance	Ongoing	N/A

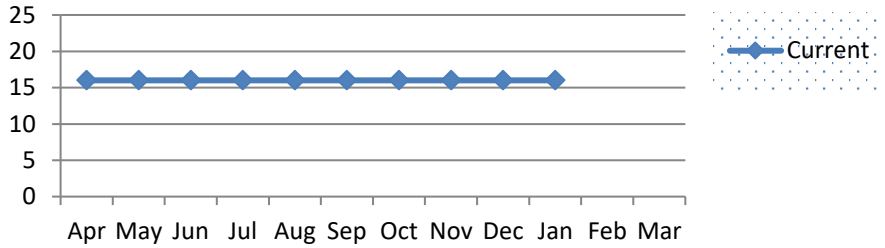
Assurances

Planned	Actual	Rating
• National guidance awaited re: Dental Foundation Trainee programme (2023/24). Impact due following year.	• Legal advice received and used to progress next steps • Breach notices formally issued – awaiting outcome of PCA appeal	**Reasonable**

Gaps in assurance

- No assurances that contractual targets can be met for the next financial year
- Impact of Dental Foundation Trainee programme won't be felt until following year.

Actions planned	Owner	Timescale	Progress Update
As above			

ID No: BAF P6	Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	**20**	
Current Risk Score	4	4	**16 ↔**	
Target Risk Score	3	3	**12**	
Risk Appetite	Our longer-term aim is to limit to a moderate level of risk over the life cycle of the access recovery plans.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Chris Leese & Tom Knight	Assistant Chief Executive	Primary Care

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Primary Care	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
10/05/2023	July 2024	September 2024

Risk Description

The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. While general practice is delivering more appointments than pre-pandemic, this increase is not keeping pace with demand and there are financial sustainability pressures in general practice in some places. Primary Care dentistry is slowly recovering and patients are presenting in greater need than pre-COVID. Access for new patients seeking an NHS dentist remains an ongoing issue and is a priority for the new 2024/26 dental improvement plan as agreed by the ICB Board on 28th March.

The priority in the new plan will be routine access to NHS dental care whilst maintaining existing urgent care provision. Community Pharmacy continues to play a key role in managing patient demand and creating additional GP capacity but is also under considerable pressure. The national delivery plan for recovering access to primary care is now in year 2 and along with national planning guidance continues to ask ICB's to ensure patients have appropriate and timely access to General Practice. This risk relates to the potential inability of the ICB to ensure that local plans are effective in delivering against national targets for recovery of primary care access, which may result in poorer

outcomes and inequity for patients and that practices do not have access to the appropriate support and funding to manage demand. Recognising that majority of Primary Care resources sit in Place the need to understand aggregate Place actions to understand this risk.

Current Controls		Rating
Policies	• NHS Long Term Plan, NHS Operational Planning Guidance, National Stock takes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, Core 20 plus 5.	**G**
Processes	• System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework, dental reporting midyear/end year performance	**A**
Plans	• Primary Care Strategic Framework version 1, Developing Primary Care Access Recovery Plan, System Development Funding Plan, Dental Improvement Plan, ICS Operational Plan, Place Level Access Improvement Plans x 9. New National Dental recovery plan for 2024	**A**
Contracts	• GMS PMS APMS Contracts (note no specific ask in terms of number of appointments), Local Enhanced/Quality Contracts (poss stretch asks within), Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS PDS Contracts nationally determined	**G**
Reporting	• System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board. Place Primary Care forums. Local Dental improvement plan delivery board	**G**

Gaps in control

- Primary Care Strategic Framework – version 2 to be completed & formally signed off
- Ongoing successful delivery of the access recovery / improvement plans required over a 2-3 year period to close gap, specifically Dental Workforce and funding for Primary medical baselines as reported by contractors

Actions planned	Owner	Timescale	Progress Update
Secure approval to Primary Care Strategic Framework – Stage One.	Jonathan Griffiths	Complete	General Practice & Community Pharmacy are part of Stage One Approved.
Secure approval to Primary Care Strategic Framework – Stage Two	Jonathan Griffiths	TBC	
Complete & secure approval to Primary Care Access Recovery Plan Y1	Chris Leese	Complete	
Complete & secure approval to Primary Care Access Recovery Plan Y2	Chris Leese	Oct/Nov 2024	Awaiting guidance from NHS England on expected plan content

Delivery of Access Recovery and Improvement Plans	Corporate & Place Primary Care Leads	Ongoing to 2025	
Dental Improvement in place agreed and progressing	Tom Knight	Complete	Implementation slowed down due to financial impact. Dental ringfence removed nationally which has resulted in the implementation aspirations
Dental Improvement plan 24/26	Tom Knight	On going	Programme board in place. Working to understand and implements requirements for National Plan v local plan

Assurances		
Planned	**Actual**	**Rating**
Sign off plans by ICB Board	System Primary Care Committee & ICB Board approval to Primary Care Strategic Framework & Dental Improvement Plan (June) (reasonable)	**Reasonable**
Reporting on delivery to System Primary Care Committee & ICB Board	System Primary Care Committee & ICB Board reports, Dental Improvement Plan Update – Oct 2023 (reasonable) New update due in February 2024.	
Performance Reporting to ICB Board (monthly)	Performance reporting Q&P reporting showing progress on delivery of on target of UDA	
Monthly access improvement and related transformation actions reporting template in place reporting monthly till end of March	In place first report due end of December.	
Implementation of Pharmacy First Contracept Service and Hypertension	Pharmacy First to be launched January 31st 2024 Contracept Service and Hypertension already commenced	

Gaps in assurance

- No Phase 2 of strategic framework & overall capacity

Actions planned	Owner	Timescale	Progress Update
Dental Improvement plan reporting to System Primary Care committee	Tom Knight	Quarterly	Interim update submitted to SPCC on 18th April 24
Access improvement plan Y2	Chris Leese	Annually	To board by Oct/Nov 24

NHS
Cheshire and Merseyside

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

August 2024

Primary Care Commissioning, Contracting and Policy Update – Community Pharmacy and General Dental Services

Agenda Item No: SPCC 24/08/B10a

Responsible Director: Clare Watson

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 ;

- Community Pharmacy and General Dental 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

2. Ask of the Committee and Recommendations

The Committee is asked to ;

- ***Note*** the updates in respect of commissioning, contracting and policy for Community Pharmacy and General Dental Services.
- ***Note and be assured*** of actions to support any particular issues raised in respect of Cheshire and Merseyside contractors
- This report is for ***information*** and ***no decisions*** are required

3. Community Pharmacy Update

Community Pharmacy Assurance Framework (CPAF)

All CPAF visits done, waiting for the evidence to be submitted. Some pharmacies are required to have a revisit and this will be confirmed by the commissioning team.

Finance update

At the end of May 2024, the budgets had not been finally confirmed, for reporting purposes the ICB recorded a balanced position.

Due to the 2 month time lag in Pharmacy Remuneration Reports being provided there is no data available for 2024/25 as yet.

The new Pharmacy First Clinical Pathways will be centrally funded, the aim is to fund quarterly in arrears.

Temporary Suspension of Services

At the June meeting of the Pharmacy Operational Group it was reported that there were 39 unplanned closures. These will be managed in line with the Pharmacy Regulatory process.

4. General Dental Services Update

Primary Care Appeals

The ICB is still awaiting final decision on the appeal lodged regarding the termination of 5 contracts as previously reported.

All submissions have been made and it is hoped that a final decision will be made in September/October.

Quality issue Liverpool Place

As previously reported following an initial patient complaint an ongoing quality review is being undertaken led by the Nursing and Care Team in conjunction with dental commissioners. A number of clinical visits have been undertaken as part of the process which is being overseen by a Rapid Quality Review Group.

An assurance plan is in place and evidence continues to be submitted by the provider for review. Updates are provided to the Primary Care Quality Group in terms of detailed reporting and oversight.

Dental Improvement Plan

A full report will be submitted in October but current headline figures in terms of numbers of practices signed up to the Pathways 1/2/3 are:

- Pathway 1 UDCs = 22
- Pathway 2 UDC plus practices = 52
- Pathway 3 Access & Quality Scheme for routine care = 52

The number of GDS Practices Participating in the National Patient Premium Scheme (NPP) is 148.

Dental Golden Handshake

The commissioning team have received 24 Expressions of Interest from practices in areas identified as highest need – Liverpool Halton and Knowsley. The ICB has been allocated 7 places to fund using the dental ringfenced budget – it should be noted this is not new funding.

Transformational workforce

Foundation Dental Trainees have been located in dental practices giving more urgent care experience/training and from a patient point of view, it's creating more urgent care

access, but the additional benefit of substantive treatment. Practices have to provide two 3.5 hours sessions per week (in-hours). There are 34 sessions per week offered by the scheme.

August Bank Holiday

The commissioning team has been working to ensure that there is enough capacity to cover this period.

5. 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

6. 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

7. Risks

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

8. Finance

Will be covered in the separate Finance update to the Committee.

9. 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.

10. 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 contractor groups.

11. Next Steps and Responsible Person to take forward

Tom Knight

12. Officer contact details for more information

Tom Knight

NHS
Cheshire and Merseyside

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

August 2024

Primary Care Commissioning, Contracting and Policy Update – Primary Medical Services and Optometry

Agenda Item No: SPCC 24/08/10b

Responsible Director: Clare Watson

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 ;

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

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

2. Ask of the Committee and Recommendations

The Committee is asked to ;

- ***Note*** the updates in respect of commissioning, contracting and policy for the primary medical and optometry contractor groups.
- ***Note and be assured*** of actions to support any particular issues raised in respect of Cheshire and Merseyside contractors
- This report is for ***information*** and ***no decisions*** are required

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	2
Halton	14	2	1	13	0	0	0
Warrington	26	5	8	18	0	1	0
Liverpool	83	8	77	1	5	0	20
Knowsley	23	3	8	15	0	0	6
Sefton	40	2	23	11	6	0	3
St Helens	29	4	21	7	1	0	10
Wirral	45	5	28	14	3	0	3
Total	339	47	222	97	20	9	45

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 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 220 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. Primary Medical Services Update

4.1 Changes to the National Policy and Guidance Manual were agreed and released in July (Links in 3.4 above) and the main points of the changes were ;

- Confirmation of the delegation of primary medical services to integrated care boards (ICBs) under the new delegation agreement incorporating which now includes all dental (primary, secondary, and community), general optometry and pharmaceutical services.

- Additional information on the new Health Care Services (Provider Selection Regime) Regulations 2023 and statutory guidance.

- Changes to other sections and an executive summary can be found here NHS England » Primary medical care policy and guidance manual (PGM) – version 5, July 2024: summary of changes

4.2 The Committee have previously received a general update on **System Development Funding (SDF)** The accompanying Guidance was released in June and the detail of how this has been allocated across the ICB is detailed within the finance paper presented to the Committee today, the link to the full document is given below. https://www.england.nhs.uk/long-read/primary-care-service-development-funding-and-general-practice-it-funding-guidance-2024-25/ Service Development Funding (SDF) is additional programme funding on top of Primary Care ICB baselines. ICBs should spend primary care SDF on supporting primary care to make the changes and deliver the commitments set out in the Delivery Plan for Recovering Access to Primary Care (Update in 4.3 below) with the aims of improving access to (general practice) primary care services

4.3 The Committee had previously received an update on the Delivery plan for recovering access to primary care. This Policy is currently in it's second year and although there has been no further updates, it remains an ICB priority and our programme structure that supports the delivery of this is still in place. The reporting on this was temporarily paused by NHS England during the election period, but this has now restarted for August and a copy of the metrics/narrative expected **of the ICB** are given below in Table 4.3.1. Within this return there are ICB expected metrics and narrative, a copy of the new return results will be shared with the Committee at the next meeting.

