NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB System Primary Care Committee

Part B – Public Meeting

Thursday 21 December 2023
Venue: Meeting Room 1, No 1 Lakeside,
920 Centre Park Square, Warrington,
WA1 1QY (WA1 1QA for Sat Nav)

Timing: 10:15-12:30

Agenda

Chair: Erica Morris

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
10:15am	**Preliminary Business**			
SPCC 23/12/B01	Welcome, Introductions and Apologies	Chair	Verbal	-
SPCC 23/12/B02	Declarations of Interest	Chair	Verbal	-
10:25am	**Committee Business, Risk & Governance**			
SPCC 23/12/B03a	Minutes of the last meeting (Part B) 19 October 2023	Chair	Paper	Page 3
SPCC 23/12/B03b	Action Log of last meeting (Part B) 19 October 2023	Chair	Paper	Page 19
SPCC 23/12/B04	Forward Planner	Chair	Paper	Page 21
SPCC 23/12/B05	Questions from the public (TBC)	Chair	Verbal	-
10:40am	**BAU and operations**			
SPCC 23/12/B06	BAU Contracting and Commissioning Update - Policy Visit with Professor Claire Fuller (Verbal / Update)	Clare Watson / Chris Leese / Tom Knight	Paper For assurance	Page 23
11:00 **SPCC 23/12/B07**	Finance update	Loraine Weekes-Bailey / John Adams	Paper For assurance / to note	Page 36

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
11:15am	**Quality and Performance**			
SPCC 23/12/B08	Approach to Quality and Performance	Clare Watson / Chris Leese / Tom Knight	Paper Note & Agree	Page 48
11:35am	**Transformation**			
SPCC 23/12/B09	System Pressures	Jon Griffiths	Verbal For Info	-
11:45 **SPCC 23/12/B10**	Access Improvement Plan	Clare Watson / Chris Leese / Tom Knight	Paper Discussion following Board approval	Page 55
12:00 **SPCC 23/12/B11**	Primary Care Strategic Framework - update	Jon Griffiths	Verbal For Info	-
12:10am	**Enabling workstreams**			
SPCC 23/12/B12	Primary Care Digital	Colette Morris / Kevin Highfield / John Adams	Paper For decision	Page 106
12:30pm	**CLOSE OF MEETING**			

Date and time of next regular meeting:
Thursday 22 February 2024 (09:00-12:30)

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

Cheshire & Merseyside ICB
System Primary Care Committee – Part B

F2F, Lakeside, Warrington

Thursday 19th October 2023 from 10:15-12:30

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
Christine Douglas	CDo	Director of Nursing & Care, C&M ICB
Tony Foy	TFo	*Vice-Chair*, Non-Executive Director, C&M ICB
Laura Marsh	LMa	Interim Place Director, Cheshire West
Dr Daniel Harle	DHa	LMC representative
Dr Naomi Rankin	NRa	iGPC Clinical Director
Susanne Lynch	SLy	Chief Pharmacist, C&M ICB
Chris Leese	CLe	Associate Director of Primary Care, C&M ICB
Matt Harvey	MHa	LPC representative
Sally Thorpe	STh	*Minute taker*, Executive Assistant, C&M ICB
John Adams	JAd	Head of Primary Care Finance, C&M ICB
Lorraine Weekes-Bailey	LWB	Senior Primary Care Accountant, C&M ICB
Luci Devenport	LDe	Senior Primary Care Manager, Dental, C&M ICB
Matthew Cunningham *meeting in part*	MCu	Associate Director of Corporate Affairs & Governance, C&M ICB
Dawn Boyer *meeting in part*	DBo	Head of Corporate Affairs and Governance, C&M ICB
Emma Hood *meeting in part*	EHo	Workforce & Education Transformation Lead – Cheshire & Merseyside
Nick Armstrong *meeting in part*	NAr	Head of Estates, C&M ICB
Ian Ashworth *meeting in part*	IAs	Associate Director of Population Health, C&M ICB
Pam Soo *meeting in part*	PSo	Clinical Lead for Community Pharmacy Integration, C&M ICB

Apologies		
Name	**Initials**	**Role**
Anthony Leo	ALe	Place Director, Halton
Rowan Pritchard-Jones	RPJ	Executive Medical Director, C&M ICB
Dr Jonathan Griffiths	JGr	GP and Associate Medical Director, C&M ICB
Dr Rob Barnett	RBa	Secretary, Liverpool LMC

Item	Discussion, Outcomes and Action Points	Action by
SPCC 23/10/B01	**Welcome, Introductions and Apologies**	
	Erica Morriss welcomed everyone to the meeting including two members of public. It was noted that some colleagues would be joining the meeting via Teams for their agenda items. Apologies were noted as above.	
SPCC 23/10/B02	**Declarations of Interest**	
	Standing DOI's were noted.	
SPCC 23/10/B03	**Minutes of the last meeting (Part B) 08 September 2023**	
	Minutes were noted as a true and accurate record of the meeting.	
SPCC 23/10/B04	**Action Log of last meeting (Part B) 08 September 2023**	
	SPCC 23/09/B07 : Records to dentistry, noted that RPJ is on the case with this, CWa agreed to follow this up with him. Update to next meeting - ***ONGOING*** SPCC 23/09/B07 : CWa has spoken to Maria Austin, this ties in with 'winter' and the Primary Care access recovery plan – ***CLOSED*** *Noted that the campaign should be 'be kind to your primary care contractors' and not just limited to 'your GP'. Advised there is a national press release due out regarding ARRS, this campaign is to support the access recovery plan.* SPCC 23/09/B08 : invite for Roger Hollins and Dr Yvonne Dailey to be rolled over to next meeting, December – ***ONGOING*** SPCC 23/09/B08 : dental improvement plan update and progress, is on the agenda today - ***CLOSED*** SPCC 23/09/B09 : PCARP data set, there is a general update on the agenda for today, with a more full and detailed paper to come to next meeting in December - ***ONGOING***	
SPCC 23/10/B05	**Questions from the public**	
	It was noted that no questions had been received.	
SPCC 23/10/B06	**Terms of Reference**	
	Matthew Cunningham presented this item, he outlined that these had been brought in line to ensure consistency and a standard across all TORs for all the ICB committees.	

	It was noted that there was the suggestion of two Place Directors and was questioned whether this was a standard ask for all Committee TOR? The Committee agreed that they preferred one as a member of SPCC and it was agreed that this could be changed. **It was agreed to update the TOR to reflect the requirement of one Place Director.** In reference to section 5 'membership and attendance' it was questioned as to why the TOR stated a NED to chair and one partner member as deputy chair, however if keeping consistency with other committees, then the deputy / vice-chair would also be a NED. MCu agreed that this would make it consistent but that it was not a requirement, ultimately it was at the discretion of the Chair and the committee/ board. **It was agreed that the change would be made to reflect the deputy / vice chair as a NED**. It was further noted that TFo has acted in the vice-chair role when EMo has been unavailable. Additionally, it was noted that the TOR was missing reference to an LDC representative, more clarity was also requested around the term 'general practice' when it should read (one of the) 'four contractor groups'. It should clarify if it means Primary Care or General Practice. There was also a query around the reference to the Committee normally meeting in private and would only be held in public for all or part on occasions. The Committee confirmed that all SPCC meetings would be held in Public, but that there would be a Part A (Private) meeting if there were items of commercially sensitive nature. Furthermore, SPCC is the only other decision-making committee within the ICB and therefore should meet in public. MCu agreed to change this in TOR. **ACTION : MCu agreed to make the suggested changes and would then submit to the November Board meeting for ratification.** **The report was noted for information.**	**MCu**
SPCC 23/10/B07	**Risk Register**	
	Dawn Boyer presented the committee risk report covering primary care risks, including the assigned BAF risk P6 in relation to demand for primary care exceeding capacity. The 2 most significant risks are 1PC in relation to sustainability and resilience of primary care workforce and a new risk 7PC in relation to provision of dental services for a significant proportion of the Halton population. Both are rated as extreme. Since the previous report, progress has been made in closing control gaps for risk 2PC, resulting in a reduction in the current score to a low 3 and this one is recommended for closure. The Committee were asked to: - Approve reduction in risk score for Risk 2PC and proposed closure - Approve the addition of the new risk (7PC) relating to dental service provision	

	- 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. TKn stated that he expected the Halton contract issue (7PC) to de-escalate as a result of contingency measures being put in place. LDe described the discussions underway with a number of practices and work being undertaking in the background and was confident that a solution can be found. Noting that the contract represented 65% of current service provision, the Committee questioned what percentage of the population access dental services, as the proportion without access to a service may be even greater. LDe advised that she did not have that data to hand, but data shows that very few practices are 'hitting the target', this is part of the work ongoing. She advised that this was more about the contractors in that area not performing in general. Healthwatch provided feedback received from Halton residents. There have been significant queries as to when lists are opening up and that there is a real issue for those who have not been able to register for the last 3 years. It was commented that there is a national issue with dental contracting arrangements in more deprived areas, such as Halton. Without the subsidy available from private fee paying patients in more affluent areas, the remuneration offered is not sufficient to encourage sufficient providers to meet the high level of need. Noted that this high level of unmet need is to be addressed through the Dental Improvement Plan. Understanding the risks in the score is key, these are potentially high profile, so it is important to consider the organisational / reputational risk. **Dawn agreed to review any changes in the scores with the risk owners before putting them forward to the Risk Committee and Board.** Cross reporting of risks relevant to more than one committee e.g. prescribing was raised. DBo indicated that risks were currently reported to the designated committee recorded on the risk register. There are not currently arrangements for raising awareness across other committee but is something that could be considered. The Committee considered that it would be beneficial for the agenda, to have arrangements between committees to recognise key themes and any potential knock-on. It was suggested that this could be discussed further by the Risk Committee. Maturity of the place reporting (appendix B) was questioned in terms of not receiving anything from place? In response to this DBo advised that, following feedback from the Risk Committee, all places are making significant progress in identifying and assessing their risks. There is further work to do and local reporting yet to be established prior to escalation in some places. For future reports will now start to pull out the those place risks meeting scoring criteria for escalation to ICB Committees.	**DBo**