It should be noted that the ICB have not received the Guidance which sets out expectations as to the Access Improvement Plan to be submitted to the ICB Board in November and further discussions are ongoing with NHS England in this respect. A particular focus remains on (a) secondary/primary care interface and (b) self-referrals which need to be embedded further across the ICB as business as usual programmes.

Table 4.3.1 NHS England ICB reporting on Primary Care (Medical) Access Recovery

Increase the use of **NHS App** and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions	Enable patients in over 90% of practices to ~see their records and practice messages	Percentage of practices with prospective record access enabled

	~book appointments ~order repeat prescriptions using the NHS App by March 2024. *Data relating to repeat prescriptions will be shared with PCNs alongside working with General Practice teams and PPG to understand how barriers can be overcome and increase adoption can be obtained*	Increase NHS App records views from 9.9m to 15m per month by 03/25
		Increase NS APP repeat prescription numbers from 2.7m to 3.5m per month by 03/25
Continue to expand **Self-Referrals** to appropriate services	Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023	Increase the number of self-referrals across a wider range of pathways by at least 15,000 patients per month by March 2025
Expand uptake of **Pharmacy First services** ***The trajectory for these commitments will be reviewed in September 2025 using data from the first 9 months of service delivery.***	Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.	Increase number of community pharmacy blood pressure check appointments per month by at least 71.000 by 03/25
		Increase the number of oral contraception prescriptions coming directly from a community pharmacy without GP by at least 25,800 by 03/25
	Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions.	Increase number of PF pathway consultation appointments per month by at least 320,000 by 03/25
Complete implementation of **better digital telephony**	Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.	% of practices on Cloud Based Telephony (CBT)
Complete implementation of **better digital telephony**		Percentage of practices meeting CAIP payment criteria

Complete implementation of highly usable and accessible **online journeys for patients**	Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.	Percentage of practices meeting CAIP payment criteria
Complete implementation of **faster care navigation**, assessment, and response		Percentage of practices meeting CAIP payment criteria
National transformation/improvement support for general practice and systems	To scale the learning from GPIP and strengthen locally owned delivery of transformation support in partnership with ICBs. To provide an online support offer alongside flexible, hands-on support to a proportion of practices as part of the transition to a system-owned delivery model.	Programme milestone inc. shared evidence, standards, best practice and support tools, which in turn enhance system-led targetted support to practices and PCNs
Make further progress on the four **Primary Care Secondary Care Interface AoRMC** recommendations	Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.	Baseline in 04/24 using assessment tool and monitoring ICB progress based on provider returns every 6/12
Make **online registration** available in all practices by October 2024	The commitment for 2,000 practices to be using this service was met in November 2023, one month ahead of schedule. More than 1 million patients have used a national online service to register with a GP since its launch 18 months ago. In 2024/25, we will roll this out to all practices by 31 December 2024	More than 90% of practices using the on-line registration system by 31st December 2024

4.4 As reported previously, The ICB are taking part in the latest round of the **NHS Staff Survey (NSS) in general practice.** The survey provides data to understand the general practice workforce profile, gather feedback on staff experience in line with secondary care staff and support workforce planning requirements. It is voluntary for practices to take part. The ICB has been asked to validate a practice / provider list and the next stage will be the gathering of information from practices to pass to NHS England using a standard template. Places will collate lists from their practices which will then be gathered centrally and submitted during August/September – our understanding is that the survey will be administered during October.

5. General Ophthalmic Services

5.1 A new national GOS contract variation has been issued for mandatory and additional services providers, it has been signed at Director level and is currently being distributed to all relevant providers within timescale. Operationally, service provision remains consistent and quality issues are now escalated along with other contractor groups to the Primary Care Quality Group.

5.2 Transformational programmes

- Further details around the expansion of the eye care in **special schools** are yet to be received post-election, the national programme team will share information in due course.
- Eye care for **homeless patients** is continuing well with the addition of provision to traveller sites in the Cheshire area and a new location in Crewe.
- **CVD checks** - a national workstream to deliver CVD checks in optometry locations across the ICB footprint was launched and the ICB submitted a bid which was successful securing £60k funding for provision and resource. L&SC. Resource allocation is being reviewed including project management capacity for this and the areas above.

5.3 Information on the current Cheshire and Merseyside (local) enhanced services pathway provision based on data provided by Primary Eyecare Services Ltd and electronic referral data from optical practices was requested at a previous meeting and this information is given below in table 5.3.1 and Table 5.3.2

Table 5.3.1 (Local) Enhanced Service Pathways

								Service Live
NEW PATIENTS								Service agreed - not mobilised
Place	Cataract pre-op	Glaucoma		Urgent Care MECS / CUES	AMD/DR	PwLD & Autism		No service
		Repeat Readings	Enhanced Case Finding					
West Cheshire	South and Vale Royal only				tbc			
East Cheshire					tbc			
St Helens					tbc			
Halton					tbc			
Knowsley	tbc				tbc			
Liverpool					tbc			
Sefton					tbc			
Warrington					tbc			
Wirral					tbc			

FOLLOW UP SERVICES			
Trust	Cataract post-op	Glaucoma	
		Ocular Hypertension	Stable Glaucoma
ECHT			
MCHT			
COCH			
STHK			
WHH			
LUHFT			
S&O			
WUTH			

Table 5.3.2 Referral electronic data from C & M Optical practices using OPERA system

Referral data for Cheshire and Merseyside has been shared and is listed below:
Data for July 2023 to June 2024 (12mths)

- 182 practices (83.5 % of practices using OPERA system)
- 52,477 referrals via Electronic Eyecare Referral Scheme (EeRS) using OPERA
- 8,632 of these with attachments inc: field and/or images (16.45%)

- Urgency: Routine= 45,148 Urgent= 6,968
- Specialty Breakdown ***below***:

Cataract	12177
Cornea	1759
Diabetic Medical Retina	680
External Eye Disease	1086
Glaucoma	6802
Laser YAG Capsulotomy	6018
Low Vision	329
NeuroOphthalmology	1660
Oculoplastics	1269
Oncology	3
Not otherwise specified	4338
Orthoptics	2555
Vitreoretinal	1555
Other Medical Retina	5338
GP Notifications / Referrals	6901

6. 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

7. 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

8. Risks

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

9. Finance

Will be covered in the separate Finance update to the Committee.

10. 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.

11. 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 contractor groups.

12. Next Steps and Responsible Person to take forward

Christopher Leese, Associate Director Of Primary Care
Chris.leese@cheshireandmerseyside.nhs.uk

13. Officer contact details for more information

Christopher Leese, Associate Director Of Primary Care
Chris.leese@cheshireandmerseyside.nhs.uk

NHS
Cheshire and Merseyside

Primary Care Finance Update

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 15th August 2024

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Date of meeting:	15th August 2024
Agenda Item No:	SPCC 24/08/B11a
Report title:	**24/25 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 June 2024 (M03).

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 forecast outturn, compared to the allocated budgets.

Also provided is an overview of any reserves and flexibilities available.

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

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 30th June 2024. 2. Note the Additional Roles spend to date and the anticipated forecast outturn and predicted central drawdown. 3. Note the capital position.

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

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

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

Governance and Risk					
Does this report provide assurance against any of the risks identified in the ICB Board Assurance Framework or any other corporate or Place risk? **No**					
What level of assurance does it provide?					
Limited		**Reasonable**	x	**Significant**	
Any other risks? **Yes** If **yes,** please identify within the main body of the report.					
Is this report required under NHS guidance or for a statutory purpose? (*Please specify*) **Yes**					
Any **Conflicts of Interest** associated with this paper? If **yes,** please state what they are and any mitigations undertaken. **None**					
Any current services or roles that may be affected by issues as outlined within this paper? **No**					

Primary Care Finance Update

1. 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 30th June 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 June 2024 (M03) 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 the Primary Care and Prescribing services across Cheshire and Merseyside ICB

Table 1a

Primary Care Position Summary - Month 03 ICB TOTAL	Year To Date			Forecast Outturn		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Annual Budget (£000's)	FOT (£000's)	Variance (£000's)
Delegated Medical Primary Care						
Core Contract	79,026	78,725	301	316,103	316,103	0
QOF	9,830	9,921	(90)	39,322	39,412	(90)
Premises Reimbursements	13,594	13,594	0	54,375	54,375	0
Other Premises	186	186	(0)	743	743	0
Direct Enhanced Schemes	1,146	1,146	(0)	4,586	4,586	0
Primary Care Network	13,328	13,795	(467)	53,314	53,314	0
Additional Roles Reimbursement Scheme	10,559	10,559	0	42,237	42,237	0
Fees	2,611	2,636	(25)	10,444	10,444	0
Other - GP Services	333	318	15	1,332	1,332	0
DELEGATED PRIMARY CARE TOTAL	**130,614**	**130,879**	**(266)**	**522,455**	**522,545**	**(90)**
Local Primary Care						
GP Local Enhanced Service Specification	8,123	8,123	0	32,490	32,490	0
Local Enhanced Services	4,534	4,644	(109)	18,137	18,371	(234)
Commissioning Schemes	451	469	(18)	1,803	1,885	(83)
Out Of Hours	7,407	7,341	66	29,628	29,510	118
GP IT	4,685	4,709	(24)	18,739	18,965	(226)
GP Investment	116	116	0	466	458	8
Primary Care SDF	(27)	(314)	287	(108)	(428)	320
Primary Care Other	398	391	7	1,591	1,618	(26)
QIPP	(424)	(424)	0	(1,694)	(1,694)	0
PC Local Pay Costs	115	126	(10)	462	0	462
LOCAL PRIMARY CARE TOTAL	**25,378**	**25,180**	**198**	**101,514**	**101,175**	**338**
Prescribing						
Central Drugs	4,500	4,467	33	18,001	17,966	36
Medicines Management - Clinical	729	524	205	2,916	2,947	(31)
Oxygen	(1,272)	(1,265)	(7)	3,239	3,239	0
Pay Costs Prescribing	1,619	1,639	(20)	6,476	6,476	0
Prescribing BSA	117,228	119,364	(2,137)	472,546	474,693	(2,147)
Prescribing Other	3,611	3,624	(13)	14,443	14,443	0
PRESCRIBING TOTAL	**126,414**	**128,354**	**(1,939)**	**517,621**	**519,764**	**(2,143)**
Delegated Pharmacy Optoms Dental and Other						
Delegated Community Dental	3,246	3,245	0	12,983	12,983	0
Delegated Ophthalmic	6,693	6,692	1	26,772	26,772	1
Delegated Pharmacy	19,339	19,339	0	69,394	69,393	0
Delegated Primary Dental	34,747	34,749	(1)	138,989	138,989	0
Delegated Property Costs	365	360	6	1,462	1,456	6
Delegated Secondary Dental	11,086	11,086	(0)	42,684	42,684	0
PHARMACY, OPTOMS, DENTAL & OTHER TOTAL	**75,477**	**75,471**	**5**	**292,283**	**292,276**	**7**
TOTAL	**357,883**	**359,885**	**(2,001)**	**1,433,873**	**1,435,761**	**(1,888)**

3. Delegated Primary Care - Medical

3.1. The Delegated Primary Care Medical financial position as at Month 3, is broadly in line with budget, we are still awaiting year end data and payments in order for us to accurately forecast.

3.2. **Quality Outcomes Framework- (QOF)**- The Delegated Medical Primary Care budget shows an overspend of £90,000 within the QOF service line. This is due to year-end achievement costs of 2023/24 being higher than anticipated.

4. Local Primary Care

4.1. **Local Enhanced Services**- There is an overspend of £0.234m, this is due to costs incurred being higher than the planned activity anticipated in the last quarter of the prior financial year. This mainly relates to costs in Sefton place for Frailty, falls and fracture reviews and Winter Activity and also costs in Wirral Place for the Cataracts & Glaucoma's Enhanced service.

4.2. **GP IT**-There is a forecast overspend of £0.226m as accruals for costs at the end of 2023/24 were lower than the actual final cost received in 2024/25. These costs mainly relate to SMS text messaging across many of the places and Cisco costs which were also higher than anticipated.

4.3. **System Development Funding-SDF**- There is a forecast underspend of £0.320m as costs accrued in the prior financial year end were higher than the actual costs incurred.

4.4. **Primary Care Pay Costs-** In the Month 3 financial forecast, there is an underspend of £0.462m, this is a corporate coding issue and the costs will be aligned in future reporting.

5. Prescribing

5.1. The Prescribing financial forecast is an overspend of £2.147m. This is due to a prior year financial pressure, the dispensing costs per day were higher than the costs that were anticipated at year end.

5.2. The costs for 2024/25 financial year are assumed to be in line with plan. This assumption is normal at month 3 due to the time lag for receipt of monthly activity and cost information.

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

6. Delegated Pharmacy

6.1. The current forecast is to break even in 2024/25. This will be monitored closely as take-up of Advanced Services and Minor Illness Schemes continues to grow and there is a risk that costs may exceed budget.

6.2. The new "Pharmacy First" contract started on 31st January. All costs of this scheme are expected to be funded. Funding is provided in arrears, so the year-to-date variance position has been amended to compensate.

7. Delegated Optometry

7.1. Activity in Optometry services has risen steadily over the last year. The current forecast is to break even in 2024/25 but the position will be monitored as there is a risk that costs may exceed budget.

8. Delegated Other Costs

For information:-
The budget line "Delegated Other" consists of budgets for Transformation Team staff, NHS Mail and Remote Access costs for POD contractors, Sterile Product costs and an unallocated reserve of £0.9m.

8.1. The unallocated reserve is forecast to underspend by £0.9m. The underspend is held in reserve to support the overall ICB financial position.

9. Delegated Dental

9.1. At month 3 dental services are reported as being on-plan.

9.2. The BSA has provided the ICB with draft 2023/24 performance figures for primary care dental contracts. Commissioners are now discussing these with contractors to agree under/over-performance for the year and any associated financial claw-back/payment.

9.3. The affordability/ambition of the investment programmes contained in the 2024/25 plan will be reviewed in light of agreed final 24/25 out-turn performance by contractors.

9.4. The primary care dental contracts for which termination notices were issued in 2023, itself the culmination of action begun by NHSE prior to delegation, have progressed to appeal. Final submissions of evidence have been made by all parties and a decision is awaited.

10. Additional Roles Reimbursement Scheme

10.1 The PCN entitlement for the Additional Roles Reimbursement Scheme for 2024/25 is £68,361,348. However, the allocation available to the ICB is £67,100,068.

10.2 As previously mentioned at earlier meetings, due to the allocation methodology used by NHS England, the ICB currently has a shortfall in allocation available of £1,261,281.

10.3 NHS England recognise this shortfall and are looking into a methodology to mitigate any risk to the ICB. However, based on the current projections and the revised PCN DES criteria, the current forecast outturn as at month 3 is £64,277,813.

10.4 Table 2a illustrates the budgets, actuals and forecast at Place level.

Table 2a

Place	ICB Held Budget	Available Drawdown	Funding Gap in ICB Allocation	Total	FOT	Variance	%age Utilisation
Cheshire East	£6,069,470	£3,572,830	£181,246	£9,823,546	£9,139,364	£684,182	93%
Cheshire West	£5,788,303	£3,407,320	£172,850	£9,368,473	£9,197,015	£171,459	98%
Halton	£2,112,009	£1,243,247	£63,069	£3,418,325	£3,418,325	-£0	100%
Knowsley	£2,766,934	£1,628,772	£82,626	£4,478,332	£3,978,041	£500,291	89%
Liverpool	£9,125,151	£5,371,575	£272,495	£14,769,221	£14,083,377	£685,843	95%
Sefton	£4,386,495	£2,582,137	£130,989	£7,099,622	£6,859,013	£240,609	97%
St Helens	£3,260,748	£1,919,459	£97,372	£5,277,580	£4,628,808	£648,772	88%
Warrington	£3,280,511	£1,931,093	£97,963	£5,309,567	£4,706,869	£602,697	89%
Wirral	£5,447,380	£3,206,633	£162,670	£8,816,682	£8,267,001	£549,682	94%
Total	£42,237,002	£24,863,066	£1,261,281	£68,361,348	£64,277,813	£4,083,535	94%

11. Capital

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

Table 3

Cheshire & Merseyside ICB Primary Care Capital Position - Month 03 2024/25

Description	Cheshire & Mersey Planned £'000s	Cheshire & Mersey Received £'000s	Comments
Capital Resources			
BAU allocation	4,698	4,698	
BAU allocation transferred from Provider CDEL			
Redemption of Legal Charge	474	474	Knutsford War Memorial Hospital
IFRS 16 - schemes funded centrally	2,161	0	Drawn down when cost incurred. Nat team to confirm funds. Ringfenced for IFRS16.
Total Expected Capital Resource	**7,333**	**5,172**	

Description	Cheshire & Mersey Approved /Planned £'000s	Cheshire & Mersey Spent £'000s	Comments
Approved Expenditure			
GP Premises Improvement Grants			
Multi-year schemes approved in 2023/24			
Schemes approved in 2024/25	800		Approved by SPCC June 2024, and by Regional Director of Finance July 2024
Subtotal Improvement Grants	**800**	**0**	
GPIT			
Approved NW Region			
Subtotal GPIT	**0**	**0**	
IFRS 16 - Schemes funded Centrally			
New Lease, Old Mkt Hse (Wirral)	361		Expected March 2025. National team to confirm funding
New Lease, Wyvern Hse, Winsford (CW)	33		National team to confirm funding
Lease extension 5yrs, Ellis Centre	94		National team to confirm funding
New Lease, Lakeside (Warrington)	1,673		National team to confirm funding
Subtotal IFRS 16 - centrally funded	**2,161**	**0**	
Total Approved Expenditure	**2,961**	**0**	
Planned Expenditure Under Development			
GP Premises Improvement Grants	984		Plan approved by SPCC June 2024, PIDs pending
GPIT	3,388		Plan approved by SPCC June 2024, PIDs under development
IFRS 16 - Schemes not funded Centrally	0		
Subtotal Planned Additional Expenditure	**4,372**	**0**	
Total Approved and Planned Expenditure	**7,333**	**0**	
Capital Resource (Surplus)/Deficit	**0**	**-5,172**	

11.2 £0.800m of GP Premises Improvement Grant (IG) projects that were approved by this committee in June are under way. Practices are compiling documentation for further IG requests.

11.3 £3.388m of GPIT Projects were approved in principle by this committee in June. The ICB Digital team and its delivery partners are now compiling PID documentation to be signed off by the NHSE Regional Director of Finance.

11.4 IFRS16 schemes are accounting adjustments for leases. This is managed locally by the ICB Corporate team and nationally by NHS England. If any late lease adjustments are not

able to be funded nationally, they will become a pressure on the Primary Care Capital allocation.

12.Recommendations

The Primary Care Committee is asked to:

12.1 Note the combined financial summary position outlined in the financial report as at 30th June 2024.

12.2 Note the Additional Roles spend to date and the anticipated forecast outturn and predicted central drawdown.

12.3 Note the capital position.

13. Officer contact details for more information

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NHS
Cheshire and Merseyside

General Practice Capital Bidding and Allocation 2024-25 - Update

Briefing Pack
15th August 2024

Background

NHS
Cheshire and Merseyside

- The 2024-25 General Practice Capital envelope is £4.7m. This can be used for NHS Premises Improvement Grants (PIG) or other funding requests available via NHS Premises Cost Directions 2024 or for Digital (5 Year Hardware refresh, Break fix and Infrastructure Investment).

- In June 2024 the System Primary Care Committee:
  - Approved the allocation of £3,388,000 to Digital high impact investment requirements, including cyber security and £819,122 to Premises investment projects across Places. Any slippage/Digital slippage will go to support Estates bids being put forward and approved.
  - It was asked when the committee would see the pipeline for estates and was advised that the formal improvement grant process needs to open, practices would then pull together their information for the summary of pipeline schemes, so it is hoped to be 4-6 week or so.
  - **The Committee approved and endorsed the recommendations as stated in the paper.**

- Digital bids are in their final stages of being produced for Regional sign off and significant work is being undertaken to rationalise the costs on ‘big-ticket’ items such as hardware replacement across the ICS
- All the approved Premises schemes (23) have been counter-signed by NHS England and sent for acceptance by the GP Practices before works commence.
- Remaining £492,878 of allocation was available for Estates to undertake a secondary round of capital bidding with GP Practices who had submitted pipeline schemes; these slides summarise bids received and the ask of the Committee to **endorse and approve the capital allocation**.

- Additional capital estates income has been received from NHS England which has provided an additional circa £409,000 in allocation. Total circa £900,000

Finances

Total Capital Available: £901,874

NHS
Cheshire and Merseyside

Place	Investment Area	Allocation £
Liverpool	Increased Clinical Capacity and Patient Access	705,916.26
Wirral	Increased Clinical Capacity and Patient Access	158,274.18
Cheshire East	Increased Administrative Capacity and Patient Access	30,185.96
Cheshire West	Compliance and Operational Efficiency	7,497.33
	Total	**901,873.73**

Rationale

- Outcome from 20/06/2024 committee meeting :
  - Any slippage/Digital slippage to support Estates bids being put forward and approved
  - Estates to utilise the £492,878 + circa £409,000 (NHSE additional funds), re-opened the Improvement Grant for a secondary round of bidding for 24/25 to finalise the pipeline schemes.
- Places were asked to liaise with their practices to submit the full pipeline applications. The submission deadline was very tight, this was to allow the schemes to be finalised by 31/03/2025.
  - 36 applications were forwarded for review by the Central Estates Team.
  - 10 applications were approved to move forward in this process. The reduction was due to incomplete/non eligible applications and the limited budget.
  - We prioritised the schemes by the core/flex and tail matrix and discussed each application with Place to ensure this sits within their estate's strategy.
  - 6 applications were prioritised and sit within the budget (details on next slide). These have been fully scrutinised and adhere to the Premises Cost Directions.
  - 4 additional applications are ready to be processed, should additional funds become available (£131k).
- Associated Digital investment costs for the above projects is estimated at £46,489. It is expected that these can be accommodated for within the existing Digital allocation, due to efficiencies in hardware replacement schemes.