	It was advised that, following a recommendation from the Audit Committee, the Risk Committee membership will change. Going forward all Directors will be present, replacing the usual ICB Executive Committee every six weeks, which will give a greater level of ownership and consistency. Safety risks were raised, in particular risks across contracting routes. While there are lots of mitigations in place, it was acknowledged that we do have a gap around quality. It was reiterated that this was not because we think it is not happening but more about the visibility. **It was therefore requested to put 'Quality' on both Committee agendas (SPCC and Q&PC) to start off with.** **The recommendations were approved and noted as requested in the paper.**	
SPCC 23/10/B08	**Primary Care Workforce update**	
	Chris Leese presented this update stating the importance for the Committee to see this information. It was outlined that there is an identified gap around the data and this will be presented next time as part of the Access Recovery Plan, this will show the key indicators for the four contractor groups. The data as referenced is system level and may show some anomalies until place is also brought into this. Outlined that there is further work to do on this both at place and at a system level. TKn outlined that dental data is limited but that this will change with the implementation of the twice-yearly data submission by contractors. This also goes into detail of how long / how much delivery of NHS care is given. It was outlined that for pharmacy there is good data for Cheshire and Merseyside, but this is not broken down by place as yet, it is still work to do. Now using flashcard and performance to get a localised picture. It was questioned what the full-time equivalent was for a GP and whether there was a true definition (figure) of this? It was agreed that there is an application of a degree of tolerance around this and not having a definition of full-time usually means it is equated to the number of hours worked, therefore this is not comparing like for like. GPs are noted to work an average of six sessions. Even the BMA guidance is not clear, and is based on sessions, but even between practices this differs, some are base on 4 hours, others base on 4.5 hours. *(**Post Meeting note**: CLe subsequently checked with NHS England around the definition of FTE and was advised that, Full Time is 37.5 hours for GPs. 9 sessions at 4hr 10 mins each.* *This equates to 9 sessions at 4 hours 10 mins per session which is 250 minutes per session so 250x9 = 2250 mins / 60 = 37.5 = 1 wte)* *It is noted that the BMA model GP contract can be 'altered to suit the parties'*	

	Noted that for dental there is technical guidance. Timescales were also questioned. It was noted that the LDC were supportive of this process and that they felt it would be very helpful for dentistry adding that they would be supportive of, and would encourage, practices to complete. It was further noted that frustration can occur when more requests are made but without the extra funding or resource. -- Emma Hood presented the long-term workforce plan, outlining that the focus was on three pillars plus an element of reform alongside a significant expansion on the system. In terms of data, it was outlined that we have an understanding of what we have in C&M at present but also for the future, using training, education and supervision and how we do this in C&M going forwards. There is a Workforce Steering Group, which is a national plan but has no regional or subregional trajectories as yet, so we are using local intel on C&M, and from a governance perspective it was questioned how we might manage this going forwards. More guidance is due in terms of an implementation plan (before Christmas). SLy enquired from a primary care perspective it would be helpful to include the figures for the Medicines Management team (this equates to about 200 FTE) and agreed to link in with EHo for this just to make sure it is all joined up. For Pharmacy there is lots of movement around the sectors, in all parts of primary care, general practice and community pharmacy. Current facts and figures were enquired about and it was where the intel sits and how to take this forward. There is some nervousness of what this committee role is and what is the expectation of moving the workforce plan forwards? EHo outlined that it was key to understand the translation of 'how', and that it feels that this is cross collaborative, but also the link from the people team, eg. pharmacy across the whole system. The ongoing support of these roles, the delivery of the wider aspects is important, and we do have the Hub, but it was questioned where is the support for the wider professionals? It was noted that the primary care training hub (which does have KPIs on training), came from HEE, and there is a need to have a conversation around how this is delivered, and that it would be good to understand what is being commissioned, the budget and the value for money **ACTION : bring this to the next meeting for further discussion.**	**CLe**

	For ophthalmology, it was outlined that there are no facts and figures, no data, but that this was because it had not been attempted before, however did not feel it would be too difficult to do. It was further noted that the report data is from last November, and a whole year has gone by since then, it was further noted that we also need to think how it has got worse since last year. DHa added that an update on support for ARRS as a valuable support and resource would be really helpful. **ACTION : suggestion to commission through the primary care workforce group to do some of this work for us?** **The report was noted for information.**	**CLe**
SPCC 23/10/B09	**Primary Care Estates - update**	
	Nick Armstrong presented this update and that he was happy to take feedback on any detail. He added that, given the early discussion around clarity of primary care / general practice, he confirmed that most of the work did focus on general practice, but there are other pieces of work that affect other groups and would build this into future reports. MWo stated that there was no estates strategy for dentists as they have to do this privately, he questioned the opportunity to start to look for innovative ways of working, to gain a return on investment issues, and that there may be options for innovative ways to move away from GDS. Risk goes to the practices. It was agree this was something that could be looked at. Noted that there are some dentists who work in some practices and that generally they are subsidised but some are particularly high cost. This information has been requested again to try to get some consistency for dental practices. Whilst it was noted that this is an inherited risk, it is for the incumbent of the ICB to look at this. Going forwards we need to look at the contractual model, but that we are committed as an organisation to support and increase dental provision. There is no immediate timetable and that it needs to be a coordinated piece of work and to look at this as a strategic piece of work. **It was agreed to bring to next but one meeting for further discussion – put on forward planner for February 2024.** DHa stated that as a GP in Macclesfield, he was aware that when they are looking to renew leases they have struggled to get approval, or that it is difficult to get the information on the process. **NAr asked DHa to send him the specifics and he would be happy to look at it.** He added that it could be down to 3rd party re-gearing, or the timelines of review of leases, and that in part the issue may be down to a degree of communication. Additionally, it was noted that if practices lose the support (for service charges) then there are significant concerns regarding viability. It was noted that there was a need for good engagement on this please.	**NAr / DHa**

	It is complicated across C&M with nine different local authorities and a raft of differing planning policies. There is healthcare infrastructure funding that be applied for, we are trying to review this. Some areas in C&M that don't have panning policies in place, looking to review, work in shadow form (Liverpool) to respond to the planning applications – helps the LA as to what we may be requesting and moving forwards. It was noted that within the paper every instance of primary care should read general practice, please could this up amended. NAr agreed that there had been lots of focus on the general practice estate, which is historical, but that there are wider programmes. We are working with local authority and CHP and we have monthly meetings with them, will address specifics with them. They have been trying to reduce some of the costs, some are starting to drop off and some rebates will be coming back. Hopefully direct payments for the reimbursable is helping. CWa noted that she and colleague have regular meetings with the LMC, these invites will be extended to NAr. **ACTION : Progress due again in February 2024.** **The report was noted for information.**	**CLe**
SPCC 23/10/B10	**System Pressures**	
	Verbal updates provided by colleagues. <u>General Practice</u> DHa outlined that for *Liverpool*, the GP alert system in place has been helpful as it has shown an increase on practices, and that it is expect for this to continue to go up with winter coming. Covid is affecting staff, practices are struggling a bit on this, puts more pressure on as they will need to catch up on appointments. The covid and flu programme did cause lots of problems. Medication shortages are really having an impact on practices. In particular of concern is the ADHD medication shortage, and from a patient point of view this causes lots of stress and angst. It was questioned if the ICB have a position on this? *For Sefton,* they are continuing to see a patient increase and demand, and there is not enough space in practice, there are inappropriate discharges, staff costs and it is felt that we are *ignoring a state of crisis*. In terms of practices and practice finance, this is fragile and most are running on a monthly basis, but there are problems of finance flow. Requested reassurance of the funding pots and what they can be used for. *For Wirral*, the workload is relentless, very difficult to access records which does create some worries around vulnerable patients. There are PCN concerns around IT provider and resource.	

	In terms of any support from the ICB, it was requested for John Llewellyn to provide a digital update to the next meeting. **ACTION : John Llewellyn to provide a digital update to the next meeting, December 2023** Underway is the development of a standard OPEL across all nine places, and that Antony Leo is leading on this. This will form part of the access recovery plan, and to have a standardised approach. **ACTION : Update requested for the next meeting, December 2023. And the request to check in with Place colleagues** In terms of the agreement of any mitigation and reassurance, **LMa to pass back to ALe. Additionally CWa agreed to speak with ALe** Healthwatch reported that in terms of the medication for ADHD, the feedback from patients is very loud about this, they are being told that patients are looking to alternative therapies and various support groups, therefore a clear and robust communication on the medication supplies would be very welcome. SLy added that the ADHD medication has been a real challenge for such a complex situation. Each place has done a great job of liaising with their providers, conversations have happened at place and this week she has pulled all providers together to try to harmonise this. Community pharmacy is also included so that everyone knows the plan. Being asked to follow the format of what can be done and that it is a balance, request not to swap medications or source alternatives. This is the wider message that needs to go out. There are real concerns as it is a controlled drug. Additionally SLy did agree that it was fair to say that providers of paediatrics have the forum with parents and groups, and that this is more of a challenge with the adult groups. SLy advised she would be happy to share this information with Healthwatch. It was questioned whether there was any movement on the providers being able to prescribe generically? Advised that yes, this is within the information for primary care so they can manage, but these drugs are shared care across C&M. This is a much wider issue than just the ADHD drug, it was outlined that really, someone should know that supplies are running low, it has now been a three week shortage, anecdotally, patients knew before practitioners did! It was questioned where is this risk being escalated? Outlined that SLy has a paper on this for the Q&P committee. <u>Ophthalmology</u> It was outlined that some funding had come through from the transformation fund, this was well received and they are thankful, but it is a small amount for what is really needed. There is some general national ophthalmology funding available, and there is a problem with secondary care refusing referrals. No assurance that the e-referrals is continuing in the format it is in.	**JLl** **TLe** **LMa CWa**

	In terms of data, on e-referrals, there are some issues around understanding it. Data is key, but there is simply not enough of it. There is a big piece of work to do around mapping where we spend the funding. CLe added that in relation to the special score service feedback (as referenced in the paper), it was important not to underestimate the quality aspect, there is a big risk on the consultation and if we do not pin down the quality really carefully there is a risk of it being treated by a domiciliary service. In terms of the empower pillar, TKn agreed to pick this up outside of the meeting, in terms of the PCARP plan. <u>Dentistry</u> Seasonal, staff and patient illness, last minute cancellations, loss of clinical ability. That coupled with a way below inflation uplift it is now in a worse position, expenses has gone up. Practices are struggling with viability. This is all against an underspend and these just do not seem to match. The money is there, providers are there, but it is a problem. Capacity issue of those dentists who are not able to deliver the aspirations. Some work is going on in the background, there will be a paper to the next meeting, do get some non-recurrent funding, but it is the recurrent funding that is required, this will all show in the paper detail. Noted that there are lots of dentists out there, and if you want private work there is no problem, it is that we have too few dentists that want to do NHS work. Schemes are put out there and we can successfully recruit dentists but only if we recruit appropriately. This is also an issue for dental nurses as well as dentists. CWa noted that this was a national contract, and that we have the detailed recovery plan, there has been a sizeable investment of the underspend, however what a practice pays their dentists is up to them. MWo agreed, but that it is capped at 43.9% of contract value. CWa stated that she was happy to have a conversation with the LDC around the contract model and consequences of this. <u>Pharmacy</u> MHa reported the concern and issues regarding out-of-stock medications, and the worry this causes patients for their children. Pharmacy feel the backlash comes to them and somehow it is the pharmacy's 'fault'. Would appreciate and welcome communications from providers and colleagues on this. Now seeing more pharmacy closures and patients displaced, which has a knock on effect in terms of planning just in case they come to the local pharmacy, there is also increased demand through industrial action. There is increased over the counter work. Out of the blue, it was announced that pharmacies would start a new service, to supply lateral flow to patients. There are strict remits on this, and	