2024/2025 1st PIPELINE IMPROVEMENT GRANTS APPLICATIONS

Bid No	Practice Code	ICB/Local Place	Practice	IT Indicative Cost	Application Value which match quotation incl. VAT & professional fees etc(no optimism bias – Actual quotations)	Details of Improvement	Prioritization Tool Category 1 Core (5) Flex (4) Tail (3)	Prioritizaiton Tool Category 2 Owned (5) Leasehold (5) Lease appoved in final stage (3) Lease expired/no lease (2)	Prioritization Tool Category 3 Clinical Capacity (5) Admin Capacity/Urgent Regulatory (4) Fabric Improv. New build (3) Sustainability Capitalised revenue asks (2)	Percentage Awarded (Minimum 66%)	OPTION 4 Core practicts and CW Place chose to tranfer to flex NHS £	OPTION 4 Core practicts and CW Place chose to tranfer to flex GP £
34	N81013	Cheshire East	High Street Surgery Waters Green Medical	£0.00	£33,539.95	1.Store room split – creating a new office as we have ran out of desk space. 2.r eception desk extension – removing cubby hole and extending front desk to allow more working space for receptionists.	Core (5)	Leasehold (5)	Admin Capacity (4)	90%	£30,185.96	£3,354.00
37	N81051	Cheshire West	Weaverham Surgery	£2,500.00	£8,820.39	To improve and bring up to date some key aspects of the Surgery building we are planning to do the following works. -Installation of 30 new LED light fitting to provide better lighting for staff and patients in a cost-effective manner. -Installation of a new Surgery Fire Alarm System – current system cannot be repair as the system is now obsolete. -Installation of two new staff toilets (pending appropriate quotes being received in time) – the old ones are not functioning at full capacity.	Flex (4)	Leasehold (5)	Admin Capacity/Urgent Regulatory (4)	85%	£7,497.33	£1,323.06
46	N82092	Liverpool	The Valley Medical Centre	£16,172.00	£784,351.40	We plan to add another floor to our medical Centre and improve disabled access to patients within the local area. We have attached an architect's drawings of the proposal. The space will provide both accommodation and additional consultation rooms to improve patient services within Childwall and Wavertree Network. Place have approved scheme, taking into account the proposed additional rental reimbursement/abatement. Consulting room 6 16.32msq Consulting room 7 16.32msq Consulting room 8 15.28msq Consulting room 9 15.28msq Consulting room 10 15.04msq Consulting room 11 15.04msq Consulting room 12 15.44msq Consulting room 13 15.89msq	Core (5)	GP Owned (5)	Clinical Capacity (5)	100% (Budget limited this to 90%)	£705,916.26	£78,435.14
52	N85013	Wirral	Upton Group Practice	£20,000.00	£142,890.00	Remove existing front conservatory and reconstruct as per the provisional plan – Convert the freed up space into 2 clinical rooms.	Core (5)	Leasehold (5)	Clinical Capacity (5)	100% (Budget limited this to 90%)	£128,601.00	£14,289.00
60	N85024	Wirral	Somerville Medical Centre	£0.00	£8,834.00	Replace flooring in 3 clinical rooms, domestic room and linked corridor, in line with infection control audit (legislation) Upgrade and installation of new baby changing unit to improve infection control	Core (5)	Leasehold (5)	Admin Capacity/Urgent Regulatory (4)	90%	£7,950.60	£883.40
67	N85633	Wirral	Church Road Medical Centre	£7,817.00	£24,136.20	Works to increase patient access and capacity, increase space for training trainee GPs and utilising defunct Lloyd George record room space for admin. 1.Re-purpose admin/kitchen area to clinical room -Remove kitchen area. -Minimal re-configuration of electrics for PC and phone. -Re-siting of existing phone and PC equipment and cost of additional handset and PC equipment. -Minimal re-configuration of desk. -Using current plumbing location, install standard hand-wash area. -Install storage area. -Make good ceiling and skirting treatment. 2. Re-purpose record storage room. All records have now been digitised removing the need for this storage space. Due to no windows, this would not make an ideal office. We would like to knock this through into the adjacent office, allowing the room to become additional office space. -Remove desks and equipment, removal of storage units. -Create knock-through in walled area, re-configure electrics and lighting. -Re-configure desk area and add new fixed desk, plastering including edge treatments. -Make good flooring and white wash, make good ceiling.	Core (5)	Leasehold (5)	Clinical Capacity (5)	100% (Budget limited this to 90%)	£21,722.58	£2,413.62
6 BIDS				**£46,489.00**	**£1,002,571.94**						**£901,873.73**	**£100,698.21**

NHS
Cheshire and Merseyside

Recommendations

- Approve the allocation of £901,874 on the Premises Improvement Grants.

Meeting of the System Primary Care Committee

of NHS Cheshire and Merseyside

15th August 2024

Digital Primary Care update

Agenda Item No	SPCC 24/08/B12
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Report Approved by (Sponsoring Director)	Cathy Fox, Associate Director of Digital Operations on behalf of John Llewellyn, Chief Digital Information Officer
Responsible Officer to take actions forward.	Kevin Highfield, Interim Head of Digital Operations

System Primary Care Committee

Executive Summary	The purpose of this paper is to provide the System Primary Care Committee with a position statement on the existing Digital programmes across all nine places within Cheshire and Merseyside ICB (Integrated Care Board). This includes national and regional commitments, detailing the mandated and local priorities for 2024/25 with associated risks and issues.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	x			
Recommendation	**The Committee is asked to note:** 1. Further to discussions at the last meeting regarding the national Accubook expiry on 30th June 2024, the ICB is currently working on a new contract to deliver the required capabilities, ensuring there is no gap in service. This contract will run until the end of March 2025. 2. Development of a Digital Primary Care sub strategy is underway with extensive stakeholder engagement across Places and other system partners. A final version will be brought to the October System Primary Care Committee for approval. 3. Expressions of interest are being sought for PCN level pilots of Blinx PACO software to explore the potential to deliver large scale transformation in Primary Care. This will initially be via those PCNs who expressed an interest via the Transformation bid process in 2023, but others will also be invited to engage. The pilot will include support from both the system supplier and IT Service providers. A formal independent evaluation will also be commissioned as part of this work. **The Committee is asked to approve** • Under the previous national arrangement Practices funded all costs of SMS texts used for Accubook, the recommendation is to maintain this process as part of the new contract, this will require additional support from ICB Finance teams to invoice practices.				

Key issues	**The Committee is asked to note:** • Promised funding has not been issued by NHS England for those practices participating in the Technology Innovation Framework (TIF) early adopter programme. No date has been confirmed when it will be released. This issue is now posing a serious risk to the commencement of the programme since monies need to be made available to fund the discovery phase of the programme. • The lack of specialist qualified ICB resource for Digital Clinical Safety will also have an impact on the TIF programme. This is being escalated as part of wider discussions about key vacancies in the Digital team. • The NHS England Procurement team have advised ICBs of the need to action contract extensions for existing EPR (Electronic Patient Record) systems (EMIS and TPP) and any associated clinical documentation systems funded by NHSE notional funding, with signed contracts required by end of September 2024. Formal notification of this requirement will be confirmed by NHS England to ICB Chief Executives and Directors of Finance imminently.
Key risks	

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

Route to this meeting	This paper was developed by key officers within the Digital team with oversight from the Digital Senior Management Team.
Management of Conflicts of Interest	None reported
Next Steps	There are several key workstreams to be progressed during the second quarter of this financial year. Resources are being reviewed to ensure key priorities are adequately supported.
Appendices	Appendix A – TIF High level Risks and Issues – revised 30/7/24

Glossary of Terms	**Explanation or clarification of abbreviations used in this paper**
NHSE	NHS England
TIF	Tech Innovation Framework
PCARP	Primary Care Access Recovery Plan
GPIT	General Practice Information Technology
DPF	Digital Pathways Framework

Digital Primary Care Report

1. Executive Summary

The purpose of this paper is to provide the System Primary Care Committee with a position statement on the existing Digital Primary Care work programme across all nine Places within Cheshire and Merseyside ICB (Integrated Care Board). This includes national and regional commitments, detailing the mandated and local priorities for 2024/25 and associated risks and issues to workstreams.

2. Introduction/Background

The 2024/25 Digital Primary Care work programme is made up of: -

a. Several workstreams which support the transactional/operational aspects of digital solutions in primary care such as contract management and the provision of IT equipment and software to the primary care workforce.
b. Supporting new ways of working by maximising the utilisation of existing digital tools and new technology such as the Primary Care Access Recovery Plan (PCARP). Ensuring digital solutions commissioned are fit for purpose and offer value for money through contract review and procurement plans.
c. Addressing the key priority areas as part of the ICB's Recovery programme.

3. Current Workstreams

3.1 Development of Digital Primary Care sub strategy

The Cheshire and Merseyside ICS (Integrated Care System) Digital and Data Strategy contains three strategic goals and over thirty strategic commitments phased over three years. The strategic commitments are a mix of national requirements / targets and local ambition. They support three key themes:

- Levelling up systems and infrastructure
- Putting intelligence into action
- Turning the dials on outcomes for people and populations due to digital and data investment.

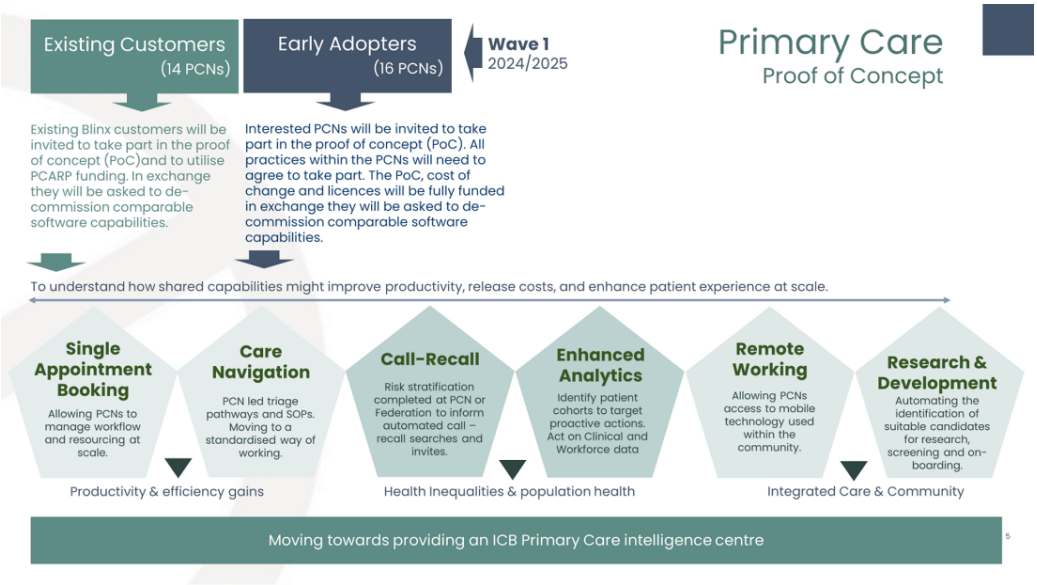
Primary care is referenced throughout the strategy, especially in relation to the three strategic goals of strong foundations, 'at scale' platforms and system wide tools and services.

The Digital Primary Care sub strategy is designed to build on the ICS wide Digital and Data strategy providing more 'breadth and depth' to the strategic commitments for primary care across Cheshire and Merseyside. A draft has been developed with input from several colleagues. This has now been shared more widely across all Places, providers and IT Service providers for their input and feedback. The August Digital Primary Care Board will be dedicated to focussing on hearing this feedback, following which further amendments will be made and shared with the final draft being presented to System Primary Care Committee in October for approval.

3.2 Expressions of interest for PCN level pilot of Blinx software

We have launched an expression of interest process for an exciting opportunity for Primary Care networks to deliver transformational change in primary care through deployment of a new digital solution called Blinx PACO. This solution enables more efficient ways of working alongside a population health approach to delivery thus offering enormous potential benefits to patients and staff. Deployment of Blinx PACO can replace multiple software solutions currently in use in General Practice thus simplifying working practices. The pilot will cover the cost of software licenses for 12 months, implementation support and development of a Digital Clinical safety case. A key part of the pilot will be an independent evaluation of the software and its implementation to understand the benefits, risks and any unintended consequences of the solution. in a systematic way thus enabling us all to learn and make more informed choices about software solutions going forwards. We will continue to provide updates to System Primary Care Committee as this work progresses.

The image below provides a pictural summary of the opportunity and approach.



3.3 Primary Care Access Recovery Plan (PCARP)

We are now in the second year of the Primary Care Access Recovery Plan which sees a different focus for digital enablers, a summary of which are detailed below:

Empowering Patients: NHS App

In 2024/2025, we continue promoting the NHS App across Cheshire and Merseyside. 55% of residents aged 13years and over are registered with the NHS App in Cheshire and Merseyside compared to 56% nationally as at June 2024.

	Target set by NHS England			
	Number of times patients accessed the NHS App to view their records		**Number of repeat prescription requests via the NHS App**	
	As of June 2024	**Target by March 2025**	**As of June 2024**	**Target by March 2025**
Cheshire and Merseyside	1,062,777 Per month	626,000 per month	223,219 Per month	191,000 Per month
National	9.9m Per month	15m Per month	2.7m Per month	3.5m Per month

Source: NHS England June 2024 (last full reporting month)

3.4 Implementing Modern General Practice Access:

Cloud Based Telephony

Cloud Based Telephony – all remaining practices to go live by the end of Q2 2024/2025. Practices involved in this work programme continue to be supported by the National Commercial and Procurement Hub and the three Digital service providers along with Place and central ICB teams. The table below shows the current position in relation to practices who are part of this programme that have gone live with Cloud Based Telephony.

Previously we have reported on Phase 1 Analogue, Phase 1 Evergreen and Phase 2 Cohort A practices (sub optimal cloud-based telephony). Going forward we will also be reporting on those practices in Phase 2, Cohort B – those with associated costs and those with a free of charge upgrade:

Phase	Total	Number live	Outstanding
1 Analogue	34	31	3
1 Evergreen	6	6	0
2A	96	55	41
2B with Costs	7	1	6
2B Free of Charge	30	0	30
TOTALS	**173**	**93**	**80**

3.5 Cutting Bureaucracy: Register with a GP Surgery Service

Patients and a selection of GP practices across England have been testing a new "Register with a GP surgery" service which aims to make registration simpler, easier, and more inclusive for both patients and practices, whilst reducing the administrative time required to complete the process. This service gives all GP practices in England a standardised way of taking registrations online and is free for NHS GP practices to use.

Since September 2023, practices across England have been invited to sign up for the service, supported by a dedicated national programme team and online resources which can be found here Register with a GP surgery service - NHS Digital

	Number of practices enrolled	% practices enrolled
November 23	119	33.6%
February 2024	148	42.8%
April 2024	156	45.1%
May 2024	174	50.4%
June 2024	217	62.9%
July 2024	222	64.3%

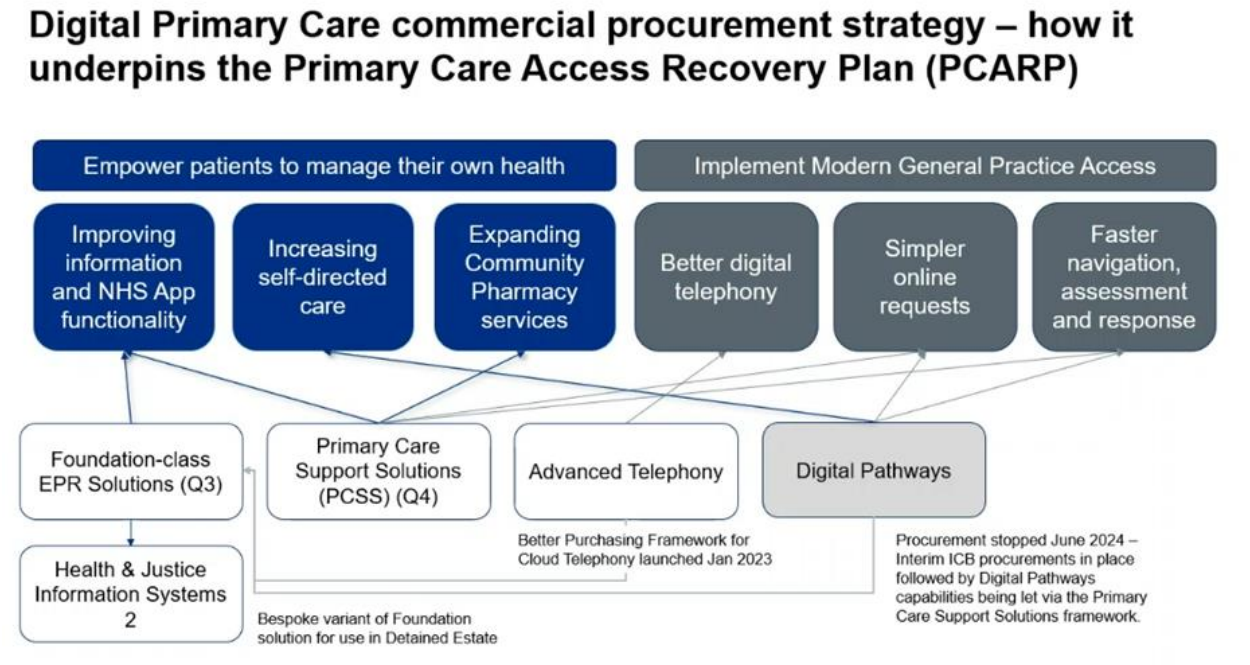
This service has been mandated within the 24/25 GP Contract and all practices in the UK that are currently not using the service are to enroll by the end of October 2024. The ICB Digital Team will work with national implementation leads to support the mobilisation and engagement planning to deliver this.

3.6 Digital Contracts and Frameworks update

3.6.1 Digital Pathways Framework (DPF) Cancellation

Following recent legal challenge to the new Digital Pathways framework, it can no longer be the vehicle used for the procurement of Digital Pathway solutions such as: Online Consultations, messaging, booking and demand and capacity tools. Guidance has been provided to the ICB for an alternative buying approach to continue to take advantage of the available funding (in line with the Modern General Practice model (MGP) throughout 2024/25).

This approach aligns the selection, buying and reimbursement of products with the capabilities outlined above. The ICB must engage with the NHSE National Commercial Procurement Hub to ensure that only products meeting the required capabilities are in place and/or purchased, with contracts agreed that can be transferred to new framework once available. Existing call-off contracts can be extended so use of the products already procured and in use can continue. The Primary Care Support Solutions (PCSS) Framework will become available over 2024/25, providing a route to procure these products going forward.



3.6.2 Digital Tools & Implementation

The Primary Care Access Recovery Plan sets out the requirements for ICBs to procure Digital Tools and ensure improved user experience with tools meeting the capabilities highlighted in the diagram above.

To support this work for 2024/2025 there is funding available under the PCARP and the current ICB allocation is £0.75 pence per population head. The ICB is working with the Procurement Hub and has submitted all proposed contracts for reimbursement. The current estimated spend is 0.51pp, with 0.24pp underspend, however the the confirmed financial position will be issued to the ICB week commencing 12 August 2024 to enable the ICB to ensure that all the funding is fully committed by the end of September 2024 as required.

3.6.3 GPIT Call off agreements (EPR Foundation systems)

The current Call Off Agreements put in place as part of the former GPIT Futures Framework will expire on 31 October 2024. Work is ongoing to ensure that contractual arrangements are in place as successor frameworks are established.

The updated arrangements are as follows:

- The NHSE National Commercial & Procurement Hub are aiming to extend all live GPIT Futures contracts through to 31 March 2025 by way of extension agreements to enable continuity of solutions prior to the new frameworks being released.
- Commercial templates will be provided by NHSE's finance business partner and the National Commercial and Procurement Hub. These agreements will be signed by both the supplier and an ICB representatives.
- Any planned activity post October can then be ordered by way of a variation agreement. (NHSE Finance Business Partner is available to assist with these).
- Agreements will be signed no later than 20 September 2024 to ensure the processing of contracts and mitigating the risk of contracts not being in place.

3.7 The Tech Innovation Framework (TIF) Early Adopter Programme

The ICB Digital team are supporting Wilmslow Health Centre and Ainsdale Practice to engage with this programme. Work has commended to conduct the preliminary preparation and planning to ensure successful migration from EMIS to Medicus.

Discussions are being held to discuss the data extract, call-off order and existing products and develop an appropriate governance process to oversee migration. The project team from MLCSU are currently carrying out a process mapping exercise with the practice, which will enable more detailed planning for the implementation process.

NHSE have advised of a funding delay with the proposed funding which has been flagged as a significant issue which will delay the commencement of the next phase of the programme.

3.8 Digital GPIT Capital Bids 2024/25

As part of the annual NHS England allocation of Capital to ICBs, Cheshire and Merseyside ICB received £4.7 million for 2024/25. This funding allocation supports both Estates and Digital schemes, to ensure the GP estate is fit for purpose and secure but also to ensure appropriate support is provided for General Practice workforce requirements.

The Digital GPIT allocation of £3.388m was agreed at the June 2024 System Primary Care Committee. The three ICB IT providers are currently formalising quotes with suppliers with internal ICB approval planned for mid-August for onward approval to NHSE Finance. This will include purchasing recommendations as part of the ICS review of standardising hardware and suppliers for better value, consistency, cost, and commitment to the ICB green plan.

4.Recommendations

The Committee is asked to note:

- Further to discussions at the last meeting regarding the national Accubook expiry on 30th June 2024, the ICB is currently working on a new contract to deliver the required capabilities, ensuring there is no gap in service. This contract will run until the end of March 2025.

- Development of a Digital Primary Care sub strategy is underway with extensive stakeholder engagement across Places and other system partners. A final version will be brought to the October System Primary Care Committee for approval.

- Expressions of interest are being sought for PCN level pilots of Blinx PACO software to explore the potential to deliver large scale transformation in Primary Care. This will initially be via those PCNs who expressed an interest via the Transformation bid process in 2023, but others will also be invited to engage. The pilot will include support from both the system supplier and IT Service providers. A formal independent evaluation will also be commissioned as part of this work.

- Promised funding has not been issued by NHS England for those practices participating in the Technology Innovation Framework (TIF) early adopter programme. No date has been confirmed when it will be released. This issue is now posing a serious risk to the commencement of the programme since monies need to be made available to fund the discovery phase of the programme.

- The lack of specialist qualified ICB resource for Digital Clinical Safety will also have an impact on the TIF programme. This is being escalated as part of wider discussions about key vacancies in the Digital team.

- The NHS England Procurement team have advised ICBs of the need to action contract extensions for existing EPR systems (EMIS and TPP) and any associated clinical documentation systems funded by NHSE notional funding, with signed contracts required by end of September 2024. Formal notification of this requirement will be confirmed by NHS England to ICB Chief Executives and Directors of Finance imminently.

The Committee is asked to approve: -

- Under the previous national arrangement Practices funded all costs of SMS texts used for Accubook, the recommendation is to maintain this process as part of the new contract, this will require additional support from ICB Finance teams to invoice practices.