	there is concern as to how this can be 'policed' as they will not be available to all. Concerns around reprisals on this. It was agreed to take this discussion offline, there are key themes for the contractor groups, it is now what are the next steps, what traction is needed? **The verbal reports were noted for information.**	
SPCC 23/10/B11	**BAU Contracting and Commissioning Update**	
	Chris Leese stated that an internal audit was underway, for general practice this involves all nine places. Hoping to bring this back to the next committee meeting. TKn added that for dental, there is IPC work underway, and there is reference to Friends and Family Test, this is a big piece of work being supported by the Business Intelligence (BI) team and involves the flashcard work. This was presented to Execs last week and the aspiration to show information by each place. Already now seeing greater specific detail. Also looking at the feasibility of an early warning system discussions. For pharmacy it is the capacity of system pressures for winter, and the reduction on the 100 hours pharmacy hours, this is being managed through discussions at place. **ACTION : to attach one flashcard to the minutes for information.** **The paper was noted for information.**	**TKn**
SPCC 23/10/B12	**Finance Update**	
	Lorraine Weekes-Bailey presented the paper which was noted to be to the end of September. On delegated Medical Services there is an underspend of £1m. On prescribing (medicine costs), there is a pressure of £42m (8.8%), mainly due to cost, not quantity. SLy has met with the regional director of finance and shared information. C&M region are using our information to investigate national trends as unit price increases are significantly higher than national planning estimates. On Central Drug Costs there is a pressure of £3.4m. This is outside of the control of the ICB - we are allocated a fair share of 'unallocated drug cost'. We have asked for this category to be reviewed as the costs have increased significantly. An agreed uplift on the global sum for DDRB has been paid to GP practices. GP Practices ~~r~~received their new monthly payment in October. Arrears will be paid in November. Not all ARRS funding has come through yet, this is why the YTD and FOT figures in the ledger are out of step with 23/24 expectations. If a PCN underspends on its ARRS allocation, the balance of their allocation is available to any over-committed PCNs in the same Place. If a whole	

	place was underspent, then the balance would come back to SPCC to cover pressures in other Places. It was questioned if there was an underspend, and there was money left over, did it stay in general practice? LWB stated that as an ICB we will spend what we are told is spent, but we cannot draw down allocation in excess of the costs being incurred by PCNs. This is a national approach, and as an ICB, we are keen that the message would be to spend it as otherwise it is lost. It was questioned if at place there was a better way of supporting a neighbouring Place, who might need that additional allocation? LMa agreed that Place+ infrastructure is a new opportunity that can be considered, this is not unique to primary care, particularly on-boarders and feels that within place it should be being discussed to maximise, utilise and share approaches. There are variations within places, this is great as we have seen diversity but where are the strategic plans for working together? NRa outlined the grave issue of 'postcode lottery' as to what PCN you are working in, there are some PCNs who are at or below their targets and it was questioned how do we ensure standardisation? It was agreed that this was very much about place conversations that are expected to be happening routinely and within the nine places, and in terms of a strategic approach with all of the Heads of Primary Care, this is very much core place business. Agree it could be escalated, and the Associate Directors of Finance are critical in this also. LWB outlined that the papers do go to all places, as well as SPCC. There is an aggregate plan going to Board in December. PCNs will receive 100% of their allocation entitlement again next year. **LWB stated that she would look into the rules around stock shortages and whether this resource could be used elsewhere.** It is expected that primary care will deliver a large underspend in 2023/24 (as shown in table 2). In terms of POD, JAd reported that month 6 is shown as balanced, but that reserves are used to offset forecast pressures on Pharmacy and Optometry. Reserves are reported separately under ICB risks & mitigations and in table 2. On pharmacy contracts, uptake of new advanced services is high. The national team would normally amend other fee rates in-year if gross pharmacy expenditure exceeds the £2.504bn national cap. It has not yet been confirmed whether this action will take effect in 23/24 or 24/25. Dental funding is ring-fenced, with the balance being held for the national team [*post meeting note: dental balances can now be used to support the ICB financial position*]. Secondary care dental contracts have now been signed so the benefit shown in table 2 is confirmed.	**LWB**

	The ratio of Primary care work is being done to understand by how much and whether this is a result of targeting Core20PLUS5 populations. In terms of Primary Care Capital, JAd outlined that the ICB is entitled to spend £4.7m (for GPIT and improvement grants). This committee has already given approval for £2.451m to be spent on Premises Improvement Grants (PIGs) and the remainder to be held for GPIT. The Digital team is to bring GPIT PIDs totalling £2.25m to this committee, for approval. It was questioned if there was any slippage on PIGs, whether this could be spent on GPIT? JAd outlined that it was normal to do this as it takes a long time to deliver PIGs. Additionally, there is no roll forward of capital resource to the following year. It was outlined that before this could be agreed the Committee would need to see the trajectory as it feels that we would be agreeing 'blind' as we do not know the risk around what the slippage is. It was noted that as we become aware of slippage the finance team will notify SPCC who would decide how it should be spent. **The report was noted for information.**	
SPCC 23/10/B13	**Recovering Access to Primary Care – update and progress**	
	Paper had been made available within the papers pack and was for information. Time did not allow for further discussion but if there were any queries these could be picked up with Chair outside of the meeting.	
SPCC 23/10/B14	**Dental Transformation / improvement**	
	i) Dental Improvement Plan – update and progress The plan was approved in June. Have updated the plan using RAG, and future actions for what is needed now and future. One error to note, it was not project 3, believe it was project 7. Second page shows the updated position along with performance information which relates to the operational plan, anchored to this priority. LDe outlined each of the Projects for information. It was noted that clearly there is some work to do on fine tuning the remaining quarters on what we have not spent, need to profile this with the finance team. Will give an idea at the end of the financial year.	
	ii) Oral Health (Ian Ashworth) Ian Ashworth presented this report stating that this was about getting the preventative agenda really out there, that it is a really important piece of work that the ICB is doing. He highlighted that tooth decay is the leading cause of admission for children aged between 6 and 10 years. And that 5-year olds living in the most deprived areas are the country were almost 3 times more likely to have experienced tooth decay than children living in the least deprived areas. This programme will directly contribute towards reducing the oral health under the NHSCORE20PLUS5 indicator for tackling under 10s tooth extractions in our 20% most deprived communities.	

	There are major inconsistencies around oral health improvements, and this is about doing something at scale. This is about reducing the need for urgent dental access and what we can do to help demand, population health and tackling health inequalities. It was outlined that this has been based on the model in Greater Manchester which is a strong evidence-based model. Some consideration is also given to water fluoridation and varnish application, but this is also about dental support access and capacity. The resource fund proposal is to offer a three year, targeted programme on toothbrush and toothpaste intervention and to have a targeted support approach delivered by the early years workforce. The costs are based on what seen was seen in Greater Manchester and align with the NHSCORE20PLUS5 indicator. It was enquired as to whether the primary care savings were real savings or more about an increase in capacity, and a consideration could be given to factor in the cost of the admissions, could also propose to work with finance to get a baseline value on this. LMa outlined that Places were absolutely supportive of this, and that the impact on schooling is also a consideration as is the longer term life impact of these children in terms of extractions in later years. EMo questioned if there was anything regarding diet and nutrition as part of this programme. In response to this IAs stated that they were working with Food Active, there is a food pledge and to reduce sugar intake, and that this all sits mainly with Local Authorities in tackling that primary prevention and policy agenda, this work compliments that. Additionally it was noted that there is available money, there is some slippage from the amount approved in June, and this will complement what is going on in local authority, doing this at scale and make every contact count. In terms of targeting it is suggested that we may need to come back in terms of further investment if we wanted to broaden the offer. It is felt that this is within SFI and SORD to approve. Noted that this is a generational change, and not just for three years, may and likely need to look to longer term funding. LBa enquired about the supervising staff and how this is going to happen, anecdotally it was reported that this did not go down too well in the teaching forums, it was further questioned if we had joined up with the Health and Well Being Boards on this. The pressure in schools is recognised and there is a known risk around implementation, it will be key to have Place Director and Local Authority buy-in. In order for this to work it was outlined that teachers will need to be supported in this, training and the availability of dentists and dental nurses.	

	If children reported that it is sore to brush their teeth it was questioned whether there would be any fast track available for teachers to flag this so it is picked up early for an intervention. JAd questioned what was involved in the £100k to support the survey? In response to this IAs advised that if they were able to have the monitoring and data available to us, it is about commitment rather than having to go round each year which takes capacity away from delivery. TKn stated that this also begins the level of debate around another agenda of integration and dental commissioning (s75). This is about preventative care and is exactly the direction we should be taking. It was noted that in some areas health visitors are already giving out toothbrushes etc, and it was questioned how do we ensure that we are not duplicating. IAs advised that this was about enhancing the offer locally and to ensure that the Place Director and the Director of Public Health working together to ensure maximum support and targeting in areas. If agreed today then the next steps are to model this out, and would be submitted to the HCP in November, this is very much a core piece or work on the children agenda. The Committee were asked to: - Agree to the proposal to support the establishment of a consistent, evidence based oral health improvement programme across C&M – **approved** - Agree to the proposed funding envelope for the programme from the primary care dental underspend – **approved** **In addition to the published recommendations, it was agreed to share this Prevention story with HCP and the C&YP Committee.**	**CWa**
SPCC 23/10/B15	**Pathfinder Programme**	
	Pam Soo presented this report and is aimed to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care. It is a national programme and is to scope and map around independent prescribers, and this is about infrastructure. It was outlined that this has never been tested at scale before, how to integrate existing infrastructure, how to incorporate within our GP practices. It will be a way of shaping services locally and nationally going forwards and to best support our colleagues. S7 shows a full break down of finance, and this is not meant to be a financial burden on the ICB, a cohort will come directly to us, and a cohort of money that will go direct to the pharmacists. LBa questioned what was the peoples' voice on this, do not feel there is enough in the paper. It was noted that as the services are an extension, and this is not about creating a new service, this will be to take the existing services but to offer a different view/aspect. The gateways will be the pharmacies, but it will be patient choice. Noted that this needs to be explicit in the paper.	