5. Officer contact details for more information

Kevin Highfield, Interim Head of Digital Operations

Amanda Parkin, Digital Transformation & Clinical Improvement Business Partner

Catherine Stukley, Digital Transformation & Clinical Improvement Business Partner

APPENDIX A – Tech Innovation Framework (TIF) High Level Issues-30 July 2024.

Ref	Owner and Date	Issue type	Issue	Issue Details	Mitigations	Comments	Issue Score
11	Kev Highfield 30 May 2024 - raised at Nick Hodgson (NHSE) mtg	Financial	NHS E funding	No funding has been released by NHSE to conduct stage two of the TIF Programme. This poses the highest-level risk to the progression of the programme. (Each of the practices who undertake Stage 2 of this programme should be allocated £100,000 from NHSE).	This issue is now posing a serious threat to the commencement of the programme phase 2 discovery work since monies will need to be made available to fund the discovery phase of the programme.	When all stage 2 funding is received from NHSE into the ICB, please confirm if this should be held centrally (to cover ICB/CSU costs) or with the Practices directly at practice level.	12

APPENDIX A – Tech Innovation Framework (TIF) High Level Risks (Risk appetite 12 or above) – 30 July 2024

Ref	Owner and Date	Risk type	Risk Details	Mitigations	Comments	Risk Score
PC001	Kev Highfield 3 June 2024	Clinical Safety	High risk of non-compliance to legal Digital Clinical Safety requirements should we fail to identify dedicated Clinical Safety Resource to oversee and assure ALL Digital Clinical Safety aspects of this programme	Mitigation be raised at the last System Primary Care Committee meeting in May	30/7/24 This risk remains still the same as at the last System Primary Care Committee meeting in June 2024 and the post is still vacant. Needs to comply with nationally mandated Clinical safety resource requirements - DCB0160	12
PC002	Kevin Highfield 3 June 2024	Operational	Mid Cheshire and East Cheshire Trusts are implementing a new Electronic Patient record system, resulting in a current change freeze until end of September and all resources and support unavailable to support EPR Primary Care changes.	30/7/24 - remains an issue and no further mitigation has been made post meeting in June	(Information to System Primary Care Committee 20 June 2024)	12
PC003	Kevin Highfield 3 June 2024	Operational	Ainsdale practice asked if their PCN could have their own different products for EPR i.e.; TELSTRA. (not all go with the same product). MLCSU and Informatics Merseyside would need to do a risk assessment of this proposed approach.	30/7/24 - Risk level remains the same until decisions have been made regarding product chosen. Once this decision has been made, further discussion will be needed to resource this implementation.	(Information to System Primary Care Committee 20 June 2024)	12

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

Date: 9 August 2024

Primary Care Quality Group

Agenda Item No: SPCC 24/08/13

Responsible Director: Clare Watson

Primary Care Quality Group

1. Purpose of the Report

1.1 The purpose of this report is to update the Committee on the establishment and progress of the Primary Care Quality Group.

2. Executive Summary

2.1 The Primary Care Quality Group is now established and has held two meetings, The Group will meet bimonthly and reports to the System Primary Care Committee with a line of site to the Quality and Performance Committee.

2.2 The group will routinely and systematically review primary care quality through the Cheshire and Merseyside Quality Dashboard. It will recommend quality reviews and identify quality improvements where necessary.

2.3 The group is chaired by Dr Jonathan Griffiths and a copy of the Terms of Reference are included in Appendix1 of this report.

2.4 The group will work closely with the ICB Nursing and Care Team and the ICB Primary Care Team to promote and establish a culture of quality improvement and assurance across primary care providers and triangulating feedback from place arrangements in respect of quality performance and improvement.

2.5 The group will receive assurance on the quality of primary care services contracted by NHS Cheshire and Merseyside at a system level, demarking the management of primary medical quality services managed at place level

3. Ask of the Committee and Recommendations

3.1 **The Board/Committee is asked to:**

Note that the Primary Care Quality Group has been established and will meet on a bi-monthly basis.

Note that the Primary Care Quality Group remit will encompass:

- Primary Medical Care Services
- Primary Dental Services
- Primary General Ophthalmic Services
- Community Pharmacy Services

Note that the Primary Care Quality Group will report to the System Primary Care Committee with a line of reporting to the Quality and Performance Committee

4. Reasons for Recommendations

4.1 The establishment of the Primary Care Group is an essential function of the ICB and will routinely and systematically review primary care quality.

4.2 The group will work closely with the ICB Nursing and Care Team and the ICB Primary Care Team to promote and establish a culture of quality improvement and assurance across primary care providers and triangulating feedback from place arrangements in respect of quality performance and improvement.

4.3 The group will seek to reduce unwarranted variation across all primary care services.

4.4 Escalations will come to Part A of SPCC to be agreed/discussed.

5. Background

5.1 NHS Cheshire and Merseyside is responsible for the commissioning of all primary care services.

5.2 With these additional responsibilities it was essential that an all-encompassing primary Care Quality Group was established.

5.3 The purpose of the Primary Care Quality Group is to;

- Improve the quality of primary care services for the Cheshire and Merseyside population.
- To support the development of robust assurance processes regarding the quality of primary care delivery.
- Support a drive for quality improvement and sharing best practice across the system.
- Monitoring of the system primary care quality dashboard
- Receiving and responding to escalation from the relevant primary care operations group for POD functions
- Working with place primary care forums for primary medical quality issues and triangulation

5.4 The group will work closely with the ICB Nursing and Care Team and the ICB Primary Care Team to promote and establish a culture of quality improvement and assurance across primary care providers and triangulating feedback from place arrangements in respect of quality performance and improvement.

5.5 It will have due regard to the NHSE Delegation Agreement between NHSE and the ICB in respect of:

- Primary Medical Care Services
- Primary Dental Services
- Primary General Ophthalmic Services
- Community Pharmacy Services

5.6 Note the group will ensure for primary medical services, acknowledgement and cross working with place primary care quality / forums recognising our place led arrangements in this area.

5.7 Note the scope of the group includes the above services but excludes secondary care dental services. It will also include within its scope the provision of services by Primary Care Networks (PCNs) and their sub-contractors.

5.8 Note that the group has held two meetings and discussed all 4 contractor groups including specific reports on ongoing provider issues.

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

Objective One: **Tackling Health Inequalities in access, outcomes and experience**

Objective Two: **Improving Population Health and Healthcare**

7. Link to achieving the objectives of the Annual Delivery Plan

This reports links to:

- Tackling Health Inequalities in Outcomes, Access, and Experience
- Improving Population Health and Healthcare
- Enhancing Quality, Productivity and Value for Money

8. Link to meeting CQC ICS Themes and Quality Statements

Theme One: **Quality and Safety**

Clear linkages to the requirements under statements QS1/2/3/5/6

Theme Three: **Leadership**

Clear linkages to the requirements under statements QS 12/13/14/15

9. Risks

9.1 Without a focus on quality in primary care and the establishment of a Primary Care Quality Group the ICB cannot be assured that it will be to provided with assurance in delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality (safe, effective, person-centered, well-led, sustainable and equitable), set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021.

9.2 This includes reducing inequalities in the quality of care, coupled with a focus on performance.

10. Finance

10.1 There are no known financial implications resulting from this paper.

11. Communication and Engagement

11.1 N/A

12. Equality, Diversity and Inclusion

12.1 The group must demonstrably consider the equality, diversity and inclusion implications of decisions or issues that are brought to its attention.

13. Climate Change / Sustainability

13.1 N/A

14. Next Steps and Responsible Person to take forward

14.1 The group will meet on a bimonthly basis and report to SPCC as and when required.

15. Officer contact details for more information

15.1 Tom Knight
Associate Director Primary Care (Dental and Pharmacy)
tom.knight@cheshireandmerseyside.nhs.uk

16. Appendices

Appendix One: Primary Care Quality Group Terms of Reference Final Version (1/8/24)

NHS Cheshire and Merseyside Integrated Care Board

System Primary Care Quality Group Terms of Reference

Name of the Group:	**System Primary Care Quality Group**
Reports to:	The System Primary Care Quality Group will report to the System Primary Care Committee (SPCC). It will be required to report to the System Primary Care Commissioning Committee periodically regarding anything relevant to their Terms of Reference. The Primary Care Quality Group will report to the SPCC at the next available meeting date, providing a report and highlighting any areas of concern. Any learning / good practice identified by the Primary Care Quality Group will be disseminated across the system for shared learning.
Membership:	Associate Medical Director for Primary Care (Chair) *Quality Rep(s) TBC (Vice Chair to be nominated) for General Practice and POD Functions* Associate Director of Primary Care or representative Head of Primary Care or representative *Patient Experience representative* General Practice Clinical Advisor (adhoc) Dental Clinical Advisor (adhoc) Optometry Clinical Advisor(adhoc) Pharmaceutical Clinical Advisor(adhoc) Commissioning Manager POD/GP (adhoc) Prescribing Team representative NHSE Performers representative
In Attendance:	**TBC**
Quoracy:	At least 50% of members are present at meetings, including the Chair or Vice-chair.
Decision making:	Ordinarily by consensus or where not possible the Chair may call a vote of members and a majority will be conclusive (where necessary the Chair will hold the casting vote)

Frequency of Meetings: **Bi-Monthly**, although additional meetings may be convened at the discretion of the Chair for urgent matters.

Purpose:

The purpose of the Primary Care Quality Group is to;

- Improve the quality of primary care services for the Cheshire and Merseyside population.
- To support the development of robust assurance processes regarding the quality of primary care delivery.
- Support a drive for quality improvement and sharing best practice across the system.
- Monitoring of the system primary care quality dashboard
- Receiving and responding to escalation from the relevant primary care operations group for POD functions
- Working with place primary care forums for primary medical quality issues and triangulation

Aim:

The group will routinely and systematically review primary care quality through the Cheshire and Merseyside Quality Dashboard. It will recommend quality reviews and identify quality improvements where necessary.

The group will where appropriate refer to national policy and guidelines

The group will work closely with the ICB Nursing and Care Team and the ICB Primary Care Team to promote and establish a culture of quality improvement and assurance across primary care providers and triangulating feedback from place arrangements in respect of quality performance and improvement.

It will have due regard to the delegation agreement between NHSE and the ICB in respect of:

1) Primary Medical Care Services
2) Primary Dental Services
3) Primary General Ophthalmic Services
4) Community Pharmacy Services

It will ensure for primary medical services, acknowledgement and cross working with place primary care quality / forums recognising our place led arrangements in this area.

Scope:

The scope of the group includes the above services but excludes secondary care dental services. It will also include within its scope the provision of services by Primary Care Networks (PCNs) and their sub-contractors.

Objectives:

- To receive assurance on the quality of primary care services contracted by NHS Cheshire and Merseyside at a system level, demarking the management of primary medical quality services managed at place level.
- To drive continuous improvement and learning across all Primary Care Services
- To link with relevant committees and groups, including contracting sub-groups.