	CWa added her support for this, and that within this there is project management, need to consider the running cost targets and need to factor in where this sits, running costs, programme costs etc. In response to this, it was outlined there is no cost for the pathfinder but like any pilot there is a pickup cost for the ICB, and that if we want to continue with the programme then to be aware of a potential risk of this pickup at a later date. In terms of operational costs, it was outlined that they were working with colleagues across the North West that will support across three systems to make the cost as reasonable as possible. In terms of pickup that would be at the discretion of the ICB and the consideration of reputational risk. Noted that before we make the decision we just need to know about the risk and we would need to plan it into the future review. If the overall intention was around prescribing, finding out how we do it in the future for when the national contract direction of travel are going, then this is a risk. Noted that every paper that comes to the Committee, needs to pick up on risk and any potential future commitment. LPCs have raised concern around the funding and fees being agreed nationally and without consultation, and how it has been done, statutory responsibility that the ICB has with those groups. Recommendations, the Committee were asked to; - Approve Cheshire and Merseyside ICB support for involvement in this programme - Support further development of this programme in line with the EOI proposal - Note the National Allocation of funding for this programme for Cheshire and Merseyside - Approve development of this programme and commissioning of up to 7 CPIP pathfinder sites in Cheshire and Merseyside in line with the National Funding provided - Support development of the programme design including local clinical pathways, integration of the CPIP pathfinder sites in to local quality and assurance frameworks and local patient pathways at PCN, Place and ICB level. **All recommendations were agreed subject to the awareness of risk around unknown funding for future increased support of this programme.**	
	Closing remarks, review of the meeting and communications from it	
	Nothing further to note.	
Date of Next Meeting: **F2F, 21st December 2023** **Warrington, Lakeside**		

End of Meeting

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD

NHS Cheshire and Merseyside

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

Updated: Oct 2023

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 23/09/B07	08-Sep-2023	System pressures	a) discussion at a future meeting (summary record access across Dental & GP) b) RPJ agreed to speak to digital teams regarding this	Rowan Pritchard Jones	21-Dec-2023	19.10.23 - RPJ is on the case with this. CWa agreed to liaise with him for update	ONGOING
SPCC 23/09/B07	08-Sep-2023	System pressures	to look to undertake a 'be kind to your GP / GP Practice' campaign - to compliment the national respect campaign. CWa agreed to raise this with the Comms Team	Clare Watson	19-Oct-2023	closed at meeting 19.10.23	COMPLETED
SPCC 23/09/B08	08-Sep-2023	Contracting and Commissioning Update	to invite Roger Hollins and Dr Yvonne Dailey to the October SPCC for the Dental Improvement Plan discussions	Tom Knight	21-Dec-2023	unable to attend in October, invite will extend to next Meeting (December)	ONGOING
SPCC 23/09/B08	08-Sep-2023	Contracting and Commissioning Update	Paper to next SPCC - dental improvement plan update and progress	Chris Leese / Tom Knight	19-Oct-2023	presented to SPCC Oct 2023	COMPLETED
SPCC 23/09/B09	08-Sep-2023	Transformation - Access Recovery and Improvement Plan	PCARP data set to come to a future SPCC, then schedule to Board	Chris Leese / Tom Knight	19-Oct-2023	general update presented to SPCC Oct 2023, full and more detailed paper to come to next meeting in December 2023	ONGOING
SPCC 23/10/B06	19-Oct-2023	Terms of Reference	Suggested changes to be made and then submitted to the November ICB Board for ratification	Matthew Cunningham	01-Nov-2023		COMPLETED
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				COMPLETED
SPCC 23/10/B08	19-Oct-2023	Primary Care Workforce update	Primary Care training hub from HEE to come to a future meeting for futher discussion	Chris Leese	21-Dec-2023		ONGOING
SPCC 23/10/B08	19-Oct-2023	Primary Care Workforce update	Suggestion to commission through the Primary Care Workforce group to do some of the (ARRS) work for us	Chris Leese	21-Dec-2023		ONGOING
SPCC 23/10/B09	19-Oct-2023	Primary Care Estates - update	To come back to a future SPCC with an update	Nick Armstrong	01-Feb-2024		ONGOING
SPCC 23/10/B10	19-Oct-2023	System pressures	Digital Update to the next SPCC meeting in December	John Llewellyn	21-Dec-2023		COMPLETED
SPCC 23/10/B10	19-Oct-2023	System pressures	Standard OPEL to be used across all nine Places, forms part of the Access Recovery Plan - update to next meeting in December	Antony Leo	21-Dec-2023		ONGOING

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

Cheshire and Merseyside

Updated: Oct 2023

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 23/10/B10	19-Oct-2023	System pressures	agreement of mitigation and reassurance - Laura Marsh to pass back to Antony Leo. Clare Watson to speak with Antony regarding this	Laura Marsh / Clare Watson / Antony Leo			ONGOING
SPCC 23/10/B11	19-Oct-2023	BAU Contracting and Commissioning Update	To attach one flashcard (for info) to the minutes	Tom Knight			ONGOING
SPCC 23/10/B14	19-Oct-2023	Oral Health	agreed to share the Prevention story with HCP and the C&YP Committee	Clare Watson	01-Nov-2023		ONGOING

Last updated: 7.12.2023

Cheshire & Merseyside System Primary Care Committee Forward Planner

Item	Frequency	Who	Part A / B	June 23	Sep 23	Oct 23	Dec 23	Feb24
Standing Items Committee Business								
Apologies	Every meeting	EM	Both	yes	yes	yes	yes	yes
Declarations of Interest	Every meeting	EM	Both	yes	yes	yes	yes	yes
Minutes of last meeting	Every meeting	EM	Both	yes	yes	yes	yes	yes
Action & Decision Log	Every meeting	EM	Both	yes	yes	yes	yes	yes
Forward Planner/Annual Plan Review	Every meeting	EM	Both	yes	yes	yes	yes	yes
Committee Risk Register	Every other meeting unless updates	HS/CL	B	yes	yes	yes	no	Yes with place updates
Questions from the public (where recv'd)	Every meeting	EM	B	yes	yes	yes	yes	yes
Forward Planner	Every meeting	CL	B				yes	yes
Governance and Committee Performance								
Review of Terms of Reference	Yearly	EM/MC	n/a	no	no	Yes	no	no
Self-Assessment of Committee Effectiveness	Yearly	EM	n/a	no	no	no	yes	no
Recurrent Papers/Updates								
Finance Update*	Every Meeting	LWB	A	yes	yes	yes	yes	yes
PSRC Minutes/Update Minutes/Update from Pharmacy Operations Group and highlights	Every Meeting	TK	A	yes	yes	yes	yes	yes
Policy Update – Primary Care Contracting and Commissioning	Every Meeting	CL/TK	B	yes	yes	yes	yes	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
Primary Care Quality and Performance***	Every Meeting	TBC	A	No	No	No	No	***First standard report
Update from PC Workforce Steering Group	Quarterly	JG/CL	B	yes	no	Yes	no	Yes
Digital Primary Care Update	Quarterly	JL	B	no	no	no	Yes	no
System Pressures	Every Meeting	JG/CL	B	Yes	Yes	Yes	Yes	Yes
Primary Care Estates Update	Quarterly	TBC	B	No	No	Yes	No	Yes
Key Business items (to populate)								
Primary Care Strategic Framework		JG	B	No	Yes	No	No	Update
Outcome of ExtraO Meeting		Chair/TK	A	yes	Yes	No	No	
**Primary Care Access Recovery Plan including performance dashboard for Access, EQIA		CW/CL	B	Yes	yes – update	yes - Update	yes - Actual Plan (post board)	yes - Update
Dental Improvement Plan - Progress		TK	B	yes	Yes	Yes	Yes	tbc
Place ARRS Spend Plans		Place Leads	B	No	no	Yes	no	Yes
***Quality and Performance paper which outlines • approaches to quality • key performance metrics for decision/way forward		CW/CD	B		no	Yes Verbal	Yes full paper	
****Deep dive Quality Reviews - 3 per year prompted by intelligence from Q & P.								TBC
****Performance paper - tba								TBC
*Finance Task and Finish Update?		LWB	A		Yes	Yes as part of finance update	Yes as part of finance update	Yes as part of finance update
Summary – GP Patient Survey (System Level)		CL	B		Yes	No		
dental primary care and community procurements		TK	A			No	Yes	No
MIAA Audit findings / outcomes/ changes to decision making matrix		CL	B			No	No	Yes
Dental Paper – Part Year performance		TK	A				No	Yes
EDEC safeguarding		BK	A				Yes	
**Primary Care Escalation (Part of PCARP)		AL	B				No	Yes
**Workforce Dashboard (part of PCARP)		CL EH	B				Yes	
NMP Annual Assurance Form TBC		SL	B				Yes	

Last updated: 7.12.2023

Cheshire & Merseyside System Primary Care Committee Forward Planner

Item	Frequency	Who	Part A / B	June 23	Sep 23	Oct 23	Dec 23	Feb24
Birkenhead PCN issue		IS?	A				Yes	
Pharmacy Closures Impact Assessment		TK/JJ	A				Yes	No
Section on provider selection regime needs doing under Contracting update							Yes part of contract update	

NHS Cheshire and Merseyside System Primary Care Committee

Date: 21st December 2023

Primary Care Commissioning, Contracting and Policy Update

Agenda Item No	**SPCC 23/12/B06**
Report author & contact details	Christopher Leese Associate Director Primary Care c.leese@nhs.net Tom Knight Head Of Primary Care tom.knight1@nhs.net
Report approved by (sponsoring Director)	Clare Watson, Assistant Chief Executive
Responsible Officer to take actions forward	Christopher Leese/Tom Knight

Cheshire and Merseyside ICB
System Primary Care Committee

Primary Care Commissioning, Contracting and Policy Update

Executive Summary	The Primary Care Policy and Contracting Update provides the Committee with information and assurance in respect of key national policy and related local actions in respect of the four primary care contractor groups that fall under the remit of the System Primary Care Committee ; • GMS/PMS (General Medical Services/Personal Medical Services) and APMS (Alternative Providers of Medical Services) including DES (Directed Enhanced Services) • General Dental Services/ Community Dental Services • General Ophthalmic Services • Community Pharmacy Services This paper contains ; • An update on any key areas of policy in the above groups • Any update on Cheshire and Merseyside issues that the committee need to be aware of for assurance purposes

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

Recommendation	**The Committee is asked to:** • Note the updates in respect of commissioning, contracting and policy for the four primary care contractor groups. • Note and be assured of actions to support any particular issues raised in respect of Cheshire and Merseyside specific contractors
Key risks	Risk registers for all four contractor groups are the subject of separate ongoing paper(s) presented to the Committee

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

Route to this meeting	None
Management of Conflicts of Interest	Will be managed in accordance with the conflict details and by the management of the Chair of the meeting
Patient and Public Engagement	None for this report, but for relevant actions for contract issues under national policy will have patient and public engagement expectations.

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

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

Primary Care Commissioning, Contracting and Policy Update

1.0 Background

1.1 Cheshire and Merseyside ICB is responsible for the management of the national contracts for **General Practice** via a Delegation agreement with NHSE/I (NHS England and NHS Improvement). This delegation agreement commenced following a national assurance process.

1.2 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.

1.3 Current number of GP Practices and PCNs in Cheshire and Merseyside is given below ;

	Number of GP Practices	Number of PCNs
Cheshire West	43	9
East Cheshire	36	9
Halton	14	2
Warrington	26	5
Liverpool	83	9
Knowsley	25	3
Sefton	40	2
St Helens	31	4
Wirral	46	5
Total	344	48

1.4 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

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

1.6 Management of the general dental services (GDS) and PDS contracts is via policy-book-for-dental-services.pdf (england.nhs.uk). There are 335 primary care dental contracts and 26 orthodontic contracts in Cheshire and Merseyside. In addition there are commissioned urgent care services for both in hours and out of hours, along with 4 providers of specialist community dental provision. General Dental Services contracting is managed solely at system level via the Dental Operations Group, which reports to this Committee.

1.7 Management of general ophthalmic services is via the National Policy Book for Eye Health NHS England » Policy Book for Eye Health . Provision of General Ophthalmic Services (GOS) including sight testing and dispensing is agreed by contract and there are 2 types of contracts: Mandatory Services contracts, which are contracts allowing provision of GOS in a fixed premises and Additional Services (domiciliary) contracts, which allow provision of GOS to a patient in their home address if a patients cannot attend a fixed premises unaccompanied. There are currently 224 mandatory (High Street) services and 60 additional (domiciliary) providers operating within Cheshire and Merseyside ICB. GOS contracting is managed solely at system level via the General Ophthalmic Services Operations Group, which reports to this Committee.

2.0 Primary Medical Services (General Practice) Update

2.1 At the time of writing this paper no further information has been released in respect of general practice contracts for 24/25 and beyond. The current working assumption is a continuation of the existing arrangements for another year.

2.2 eDEC (electronic practice self-declaration)
The electronic practice self-declaration (eDEC) is a mandatory collection which all GP practices in England must complete every year as part of their GMS, PMS, APMS Contract.The information requested by NHS England in the eDEC covers eight areas:

- practice details (such as name and address)
- practice staff
- practice premises and equipment

  - practice services
  - information about the practice and its procedures
  - governance
  - compliance with Care Quality Commission (CQC) registration requirements
  - general practice (GP) information technology (IT)

- Each section will already be populated with the answers the practice provided the previous year. The person completing the declaration needs to check these and update them if they have changed.NHS England regional use the information GP practices provide to check GP practices are fulfilling their contractual requirements - Integrated Care Boards (ICBS) that commission primary care services under formal delegation from NHS England receive information from the annual electronic practice self-declaration that they need to support their delegated functions.

- CQC use it to check that GP practices meet the CQC registration requirements, including complying with the law and in particular the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended). The answers to the questions relating to CQC's regulatory requirements will form part of their pre-inspection documentation, to reduce practice workload in line with our commitments in the General Practice Forward View.

- There was an issue with the EDEC information collated during December 2022 being accessed by the ICB a delay in getting any form of data and available log-ins that could be used in a meaningful way in time for this years EDEC process. As we are currently in the EDEC response phase for this year and therefore it has been decided that a 'clean' reassessment will take place when the data is available from this years EDEC – but this **will** include non- responding practices from the December 22 collation who will be reminded of the contractual obligations.

- The latest data will be made available during early 2024 for the current collection period, which closes on 15.12.2023. In order to prevent a repeat of the data access issues last year, the ICB has just confirmed with the national team, all staff that should be given access to this in the correct form, when data is released. The new central contracts team will unpick the responses and work with place commissioners in relation to any queries and non responders.

- Any triangulation with quality indicators , part referenced in the Part A discussion in relation to safeguarding, should occur at place from the data responses the contracting team will collate. It should be noted that the EDEC should not be the only source of contract monitoring as it mainly gives a series of short responses to questions, but it is an important baseline.

2.9 **Notifications from PCSE** (Primary Care Support England) are received by the ICB Central Contracting team in relation to GP's who leave/join performers lists and this information is required for the central contracts team to amend GMS/PMS and APMS contract parties. As PCSE will not notify non nhs.net email addresses a new central nhs.net in box address has had to be set up so these notifications can be access. An audit will be required to make sure that any notifications have not been missed, although it is possible to access these on-line.

2.10 New **procurement regulations** have been laid before Parliament which, when in force from 1st January 2024, will make considerable changes to the commissioning of health care services including, in particular, primary care. These are going to affect how ICBs will commission from GP practices, PCNs and GP provider organisations / federations. Healthcare providers will need to understand these changes to help identify how they can and will work with their commissioners in the next few years.

2.11 Dr Claire Fuller, NHS England Medical Director of Primary Care, met with all North West ICBs in early December, which spotlighted further asks and assurances in relation to primary care integration and transformation – and the launch of Primary Care Transformation Clinical Peer Ambassadors, more information in the document below. A verbal update on this visit will be given at the committee meeting. Some additional staffing resource centrally may be required to move this work forward with place colleagues, at a system level.

Primary Care
Transformation Peer A

3.0 Dental Update

3.1 In light of the removal of the dental ring fence to support system challenges and in line with national policy commissioners are re-profiling the dental plan improvement plan delivery trajectories. This will have an impact for Q4 23/24, but commissioners are planning to increase delivery in 24/25 and allocate additional resources over and above those originally planned.

3.2 Business as usual continues to be overseen by the Dental Operational Group in line with the Policy Book for Primary Dental Services 2023. The Operational last met on 29/11/23 and considered the following:

x2 new requests for contractual changes:

- 1 partnership to individual request.
- 1 partnership composition request.

x2 relocation requests.
x2 subcontracting requests.
x1 merger request.
x1 transfer request.
X1 novation agreement
X1guarantee clause

3.3 Non-Recurrent Reductions managed by the Operational Group include:

- One non-recurrent reduction agreed for a practice who have handed back 1000 UDAs for 23/24.
- A further provider has also handed back 495 UDAs, but other practices in the area are requesting additional UDAs.

3.4 Agreement was recently secured from GM and LSC about sending a communication to secondary care providers confirming and clarifying acceptance criteria based on the patient's GP postcode. This was in response to some confusion in the system and has now been resolved.

3.5 The Managed Clinical Network for Orthodontics has advised that the Acting Chair of the MCN has stepped down. A communication was sent to the commissioners in GM regarding creating a joint MCN, but no response has been received to date. MCN is the mechanism for considering orthodontic appeals. Currently, none are outstanding.

3.6 The Special Care MCN most recent meeting took place on 8 November 2023. The notes are yet to be ratified. The main points from the meeting were:

- Mouthcare Matters is being supported by NHSE NW Dental Public Health team. There is a scoping exercise being worked on, engaging with mental health hospitals to inform the Nursing team, which will help Community Dental Services.
- The group agreed to an additional meeting in January 2024 to discuss referrals and GAs. Work is underway to establish wating times and potential for additional capacity.

3.7. The next Local Dental Network meeting is due to take place on 7th December 2023. It was noted that a strategic plan is being worked upon with colleagues in NHSE NW Dental Public Health. The aim being considered is to re-visit the toolkits developed previously for AMR and dementia friendly practices to explore how these can be applied to a flexible commissioning approach.

3.8 Decontamination Audits are being undertaken by practices and a Dental Advisor is contacting practices on a place-by-place basis, and it is hoped that once complete, submission rates should increase from 50% to near 100%.

3.9 Commissioners are encouraging practices to adhere to updating their availability on the NHS website at least every 90 days in accordance with contractual requirements. Compliance data will be made available to commissioners in the future to support/monitor adherence.

4.0 Community Pharmacy Update

4.1 As announced in May, as part of the delivery plan for recovering access to primary care, Pharmacy First will launch on 31 January 2024, subject to the appropriate digital systems being in place to support these services.

4.2 This will be a new advanced service that will include 7 new clinical pathways for treating common conditions as well as urgent repeat medicines supply and referrals for a clinical consultation for minor illness, replacing the Community Pharmacist Consultation Service (CPCS). Pharmacy First will enable community pharmacists to offer a clinical assessment to patients and supply NHS medicines (including some prescription-only medicines under Patient Group Directions (PGDs), where clinically appropriate, to treat these conditions:

- sore throat
- acute otitis media
- impetigo
- shingles, infected insect bites
- Sinusitis
- uncomplicated urinary tract infections in women

4.3 It has also been agreed that from 1 December 2023 the Pharmacy Contraception Service and Blood Pressure Check Service will be expanded. The Pharmacy Contraception Service will be expanded to include initiation of oral contraception so both ongoing supply and initiation of supply will be combined into one service. Both services will be able to be delivered by non-registered members of the pharmacy team.

4.4 Pharmacies will have access to more parts of the GP record (medications, observations, and investigations) and use a new Pharmacy First consultation record to capture the consultation which will then send automatic structured updates to the GP record and to the NHSBSA to support payments and reporting on the service and work is underway with all pharmacy IT system suppliers currently assured for the CPCS, Blood Pressure Check Service and Pharmacy Contraception Service to update their clinical systems to support the launch of Pharmacy First.

4.5 The contractors will need to ensure their pharmacy profile on Profile Manager is up to date to indicate that they provide the services so both patients and healthcare professionals can identify, from an online search or the Directory of Services, those pharmacies that are registered to offer these services.

4.6 Whilst the CPCS and the 7 new clinical pathways will be combined into a single service to ensure communications with pharmacies and patients are clear, the clinical pathways element and expansions of blood pressure and contraception services will be funded from the additional investment announced in the national primary care recovery plan.

4.7 The fee structure recently published is as follows:

- An initial fixed payment of £2,000 that can be claimed from December 2023 up until service launch. This fee will be recovered from contractors who have not delivered 5 clinical pathways consultations passing the gateway point within the relevant pathway by 31 March 2024.

- A £15 item of service fee for each Pharmacy First consultation. This includes any clinical pathways consultation, defined as where a patient passes a clinically established gateway point in the pathway, and consultations which would previously have been delivered under the CPCS advanced service (i.e., consultations delivered from 1 January 2024 will attract the £15 fee).

- A monthly fixed payment of £1,000 from February 2024 for pharmacy contractors delivering Pharmacy First who reach a minimum number of monthly clinical pathway consultations.

4.8 Nearer to the launch date of Pharmacy First, further details will be published, including details of the registration and set-up fee process, clinical pathways, PGDs, and the service specification.

5.0 Optometry Update

5.1 Service provision is steady in the area with a slight increase in sight tests and a slight decrease in home visits compared to 2022/2023.

5.2 Transformation update:

- Eyecare for the homeless programme still proceeding well with a provider in the St.Helens and Warrington Place area operational now. Adults with Learning Difficulties eyecare programme also has steady provision of service.

- There is planned expansion of the eyecare in special schools programme following the proof of concept phase and the national programme team have engaged with local ophthalmic area teams and are scoping the programme until April 2024 - with an aim to mobilise from that date. Funding would be secured nationally and key elements of the scoping exercise are looking at issues such as local versus a national procurement model, the setting of the service fee and how the service will be mobilised with potential ICB/Place/LOC support.

- The breadth of 'eye health' transformation programmes across the ICB is recognised and a recommendation is that one place 'officer lead' co-ordinates this across the appropriate footprint, working with any central clinical advisers where required.

6.0 Recommendations

The Committee is asked to:

- Note the updates in respect of commissioning, contracting and policy for the four primary care contractor groups.
- Note and be assured of actions to support any particular issues raised in respect of Cheshire and Merseyside specific contractors.