- To ensure compliance with relevant local and national policies, procedures, and targets.
- To ensure delivery of locally agreed quality priorities.
- To ensure robust processes are in place to review and monitor appropriate actions for patient safety, clinical effectiveness, and patient experience.
- To provide a forum for testing new ideas, sharing learning and celebrating best practice.
- To provide a forum where concerns about the quality of services can be discussed, assessed and where necessary improvement action identified, and delivery overseen.
- To provide regular reports from the relevant operations group(s) and place forum(s) and where necessary escalation to the Performance and Quality Committee, System Primary Care Committees and other forums

Responsibilities:

- Receive, review and triangulate primary care quality and performance dashboards and and reporting templates, for example, thematic compliment, complaint, and concern reports.
- Ensure links to and triangulation with NHSE Performers Advisory Group.
- Engage with relevant clinical professionals as part of this work.
- Review of practice visits and outcomes for POD functions (Community Pharmacy, Optometry and Dental)
- Review outcome of quality visits and any improvement plans or shared best practice for POD function(s)
- Identify quality themes and trends and any wider improvement actions required.
- Ensure Serious Incidents involving primary care are reviewed and any learning shared and implemented accordingly.
- Ensure themes and trends for lower-level incidents/issues involving primary care are reviewed and actions and learning identified are shared and implemented accordingly.
- Routinely review patient experience surveys and patient feedback, ensuring that learning is shared across primary care providers noting this work is undertaken at place level for primary medical services
- Review of primary care complaints identifying themes and trends and sharing lessons learnt with primary care providers.
- Ensure the work of the Primary Care Quality Group is aligned to the strategic objectives of the ICB and provides the necessary assurance against the agreed quality priorities.
- Support and enable research into primary care quality improvements, liaising with the relevant organisations and groups.
- Receive timely reports/information from primary care contracting operational groups escalating quality issues/concerns.
- Receive timely reports/information from Place to ensure that actions are taken quickly.
- Formal minutes will be taken and agreed with the Chair, including a record of matters arising, action points and issues to be carried forward.
- Sub-groups or task and finish groups may be convened as required.
- A summary report of the minutes, including any issues or concerns to be escalated will be provided to the Quality and Performance Committee and System Primary Care Committees
- Routine reporting to and from Place primary care forums will need to be established.

Conflicts of interest:

- Members and those in attendance will be required to declare any interests that may conflict with the group's business prior to or at the meeting.
- The chair will ensure that any interest is recorded in the minutes of the meeting and managed within the meeting in accordance with ICB's policy for the management of conflicts of interest.

Review:

- These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments will be submitted to the Chair of the System Primary Care Committee for approval.

CQC ICS Themes and Quality Statements

Theme One (T1) – Quality and Safety		
QS1: Supporting to People to live healthier lives We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support	**QS2: Learning culture** We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.	**QS3: Safe and effective staffing** We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs
QS4: Equity in access We make sure that everyone can access the care, support and treatment they need when they need it.	**QS5: Equity in experience and outcomes** We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this	**QS6: Safeguarding** We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
Theme Two (T2) – Integration		
QS7: Safe systems, pathways and transitions We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services	**QS8: Care provision, integration and continuity** We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity	**QS9: How staff, teams and services work together** We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services
Theme Three (T3) – Leadership		
QS10: Shared direction and culture We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these	**QS11: Capable, compassionate and inclusive leaders** We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.	**QS12: Freedom to speak up** We foster a positive culture where people feel that they can speak up and that their voice will be hear
QS13: Governance, management and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	**QS14: Partnerships and communities** We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.	**QS15: Learning, improvement and innovation** We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research
QS16: Environmental sustainability – sustainable development We understand any negative impact of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.	**QS17: Workforce equality, diversity and inclusion** We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.	

NHS
Cheshire and Merseyside

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

August 2024

GP Patient Survey Update

Agenda Item No: SPCC 24/08/B14

Responsible Director: Clare Watson

1. Purpose of the Report

1.1 This paper contains ;

- A summary of the results of GP Patient Survey 2024 at both system and individual place level and next steps as part of our access improvement workstream.

2. Ask of the Committee and Recommendations

The Committee is asked to;

- ***Note*** the summary of the results of the GP Patient Survey 2024 including the individual place summary's in Appendix 1.
- ***Note and be assured*** of actions falling out of the survey results.
- This report is for ***information/assurance*** and ***no decisions*** are required

3. Background

3.1 The GP Patient Survey (GPPS) is an annual England-wide survey about patients' experiences of their GP practice and is administered by Ipsos on behalf of NHS England. The survey was conducted in January this year. The survey covers a range of topics primarily around GP practice services such as experience of making an appointment and contact with professionals within the practice – with this year 2 questions on Pharmacy and Dental. Demographic groupings including protected characteristics are given.

3.2 The 2024 results are not directly comparable with previous years because of significant changes to most questions and changes to conducting the survey as 'on line first' methodology. Results are published now as PCNs (Primary Care Networks) but individual practice level results can still be pulled out

3.3 For Cheshire and Merseyside ICB, 136,157 questionnaires were sent out, and 38,351 were returned completed. This represents a response rate of 28%, slightly down on last year. Information from the survey is triangulated with other information available for the ICS to understand further the picture of our primary care services across Cheshire and Merseyside.

4. Summary of key findings

4.1 Overall, Cheshire and Merseyside benchmarks slightly higher than the national average with 76% of patients reporting a good overall experience of GP practices compared to 74% nationally. Noting the directly comparable issue above, this is an increase on this area of the questionnaire as conducted using last year(s) approach.

4.2 Our patients still prefer to contact Practices by phone (68 per cent of respondents when asked about last contact) - and there was a notable variation in results between the top and bottom results when asked to assess ease of access by phone.

4.3 A high number of patients are confirmed they were aware of the next steps in their care when contacting the practice (93 per cent as a high in one PCN). This is significant as part of assessing the impact of care navigation.

4.4 Overall experience of making contact being in the good range was 68 per cent, slightly ahead of the national average – and 70 per cent felt the appointment given was within the right timeframe, 4 points above the national average. The majority of appointment type for the respondents was face to face.

4.5 Confidence remains high in the treatment and care from our GP Practice staff with high results for those indicators. Usage of other access points and service utilisation such as on- line and the NHS app for ordering repeat prescriptions for example, are in line with the rest of the country but remain comparatively low when compared to other routes such as telephone.

4.6 For non- primary medical services, 88% of patients in Cheshire and Merseyside said they had a good experience of pharmacy services compared to 87% nationally, while 70% had a positive dental experience compared to 69% across the rest of the country.

4.7 A summary of individual place headlines is given in Appendix 1 noting further work will be undertaken as outlined in next steps, below.

5 Next Steps

5.1 Place will follow up results of all variation with practices, at place level and will use the information to help further inform their place level access improvement plans, previously shared with the Board and this Committee in November/December 2023). We are currently in discussions with NHS England as to the format of the plans to be submitted in November 2024 to the ICB Board, as referenced in the Policy Update for Primary Medical Services. It should also be noted that the on- line analysis tool that accompanies the survey is not available until September so further work on the results may be limited until then.

5.2 As part of our access improvement workstream we had already asked Healthwatch colleagues to follow up with some further work over the next few months in the form of a questionnaire to local patients, which will give some further intelligence/patient experience feedback on access to primary medical services. It should be noted that this work was delayed under the election guidance and is now being planned.

5.3 The national planning guidance ambition for appointments, agreed with NHS England is that 90 per cent of all appointments are offered within 2 weeks (in line with the national recording of appointment categories) and an additional 2 per cent of appointments by the end 24/25. The work undertaken to support these actions should be part of the system and practice level access improvement plans and its important this is tied into the overall access improvement/patient experience workstream.

5.4 Further work is required also to understand the link between Health Inequalities and access and this will be one of the analysis areas undertaken, once data and tools are available.

5.5 It is suggested therefore that the outcomes from the further work on the patient survey noted above at both place and system level, form part of the update on access improvement, returning to this Committee in December. It is noted that the survey alone is not a sole indication of primary care access or quality but is part of an overall approach to understand patient experience.

6. 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 quality and patient experience ;

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

7. 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

8. Risks

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

9. Finance

Funding that support access improvement is covered in the separate Finance update to the Committee.

10. Communication and Engagement

In line with ICBs Access Improvement communications approach nationally..

11. Equality, Diversity and Inclusion

Accounted for as part of the survey nationally, but equality analysis is part of the aforementioned access improvement plan(s) at place and system level.

12. Next Steps and Responsible Person to take forward

Christopher Leese, Associate Director Of Primary Care
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13. Officer contact details for more information

Christopher Leese, Associate Director Of Primary Care
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Appendix 1 Place Level GP Patient Survey Summarys

CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM

Cheshire West Place GP Patient Survey 2024 Response

GP PATIENT SURVEY

NHS Cheshire and Merseyside

Main summary areas /headlines for Place

- Cheshire West have some of the highest PCN results in C&M with a number of PCNs in the top 5 position in ICS and the vast majority above the national & ICS average for all questions

Areas of challenge identified

- Accessing via NHSApp and Website are areas identified for further work

Actions to address within Place Access Improvement Plans and SDF funding

- Cheshire West continue to focus on digital offers and NHSApp maximisation
- Cheshire West is investing in training for front line admin staff around resilience/having challenging conversations/customer service as enhancing this will have a huge impact on staff wellbeing, patient satisfaction, reduction in complaints and therefore freeing up capacity to focus on further quality improvement/improved access

Areas of outstanding results/best Practice to share in any of the components

- For Q16 Exp of Contacting practice: All PCNs above National average and 8 out of 9 above ICS average.
- For Q21 Length of wait: All PCNs above National average and 8 out of 9 above ICS average
- For Q13 Know outome less than 2 days: Two PCNs, Frodsham & Helsby and Neston & Willaston in top two PCNs in ICS for this question

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM

Wirral Place GP Patient Survey 2024 Response

GP PATIENT SURVEY

NHS Cheshire and Merseyside

Main summary areas /headlines for Place

- For overall experience of their GP practice, 5/5 Wirral PCNs are higher than the national and ICS average. With 1 PCN being second highest overall.
- 5/5 PCNs meet or exceed national and ICS average for experience of contacting their GP practice on an occasion (2/5 PCNs in the top 10).
- 5/5 PCNs meet or exceed national and ICS average for patients having enough support to help manage their illness/condition.
- 4/5 PCNs in the top 7 of experience of using pharmacy services.

Areas of challenge identified

- Contacting by phone– 1/5 PCNs is below the national and ICS average. 2/5 PCNs are in the top 10 across C&M.
- 1/5 PCNs lower than national and ICS average for NHS App contact.
- 5/5 PCNs meet or exceed national and ICS average for patients knowing what the next step would be after contact, however 1/5 PCNs are less than national and ICS average for patients knowing their disposition within <2 days and wait for appointment.

Actions to address within Place Access Improvement Plans and SDF funding

- Place continues to roll out digital telephony. Results show telephone as main contact method (68% across ICS)
- Continued focus on access via recovery plans, CAIP and local insight work with Healthwatch.

Areas of outstanding results/best Practice to share in any of the components

- Moreton & Meols PCN are in the top10 PCNs in C&M in 9/10 of the PCN results, followed by Birkenhead PCN performing in the top 10 PCNs in C&M in 6/10 of the PCN results.

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM
Halton Place GP Patient Survey 2024 Response

GP PATIENT SURVEY

NHS Cheshire and Merseyside

Main summary areas /headlines for Place

- Patients experience of general practice appointments align or exceed national average at a PCN level on many of the indicators, although there is variation between practices within each PCN.
- PCN response rates are in line with the ICB at 27% & 28% however the range between practices varies from 22% 39%. It is noted that the number of surveys issued to patients does not seem to reflect patient list size, e.g. one of our smallest practices had the highest number of surveys issued and the lowest response rate.

Areas of challenge identified

- Access by telephone (Halton average 41%, National 50%, said easy), website (Halton average 36%, National 48%) and NHS App (Halton average 39%, National 45%) remain our focus areas however, significant development in these areas is ongoing that is not yet reflected in the latest results. For example, 2 Practices have recently implemented the MGPAM.