Officer contact details for more information

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Primary Care Transformation clinical peer ambassadors

Presented by:
Minal Bakhai

Primary Care Transformation: Context

Context

The Delivery Plan for Recovering Access to Primary Care sets out ambitious transformation objectives for general practice, and in particular a focus on moving to 'Modern General Practice'. The Delivery Plan provides investment and policy alignment to support this change. This includes national support and training for improvement and transformation to enable practices and PCNs to work differently through the national General Practice Improvement Programme'. Going forwards, we have a collective ambition to expand the scope of ICB accountability for transformation and improvement to general practice applying the principles set out by NHS Impact and to enable *all* ICBs to lead local delivery of co-ordinated primary care transformation support (recognising differing maturity and challenges across ICBs). This ambition aligns with the strong evidence base for effective place-based improvement and development support for sustainable primary care transformation and tackling health inequalities.

Essential to transformation and improvement is the partnership of local clinical and managerial leadership. Many general practices have already transformed their way of working in recent years – particularly in response to the pandemic and very high levels of demand. The concept and model of 'Modern General Practice' has come from the experience and learning of these practices and PCNs. To increase the spread and adoption of Modern General Practice, we need clinical leaders who are able to authentically share their own experience and support others - so as to inspire, encourage and connect with peers.

There are many clinicians already working in this space, including clinical leadership within NHS England (including NHSE regional medical directors and their teams, clinical members within national Primary Care teams, and the Primary Care Transformation faculty) and clinical leadership for primary care within ICBs. There are also many general practice clinicians working in their own practices, PCNs, as part of local and national transformation communities, within LMCs and in other configurations to drive change and support shared learning.

While acknowledging existing groups, networks and communities, NHS England wants to launch an academy for primary care transformation, bringing together a network of clinicians from across the country who have experience of leading delivery of Modern General Practice in their own context, to specifically accelerate this change and help galvanize the collective ambition as part of broader initiatives to transition to more locally led but nationally recognised support.

These 'ambassadors' will support their peers in taking forward change and will provide further distributed leadership through systems to advocate for and support transformation.

Primary Care Transformation Peer Ambassadors

Why

Local clinical leadership is critical to supporting and enabling practices to move to a modern general practice model. Local clinical leadership is also essential to the broader process of transformation, including establishing and maintaining a culture of continuous improvement that can drive and sustain change.

What

To support and encourage this leadership, NHS England wants to bring together local clinical leaders that have led transformation in their own practice or PCN towards Modern General Practice. These clinical leaders will serve as peer ambassadors to accelerate the sharing of experience and learning at a national, regional, system and local level to accelerate change, share a unified narrative and support others in their change journey, brining case studies to life. The aim is to provide national recognition for the change work that they have already done and provide greater opportunities for sharing learning and encouraging leadership of transformation. The launch of the academy will help galvanize our plan as part of broader initiatives to transition to more locally led but nationally recognised support.

How

We plan to launch a National Primary Care Transformation Academy by December 2023 co-led by the National Director for Primary Care Transformation (Dr Minal Bakhai) and Regional Director for Commissioning in the Northwest (Linda Charles-Ozuzu) in line with our Primary Care Transformation Operating Model.

(I) National-Regional Primary Care Transformation meetings planned in each region every 2 months. The regional primary care team will bring together regional and system Primary Care and digital clinical leads with primary care SRO/managerial leads to help build the understanding around and enable Modern General Practice, including the General Practice Improvement Programme and the Digital Pathway, to connect with their local practices including those participating in GPIP and share feedback and learning from the ground, and enable honing of the support offer as we support transition to local accountability. These will be clinically co-chaired by the National Director for Primary Care transformation and the Regional Medical Director of Primary Care working with the regional primary care team.

System clinical leaders with the support of the Regional Medical Director of Primary Care will be asked to identify up to 10 local clinical peer ambassadors per region who have led transformation of their model to Modern General Practice. Ideally these peer ambassadors will be those who have led local change but who do not yet have a national or system leadership role – so that the pool of those involved in leading change is grown and more voices and greater diversity of voice can be included.

(II) Peer ambassadors will part of a National Primary Care Transformation Academy – this will be a quarterly session bringing together the whole group nationally to connect primary care clinical leaders across the country and provide peer support, share learning and opportunities and turbocharge the clinical voice.

(III) Transformation and transition cover funding available via ICBs which includes support from experienced peers to enable move to Modern General Practice.

In the future there may be options and opportunities for the network to access clinical leadership career progression training as that work evolves (linked to work Claire Fuller is leading with WTE)

NHS
Cheshire and Merseyside

Primary Care Finance Update

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 21st December 2023

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Date of meeting:	21st December 2023
Agenda Item No:	B23/12/07
Report title:	**23/24 Primary Care Finance Update**
Report Author & Contact Details:	Lorraine Weekes-Bailey, Senior Finance Manager - Primary Care John Adams, Head of Primary Care Finance
Report approved by:	John Adams

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

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

N/a

Executive Summary and key points for discussion

The report provides the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position related to primary care expenditure as at the end of November 2023 (M8).

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 the reserves and flexibilities available.

It also provides a breakdown of the Additional Roles Reimbursement Scheme (ARRS) allocation at Place level and the central drawdown that is available.

At the last System Primary Committee, it was requested that a Primary Care Task and Finish group was formed, the paper provides an update on meetings to date.

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 November 2023. 2. Note the change in national policy: to allow 'flexibilities' including SDF and previously ringfenced delegated dental surpluses to support delivery of the ICB financial position. 3. Note the Additional Roles spend to date and the anticipated forecast outturn and predicted central drawdown. 4. **Approve** either option (a) or (b) to utilise the remaining capital allocation.

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 November 2023.

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 November 2023 (M08) 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

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Table 1a

Primary Care Position Summary - Month 8 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	203,084	202,600	485	304,627	304,015	612
QOF	26,010	24,509	1,502	39,016	37,290	1,725
Premises Reimbursements	33,159	34,375	(1,216)	49,739	52,019	(2,280)
Other Premises	456	451	6	684	707	(23)
Direct Enhanced Schemes	2,975	3,211	(236)	4,463	4,814	(351)
Primary Care Network	34,597	32,118	2,479	51,896	49,495	2,401
Additional Roles Reimbursement Scheme	39,581	39,581	0	41,540	41,540	0
Fees	6,689	6,766	(77)	10,033	10,261	(227)
Other - GP Services	1,015	1,491	(476)	1,523	1,807	(284)
DELEGATED PRIMARY CARE TOTAL	**347,567**	**345,101**	**2,466**	**503,521**	**501,947**	**1,574**
Local Primary Care						
GP Local Enhanced Service Specification	22,046	21,596	450	33,070	32,409	661
Local Enhanced Services	8,002	8,690	(688)	13,283	12,497	786
Commissioning Schemes	1,314	1,360	(47)	1,971	2,153	(182)
Out Of Hours	17,894	18,490	(597)	26,840	27,557	(716)
GP IT	9,102	7,514	1,588	13,653	12,414	1,239
Primary Care Other	2,530	1,806	725	3,796	2,817	979
Primary Care SDF	5,867	4,726	1,141	8,800	6,836	1,963
Pay Costs Local	297	208	89	446	429	16
LOCAL PRIMARY CARE TOTAL	**67,051**	**64,390**	**2,661**	**101,858**	**97,112**	**4,746**
Prescribing						
Central Drugs	9,948	11,729	(1,781)	14,922	17,617	(2,694)
Medicines Management - Clinical	1,790	1,753	37	2,685	2,735	(51)
Oxygen	3,535	1,833	1,703	5,303	3,724	1,579
Pay Costs Prescribing	3,971	4,031	(60)	5,957	5,931	26
Prescribing BSA	310,646	329,724	(19,078)	464,966	491,347	(26,380)
Prescribing Other	9,457	8,924	534	14,019	14,119	(100)
PRESCRIBING TOTAL	**339,348**	**357,993**	**(18,646)**	**507,852**	**535,472**	**(27,620)**
Delegated Pharmacy Optoms Dental and Other						
Delegated Community Dental	8,384	8,168	216	12,576	12,170	406
Delegated Ophthalmic	18,016	16,960	1,056	27,024	25,354	1,670
Delegated Pharmacy	46,697	45,553	1,144	70,100	68,339	1,761
Delegated Primary Dental	89,854	79,314	10,540	134,781	116,705	18,077
Delegated Other Costs	984	323	661	1,476	494	982
Delegated Secondary Dental	28,339	25,739	2,600	42,441	38,424	4,017
PHARMACY, OPTOMS, DENTAL & OTHER TOTAL	**192,274**	**176,057**	**16,217**	**288,398**	**261,486**	**26,912**
TOTAL	**946,240**	**943,541**	**2,699**	**1,401,629**	**1,396,017**	**5,612**

3. Delegated Primary Care - Medical

3.1. **Core Global Sum-** There is an underspend of £0.612m, this is mainly due to the removal of some premiums in APMS contracts that had been included at budget setting. This is no longer required as the practices have been moved over to GMS rates, in line with NHSE guidance.

3.2. **Quality Outcomes Framework- (QOF)**- The Delegated Medical Primary Care budget shows an underspend of £1.725m within the QOF service line. £0.540m of this is due to year-end costs of 2022/23 being less than anticipated/accrued. The remainder is a reduction in the in-year forecast as we are anticipating 23/24 costs should be similar to the 2022/23 outturn.

3.3. **Premises Reimbursements**- currently shows a forecast overspend of £2.280m. There are several factors that have contributed to this overspend. £2.631m is forecast to overspend based on the current annual billing schedules from Community Health Partnership and NHS Property Services. These annual reimbursables and subsidy costs, include the impact of gas and electricity increases. There is also a forecast pressure of £1.1m, due to the latest rent valuations and projected outcome of ongoing reviews.

3.4. However, there is a benefit of £1.46m that mitigates some of the projected overspend on Premises reimbursements. This is for refunds of prior year business rates and follows work undertaken by GL Hearn/Community Health Partnership to discover where GP practice premises had been incorrectly assessed by Local Authorities.

3.5. **Direct Enhanced Services-** There is currently a projected overspend of £0.351m for the Direct Enhanced Services (DES). This is due to the increase in activity and uptake in this current financial year. DES activity such as Minor Surgery and Learning Disability Health checks, have increased this year.

3.6. **Primary Care Network (PCN)-** The costs that are covered within Primary Care Network, are payments linked to the PCN DES, such as participation payments, Clinical Director payments and the Impact and Investment fund. This area is projected to underspend by £2.4m, mainly due to the underachievement of the Impact Investment fund in 2022/23.

3.7. **Fees-** There is currently a projected overspend of £0.227m relating to Fees, this is due to the increase in the Professional prescribing fees that we pay. Within the Prescribing budget we pay “dispensing drug costs”. Where dispensing costs are paid, there is an associated Professional Prescribing fee that is paid to the GP Practices. Due to the increase in dispensing fees, we have seen an increase in the associated Professional Prescribing fee.

3.8. **Other GP Services**- There is an overspend of £0.284m, this overspend reflects a shortfall in the total allocation that was available when the budgets were set.

4. Local Primary Care

4.1. **GP Local Enhanced Service Specification**- The GP Local Enhanced Service Specification at the end of November 2023, shows a forecast underspend of £0.661m. This is mainly due to prior year under-achievement of GP Local Enhanced Service Specification.

4.2. **Local Enhanced Services**- There is an underspend of £0.786m, this is due to lower than planned activity on Local Enhanced Services in the current financial year and prior year costs also being lower than anticipated/accrued.

4.3. **Out of Hours-** There is a forecast overspend of £0.716m on Out of Hours services, six of our nine Places commission Primary Care 24 to deliver their Out of Hours provision. It has been agreed during the winter months between October and March, an increased clinical profile will be rostered to support the winter activity that is predicted.

4.4. **GP IT**-There is a forecast underspend of £1.239m as accruals for costs at the end of 2022/23 were higher than the actual final cost charged in 2023/24.

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

4.6. **System Development Funding-SDF**- Please see section 8

5. Prescribing

5.1. The Prescribing financial forecast outturn is £18.646m overspent year to date and the predicted forecast outturn is an overspend of £27.62m.

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

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

5.4. However, this has significantly decreased from the £46m that was forecast to overspend in the last System Primary Care Committee finance report. This is due to a number of contributors, a reduction in the overall cost/price pressures of £11m and also an estimated reduction in costs of £6m due to the benefit of savings on apixaban.

5.5. Oxygen costs are also anticipated to be underspent. There is an in-year cost pressure of £0.421m due to tariff increases. However, this has been mitigated by £2m VAT savings that we have been advised are claimable against our Oxygen contracts. The VAT savings we are anticipating cover a period of 5 years, therefore including historic former CCG contracts.

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

6. Delegated Pharmacy

6.1. Delegated Pharmacy is showing a forecast underspend of £1.8m. The funds previously held as a reserve in support of the overall ICB financial position are now shown in the forecast ledger position.

6.2. The national team has now confirmed that they will not amend other fee rates within the contract to bring total Pharmacy Contract remuneration back down to the 2023/24 value agreed in the 5-year deal with the profession. This is a financial risk for the ICB if uptake of New Advanced Services continues to grow.

7. Delegated Optometry

7.1. Delegated Optometry is forecast to underspend by £1.7m. The funds previously held as a reserve in support of the overall ICB financial position are now shown in the forecast ledger position.

8. Delegated Other Costs

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

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

8.1. Delegated Other Costs is forecast to underspend by £0.98m. The funds previously held as a reserve in support of the overall ICB financial position are now shown in the forecast ledger position and there is also a £0.1m underspend on Transformation Team staff charged to this cost centre.

9. Delegated Dental

9.1. With effect from period 8, NHSE has confirmed that reserves and forecast surpluses previously contained within the “Dental Ringfence” should be used to support ICB financial positions. Therefore, in period 8, Delegated Dental is showing a forecast underspend of £22.5m.

9.2. The Secondary Dental ERF reserve (£2.1m) which was outside the dental ringfence and being held as a reserve in support of the overall ICB financial position, has been maintained and now shows as a forecast underspend on the ledger.

9.3. Other dental reserves which were inside the ringfence (pre-Covid AOB balances, secondary Orthodontics, etc) increased as the allocation for the dental pay award was greater than originally indicated. These show as a forecast underspend on the ledger (£6.6m).

9.4. The latest assessment of primary care dental contract under-performance, net of anticipated patient charge revenue, is also showing as a forecast underspend (£13.8m).

9.5. The take-up and likely speed of rollout of schemes in the Dental Improvement Plan has been assessed. Total expenditure is forecast at £1.6m. This represents £1.2m slippage against the original plan approved by SPCC. The slippage is included in the £13.8m surplus shown above. Expenditure per scheme is:- £0.9m for improving access, where contractors deliver up to 10% more than their contracted activity; £0.58m for a pilot site in Liverpool to provide urgent care sessions for vulnerable groups and begin the roll-out of the service to sites in the other Places; £0.12m for the early years child toothbrushing initiative.

10. Additional Roles

10.1 Funding for the Additional Roles Reimbursement Scheme has been significantly increased nationally for 2023/24.

10.2 The ICB spent £39.580m in the financial year 2022/2023 on Additional Roles. The current financial year 2023/24 has an allocation of £65.782m to spend.

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

Table 2a

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

Table 2b

Place	ICB Held Budget	Available Drawdown	Total	FOT	Variance	%age Utilisation
Cheshire East	£5,954,322	£3,485,119	£9,439,441	£8,629,246	£810,195	91%
Cheshire West	£5,704,604	£3,338,957	£9,043,560	£8,704,342	£339,218	96%
Halton	£2,071,235	£1,212,313	£3,283,548	£3,008,870	£274,678	92%
Knowsley	£2,729,022	£1,597,166	£4,326,188	£4,244,188	£82,000	98%
Liverpool	£8,904,871	£5,211,596	£14,116,467	£14,484,609	-£368,142	103%
Sefton	£4,327,265	£2,532,788	£6,860,053	£5,266,286	£1,593,767	77%
St Helens	£3,265,519	£1,885,555	£5,151,074	£4,447,530	£703,544	86%
Warrington	£3,215,678	£1,882,166	£5,097,844	£4,945,285	£152,559	97%
Wirral	£5,367,465	£3,141,626	£8,509,091	£7,670,594	£838,497	90%
Total	**£41,539,981**	**£24,287,286**	**£65,827,267**	**£61,400,950**	**£4,426,317**	**93%**

10.4 Further work is required by the Primary Care Networks, currently the Networks are providing a plan of their workforce plans. This will show how they will maximise the use of these funds and will help finance to provide an accurate forecast of these for the financial year ahead.

11. Primary Care Task and Finish Group

11.1 The System Primary Care Committee requested the setup of a Primary Care Task and Finish group. This was to identify the key drivers behind identified variances, across primary care services across the nine Cheshire and Merseyside places.

11.2 Since the last System Primary Care Committee, the finance team have been working through the variation in costs, services and allocations.

11.3 In order for us to move this forward, the plan is for the group to meet with Place Directors and Associate Directors of Finance, to identify the variation and identify where activity tariff costs need further Place review.

12. Primary Care Access and Recovery Funding and SDF

12.1 On the 8th November 2023, NHS England (NHSE) published guidance on “Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to be taken”.

12.2 To respond to the impact of industrial action NHSE are allocating new £800m funding nationally for financial pressures, reducing elective targets (105% to 103%, and agreeing other flexibilities

12.3 Priorities are now to achieve financial balance, protect patient safety and prioritise emergency performance and capacity.

12.4 In order to achieve, the “other flexibilities” that were announced, System Development Funding, that has not yet been commissioned, or if work has not yet commenced, should be paused and ringfenced dental underspends can be made available to support the financial position.

12.5 An exercise has taken place to identify any costs within the System Development Funding, that have not yet been commissioned, or if work has not yet commenced.

12.6 This has identified £1.963m of funds that will be used to support the financial position. £1.2m relates to Digital funds that were ringfenced to support digital projects, these are now paused until 2024/25. There is £0.120m for Digital Pools, these will also be paused for 2023/24, and the remaining £0.643m is for GP Transformational projects, where projects were still being worked up and will be also paused until 2024/25.

12.7 All of these pauses to projects were agreed by Place or Digital Leads.

12.8 The Primary Care Access Recovery funds, that were allocated in year to support the delivery of the Primary Care Access Delivery Plan, are ring fenced and protected in order to support the funding and delivery of the programme.

13.Capital

13.1 The Primary Care committee has previously approved GP Premises Improvement grants of £2.451 and agreed that the balance of the £4.703m Primary Care Capital allocation (£2.252m) should be held for GPIT projects.

13.2 Digital and Place leads assessed GPIT priorities and funding streams and submitted capital PIDs totaling £2.267m to the Digital Services Delivery Board (DSDB) in December. Subject to the outcome of the DSDB, the PIDs will come to this meeting of SPCC for approval.

13.3 There has been slippage on the Premises Improvement Grants that were approved by this committee. Two practices (The Valley Medical Centre and Brookvale & Weaver Vale Practice) have withdrawn their applications (total £410k). We also benefit by £90k as final bills from 2022/23 have been less than the approved grant values. Total funding available for reallocation is £485k (would have been £500k but GPIT PIDs at £2.267m are £15k higher than expected).

13.4 The Laurel Bank (Malpas) improvement grant project commenced in 2022/23 with funding approved for 22/23 and 23/24. Expenditure in 22/23 was delayed. The ICB agreed to review its position in 23/24 before confirming whether it would

accommodate the (£200k) slippage and fund it as part of the 23/24 capital programme.

13.5 The Estate Lead is working with the practice to understand whether the £200k is still required.

13.6 To consume the £485k capital funding available to the ICB. This committee could either (a) ask the digital team to prepare further GPIT PIDs for £485k or (b) provide £200k to Laurel Bank and ask the Digital team to prepare further GPIT PIDs for £285k.

13.7 **For Approval**: In order to fully utilise the Primary Care capital allocation, the committee is asked to approve either option (b) subject to the findings of the Estate Lead, or option (a).

14.Recommendations

The Primary Care Committee is asked to:

14.1 Note the combined financial summary position outlined in the financial report as at 30th November 2023.

14.2 Note the change in national policy: to allow 'flexibilities' including SDF and previously ringfenced delegated dental surpluses to support delivery of the ICB financial position.

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

14.4 Approve either option (a) or (b) to utilise the remaining capital allocation.

15. Officer contact details for more information

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

21st December 2023

Primary Care Quality and Performance

Agenda Item No: SPCC 23/12/B08

Responsible Director: Clare Watson

Primary Care Quality and Performance

1. Purpose of the Report

The purpose of the report is to present a proposal for a way forward in respect of Primary Care Quality and performance metrics, for agreement, recognising that there is still further work to do at system and place level to embed and move this forward – and a general update on these workstreams overall.

2. Executive Summary

2.1 In response to a gap identified in the oversight of primary care quality, work commenced with the primary care quality team, system primary care contracting and policy teams and place leads in respect of all four contractor groups to baseline current approaches and put forward a proposal for future working.

2.2 To underpin quality and wider elements of the four contracts, a piece of work is part underway in relation to common performance metrics to support the work in this paper and to fill a gap in system reporting.

2.3 It should be noted that further work is required to more this work to completion, and an update will come back to this Committee in February 2024 in this respect.