Actions to address within Place Access Improvement Plans and SDF funding

- Continue to support practices to implement the MGPAM, ensuring SDF investment plans align to improving access priorities.
- Continue to support practices to access CBT call data to support capacity & demand planning.
- Continue the implementation of the standardised practice and PCN websites which meet NHS England WGLL Framework.
- PCN CAIP plans include active promotion of the NHS App.
- Continue to design & implement the Same Day Primary Care Integrated Neighbourhood Model, aligning same day access across 14 Practices and 2 UTC's.

Areas of outstanding results/best Practice to share in any of the components

- 12/14 practices in Halton show above national average results (93%) for patients informed of the next steps within two days (range 89-99%). 72% of patients were made aware there and then.
- This is due to a long standing and embedded Place led approach to Care Navigation which commenced in 2019, and with ongoing training since.

Plus

- Year on Year Friends & Family Test results always fair much higher than the national patient survey. This is collected in real time as patients access services.
- A Halton PCN/Practice level report has been developed and shared with all practices and PCNs and will be discussed at subsequent PCN and Practice level meetings to reflect on the results and consider next steps.
- The Place led Primary Care Dashboard is being updated with the new NPS data. This will facilitate triangulation of results and action where required.

CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM
St Helens Place GP Patient Survey 2024 Response

GP PATIENT SURVEY

NHS Cheshire and Merseyside

Main summary areas /headlines for Place

- Overall patients experience national average is 74%. 2, out of 4, PCNs marginally below this and this can be attributed mainly to poor performance of one particular practice in each PCN. Place Team are aware of these practices and have been working with them . Lowest results 72% for South PCN and 70% for Newton & Haydock PCN

Areas of challenge identified

- Access by telephone is still of main concern in all PCNs with the above 2 PCNs below the national average

Actions to address within Place Access Improvement Plans and SDF funding

- All Practices have call queueing and call back in place. Utilisation of call back only used by 2% of patients . System Optimisation and Digital Inclusion Teams work with practices and patients to improve usage .
- The majority of St Helens practices have Footfall websites, they have now introduced Foundation Solution that adheres to the latest guidelines for GP Websites to improve the patient journey, this is currently being rolled out across St Helens
- Practices continue to work on CAIP and are encouraged to sign up to GPIP

Areas of outstanding results/best Practice to share in any of the components

- Some Practices continue to receive extremely higher scores, year on year, in all areas but particularly overall patient experience . There are a number of practices but notably include Parkfield 90%, Garswood 95%, Rainford MC 95% and Kenneth MacRae 98%.
- These are smaller practices with a stable workforce and all but one work in the same stable well-led PCN.,

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM
Warrington Place GP Patient Survey 2024 Response

GP PATIENT SURVEY

NHS
Cheshire and Merseyside

Main summary areas /headlines for Place

- A total of 2,979 were returned complete, demonstrating a response rate of 35 per cent.
- Cockhedge Medical Centre Scored highest in Warrington, with an overall approval rating of 92 per cent. This was a large increase on the 63 per cent score it received last year.
- Holes Lane Medical Centre up from 54% to 71%
- Penketh Health Centre up from 51% to 75%

Areas of challenge identified

- East Warrington PCN consistently below the PCN average for the key access indicators. Work underway to understand the reasons for this.
- Greenbank Surgery was 14% worse off than 2023, Four Seasons Medical Centre (1%) and Brookfield Surgery (9%) lower.

Actions to address within Place Access Improvement Plans and SDF funding

- Further optimise advanced cloud based telephony solutions
- Continue to develop General Practice towards the modern access to general practice model
- All GP practices will be asked to provide assurance that the GP patient survey results have been reviewed and that an action plan be developed to improve patient experience where appropriate.

Areas of outstanding results/best Practice to share in any of the components

- All five Warrington PCNs have used local patient survey's in order to target improvement in access to general practice

CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM
Liverpool Place GP Patient Survey 2024 Response

GP PATIENT SURVEY

NHS
Cheshire and Merseyside

Pending detailed analysis via BI team, place lead review of data 17/07/24 highlighting:

Main summary areas /headlines for Place

- Q32 overall experience of your GP Practice:
  - 3 of the 8 Liverpool PCNs were below the ICS average of 76% rated as good (PCNs North Liverpool 68%, Liverpool First 69%, a nd Anfield and Everton 71%). North Liverpool PCN may include Aintree PCN results in this data potentially? Aintree PCN merged into North Liverpool from 1st April 2024. These areas of the city also typically have more deprivation factors. These PCNs also had lower than the ICS average for patients feeling the wait times for an appointment were 'about right' Q21 (ICS 70%, nation al 66%): North Liverpool 67%; Liverpool First 65%; Anfield and Everton 58%.
  - x2 PCNs were below the ICS average, but above the national average of 74% rated as good, with 75% rated as good (iGPC and Central Liverpool 75%)
  - x3 PCNs were above both the ICS and national average: Picton and SWAGGA PCNs 79%, Childwall and Wavertree 82%
- Q13 How soon (less than 2 days) patients knew what the next steps would be after contacting the practice – all Liverpool PCNs were consistent with the ICS and national averages.
- Q43 Patients with long term conditions feeling they have had enough support from local services and organisations (ICS averag e 69%, national average 68%), x6 PCNs were below ICS and/or national averages: Anfield and Everton 68%; Picton and Central Liverpool PCNs 66%; SWAGGA 65%; North Liverpool 63%; Liverpool First 62%.

Areas of challenge identified

- Q1 getting through on the phone ICS average 48% reporting easy, nationally 50%: x6 Liverpool PCNs below the ICS average:
  - North Liverpool PCN 35%; iGPC 39%; Anfield and Everton and Liverpool First PCNs 42%; Central Liverpool and Picton PCNs 46%
  - X2 PCNs above the national and ICS average: SWAGGA 51%; Childwall and Wavertree PCN 63%
- Q2 and Q3 contacting practices online via websites or the NHS App:
  - X3 PCNs were below the ICS average for both of these indicators, in order of lowest: North Liverpool, iGPC, Liverpool First, Anfield and Everton PCNs.

Actions to address within Place Access Improvement Plans and SDF funding

- Digital telephony upgrades/migration underway with approximately 70 of the total 83 practices engaged in this process (phase 1 and 2 NHSE)
- 52 practices (16/07/24) have been approved for Modern General Practice Transition funding since November 2023

Areas of outstanding results/best Practice to share in any of the components

- Childwall and Wavertree PCN significantly above the national average for Q32 overall experience, and Q1 getting through on the phone.
- The ICB as a whole had higher than national averages for all questions relating to patient perceptions of care at the last appointment (Liverpool da ta not split out from C&M currently so unable to comment further).

Additional information

- We are sending slides and reminder email to all practices to review the Patient Survey; sharing survey with practices who have completed the Support Level Framework/SLF to support with PDSA cycles.
- As part of access plan outcome reports reviewed in March 2024, North Liverpool and SWAGGA PCNs shared detailed findings of local surveys and actions undertaken.
- Noting that the national survey data has a 28% response rate and captures a point in time, Friends and Family Test survey dat a has also been reviewed as part of the above exercise (see slide 2).
- This review also included a review of Pharmacy First position (see slide 3).

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM
Sefton Place GP Patient Survey 2024 Response

GP PATIENT SURVEY
NHS Cheshire and Merseyside

Main summary areas /headlines for Place

- There are 14 practices in Sefton who are above the national (74%) and ICB (76%) average where the overall experience of GP practice was 'good', the range of achievement for these practices is between 77%92%.

Areas of challenge identified

- Sefton are slightly under national (48%) and ICB (47%) average for ease to contact GP practice using their website, however, 10 Sefton practices exceeded the national score with the highest practice achieving 67%.

Actions to address within Place Access Improvement Plans and SDF funding

- Sefton Place is supporting the expansion ofvenued PLT's to include HCA's GPA's, Practice Managers and Care Navigators
- Place will work with Health Watch regarding website access
- Place will interrogate GPPS further, alongside other data with the help of BI to identify the best use of SDF to support access

Areas of outstanding results/best Practice to share in any of the components

- One of the best rated categories was the helpfulness of receptionists with an average for both PCNs of 83%, 8 practices had higher scores with one practice achieving 99%.
- **Plus, for example**
- Work with Healthwatch to promote the widening clinical workforce through ARRS roles
- Working with PCNs and the wider system to support individuals and families with complex lives and ensure access to healthcare for this cohort.

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM
Cheshire East Place GP Patient Survey 2024 Response

GP PATIENT SURVEY
NHS Cheshire and Merseyside

Main summary areas /headlines for Place

- Cheshire Place average is higher than both the national and ICS Averages for all key questions, including Overall Experience, Experien ce of contacting their GP Practice, and Accessing services. 7/9 PCNS achieving above ICS and National Averages.
- All Practices have implemented PCARP essential elements in Yr 1 with supportive programmes in place to continue delivery into year 2. And are maximising programme funding. Cheshire East Place does have a lower uptake of the GPIP Programme. Instead Place will followi these up with Practice level discussions.
- CHAW PCN Consistently score at the top level of ICB PCN Performance across all areas, closely followed by Knutsford PCN .
- Wrenbury Practice achieves above 90% in all key questions (76% of questions), and 6/21 questions with a score of 99%
- 68% of practices achieving national average or above for overall patient satisfaction.
- Wrenbury Surgery, Chelford Surgery, Alderley Edge and Knutsford deserve special mention for their outstanding consistent attainment across key questions.

Areas of challenge identified

- Both Crewe PCNs consistently achieve in the lower quartile across most key areas. Place are looking at trend data over the past 3 years to id entify any specific trends or areas of improvement / decline, coupled with Practice quality and performance visits where required. These will commence in August.
- The PCNS have implemented all recommendations within PCARP and accessed transition funding to support their transition to a m odern model of general Practice.
- Migration to Patches, OCVC, in year caused significant issues with one practice pulling out citing high levels of patient com plaints and concerns.
- 100% practices implemented CBT, but concerns with functionality of some of the providers and reliability of soft phones which may impact satisfaction – at no fault of practices

Actions to address within Place Access Improvement Plans and SDF funding

Template reporting for CASP and CAIP plans this year to highlight local areas of improvement. Any SDF investment will only b e considered in areas of exceptionality over and above CASP, CAIP and Transition funding already deployed
Outstanding clarification from the national team on key Contractual requirements around Data provision notification and repor ting requirements – Expect resolution in August / September.
Promoting use of Population Segmentation tools (John Hopkins) to target specific cohorts in PCNs, that require additional pat ient level interventions to improve the Health and Care requirement

Areas of outstanding results/best Practice to share in any of the components

Aligning PCNDF and SDF funding for ARRS Clinical supervision over the past 3 years has significantly improvements staff recru itment and retention. Project evaluation available. Noting that this can be included in CASP funding this year, exploratory considerations about how SDF can support ANPs and Nurse development with t he Training hub.
APEX – provides valuable insight to access, capacity and demand modelling to support access improvement plans, in conjunction wi th the GP Alliance.

Plus, for example

- There is a direct correlation between patient satisfaction scores and residents who live in areas categorised with high healt h inequalities. Not localised to Crewe.
- Critical to our Place plans to support and address improved access to health and care services is a standardised approach to population segmentation – building on the CIPHA / John Hopkins algorithms, for practices, PCNs and Care Communities to actively target cohorts of patients, and individuals to better unders tand their health and wellbeing needs.