3. Ask of the Committee and Recommendations

3.1 The Committee is asked to:

- **Note and discuss** the update in relation to primary care quality and performance
- **Agree** the recommended way forward for reporting and escalation as outlined in the paper (4.3 and 4.4)
- **Discuss and agree** outline core performance metrics required (4.7, iii)
- **Note** the further actions required (4.7 i) and a request for the Committee to support the additional resourcing required for this to be put into place (4.5)

4. Background and Proposal

4.1 Since April 2023, Cheshire and Merseyside ICB has become responsible for over 2000 contracts across the 4 primary care contractor groups. The ICB needs assurance that the primary care we commission on behalf of our population is high quality and safe.

4.2 The ICB is not responsible for the performance of the contractors themselves. This remains with NHSE NW's Professional Standards Team, which covers:

- Performers List
- Appraisal and Revalidation
- Performance Concerns

Dr Jonathan Griffiths and Chris Leese now attend the Regional Performance Advisory Groups (for each contractor group) to provide oversight and a link back into the ICB's assurance role and work. The ICB has a named linked PAG Case Manager who we are in regular contact with an have had a preliminary meeting to discuss our governance and escalation processes.

4.3 The ICB Executive Team recently discussed ICB Primary Care Quality and safety governance and agreed options, namely ;

- Primary Care quality and safety to report monthly into ICB Quality & Performance Committee (ToR to be amended) with a subject deep dive at SPCC 2 to 3 times/year**, via either** ;
    - **Option (a)** - A 'Primary Care Quality, Safety and Assurance Group' established to co-ordinate and oversee and report into Q&P, with dotted line to SPCC (System Primary Care Committee). Dr Jonathan Griffiths to chair. Support/co-ordination infrastructure to be confirmed.

Or

    - **Option (b)** Reporting for general practice quality and safety via an additional section in monthly Place quality exception/update reports. Reporting for pharmacy, optometry and dental would be via the ICB operational groups and general practice via place primary care forums with some system level input/oversight.

The Executive Group favoured Option **(b)**

4.4 Suggested reporting arrangements

- **General Practice quality and safety:**
  Place lead the collection of intelligence and oversight via Place primary care meetings. Collation by Place Head of Primary Care, AD of Quality and Clinical Director. A Standard template to be produced, but as a minimum:
    - Issues to escalate, e.g. adverse events, themes and trends of incidents, CQC updates, safeguarding concerns, early warnings, QOF outliers, workforce pressures, prescribing quality and safety issues
    - Issues to note, e.g. patient complaints, whistleblowing, soft concerns, Healthwatch intelligence
    - Good practice examples
    - A dashboard with key indicators will need to be developed and further work is required to triangulate the 9 place groups, system operations and governance.

- **Community Pharmacy quality and safety:**
  Managed via the ICB Community Pharmacy Operations Group and report via Community Pharmacy contracting team, clinical advisors and quality & care representative. A Standard template to be produced, including indicator dashboard which will in effect be the national process outlined below plus any local reporting

For information:

- Quality & Assurance is assured via the Pharmacy Quality Scheme (PQS) and the Community Pharmacy Assurance Framework (CPAF)
- PQS is part of the Community Pharmacy Contractual Framework (CPCF) and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. Participation is optional but, contractors tend to participate to plug the funding shortfall
- CPAF is compulsory and looks at a set of clinical governance standards linked to the requirements within the regs
- PQS is wholly managed by NHSBSA whilst CPAF is predominantly managed by them, but our team conducts about 10 visits per year and manages the regulatory aspect via PSRC

- **Primary Care Dental quality and safety:**
  Managed via the ICB Dental Operations Group and via dental commissioning team, clinical advisors and quality & care representative. A Standard template to be produced, including indicator dashboard which will in effect be based on national reporting plus any local indicators.

  For information:
  - NHSBSA , NHS Business Services Authority meets with commissioners quarterly and identify outliers in performance indicators
  - There are a number of other sources for poor quality i.e. Whistleblowers, Patient Complaints which can lead to further investigations
  - Performer concerns: referral to Dental Ops Group (input by LDC or dental advisor (DA) for support
  - Practice concerns: normally managed by commissioning team with support from DAs
  - Little or no engagement or action plan timelines are not being met (or if CQC notifications of not meeting KLOEs), escalation would occur.
  - Note community and secondary care dental quality and safety issues should already be reported to Q&P via NHS Trust and/or Place reporting mechanisms, as the services are commissioned and within existing contracts.

- **Primary Care Optometry quality and safety:**
  Managed via the ICB Optometry Operations Group and via optometry commissioning team, clinical advisors and quality & care representative would need to attend this meeting. A Standard template would be produced, including indicator dashboard / key metrics which will in effect be the national reporting plus any local indicators.

  For information:
  - A concern with a performer would be flagged by an advisor and referred to PAG (NHSE NW Performer Advisory Group) for potential investigation to our named PAG link.
  - Ophthalmic contractors currently complete a checklist through the Quality in Optometry website managed by LOCSU (link below)

- https://www.qualityinoptometry.co.uk/
- Currently completed once by each contractor over a 3 year cycle, the checklists are collated by commissioning team and if the contractor is not 100% compliant then they are contacted to complete all necessary actions to ensure that they reach 100% compliance
- In line with guidance from the Eye Health Policy Book, there is a follow up 5% full virtual inspection completed on a random selection of providers to ensure transparency and reassurance, administered by NHSBSA/clinical advisers working collaboratively with commissioners
- Eventual aim is to replace this programme with a new process where NHSBSA send an annual checklist to each provider and there are follow up focussed annual inspections on a wider sample of up to 7.5% of all contractors

4.5 Additional issues identified were;

- **The need for an ICB system level primary care quality lead and a practice nurse lead to support wider at scale primary care priorities**. These are both currently gaps within our structure. The ICB system level primary care quality lead would be part of the operational groups of the POD functions.
- For general practice, Place routinely oversee and manage this currently. The proposal should not require much additional work, rather more standardised reporting and assurance. But **support from an officer at place should be sought to work with the system level AD for Primary Care and AD for quality to manage this process**, setting up the structures and templates required and connecting the different place approaches.
- We need to ensure that **the same level of scrutiny and assurance** is given to the three contractor groups that the ICB took on delegated responsibility for since the inception of the organisation in July 2022 and from April 2023.

4.6 Actions underway

- For general practice, Jon Griffiths and Chris Leese designed a starter metrics and reporting template which is currently going through place and system quality structures for refining before wider engagement/agreement.
- For the POD quality structures, the operations groups of each have agreed a format for reporting based on the unique national reporting that does not exist for general practice quality
- Each of the POD functions could be ready to report to Q&P in January 2024 to the named quality lead who will be collating these, once the Quality team are happy with the aporoach.
- Work is underway in relation to common quality metrics for general practice, by the quality team.

4.7 Actions outstanding;

i. Agreed templates and reporting for general practice quality, and an agreed place/system process
ii. Officer support/named leads for process as outlined in 4.5
iii. Final Performance metrics presented at each Committee - this will include quality markers under development, core contract markers already in place, access improvement measurements including workforce (already in place and part of the Access Improvement Paper) and other measures for all four contractor groups which are considered essential. Initial discussions centred around the following key areas;

a) Percentage of C and M residents with access to NHS Dentistry – this is not collated currently and would be challenging to put in place accurately
b) Number of GP appointments/face to face/telephone/digital – we already have this as part of the Access Improvement Dashboard
c) Number of GP referrals to Community Pharmacy referral schemes – we already collate this for the current referral scheme
d) Number of Practices using EConsult/On line prescriptions and other tools, this is available on the relevant BI dashboard
e) Number of C and M residents using the NHS app and downloading medical records/utilising, this is available and reported in the Access Improvement Dashboard

Clinical, quality and other POD markers may wish to be considered to be added to this list to give a key meaningful list of core metrics that cover all primary care. It should be noted that places continue to use their 'CCG' dashboard as agreed and an outcome should be that they would use a more common set of indicators plus any place specific markers/enhancements to reflect the local picture.

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 assuring the quality of the primary care services it is responsible for commissioning.

6. Link to meeting CQC ICS Themes and Quality Statements

Theme One -Quality and Safety
The paper supports the delivery of the ICBs delegated duties in respect of assuring the quality of the primary care services it is responsible for commissioning

CQC ICS Themes and Quality Statements (QS)
T1 (all), QS7,

7. Risks

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

8. Finance

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

9. Communication and Engagement

No external formal consultation or further engagement is required in respect of this paper but agreement on this issue will help the assurance to our patients of our management of quality and their safety, in primary care.

10. Equality, Diversity and Inclusion

At this point, there is no requirement for a further EIA (Equality Impact Assessment) but further performance metrics could be considered in respect of Public Sector Equality duty, populations with protected characteristics – and metrics which support health inequalities monitoring.

11. Next Steps and Responsible Person to take forward

11.1 Following this meeting an overall lead from Quality (to be identified) will work with place quality leads (for general practice quality) and the following people to take forward actions ;

- Associate Director of Primary Care, Christopher Leese
- Head of Primary Care, Tom Knight
- GP Associate Medical Director for Primary Care, Dr Jon Griffiths
- Quality lead TBC
- Practice Nurse lead TBC

12. Officer contact details for more information

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

21st December 2023

Access Recovery – Access Improvement Plan

Agenda Item No: SPCC 23/12/B10

Responsible Director: Clare Watson

Access Improvement Plan

1. Purpose of the Report

1.1 The purpose of the report is to present to the System Primary Care Committee the Access Improvement Plan agreed at the ICB Board on 30th November and note the next steps/follow on actions from that meeting. The paper is also offering assurances to the Committee that the ICB is meeting it's policy obligations in respect of 'Recovering Access to Primary Care', national policy link https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/

2. Executive Summary

2.1 The report describes NHS Cheshire and Merseyside Integrated Care Board response to supporting recovering access to Primary Care. Our ambition is not only to improve access to general practice services for our population, but to achieve a single more consistent offer of Primary Care (General Practice) access.

2.2 In 23/24 we will have invested circa £90 million in access related support and developed a single set of performance measures to support and quantify 'improvement' across the system, with further impact measures planned.

2.3 Our key aims are;

- **Enabling better, easier access to more appointments:**
  - **Access to a routine appointment within two weeks** Using the IIF indicator measurement and data collection from booking to appointment, to achieve measurable increases in 23/24 and beyond.
  - **Same day appointments for patients who require them**, with all patients provided with an appropriate response following initial contact, that same day, in line with the recent national contract amendments.
  - **That patients can easily access the practice by all available means**, but noting the specific feedback via the GP Practice Survey and our Healthwatch colleagues that patients want to see the biggest improvement in **telephone access.**
  - **Delivering more appointments overall** by all available means, with an agreed target and trajectory for 24/25 and beyond.
  - Using the work of the EIHIA to **ensure equality of access for all patients, communities, and vulnerable groups.**
- **Investing in our primary care workforce** including wellbeing offers, retaining GPs and responding to the asks in the National Long-Term Workforce Plan

- **A clear plan to retain GPs within NHS Cheshire and Merseyside** – patients tell us they value direct contact with their 'GP', and there are a considerable percentage of GPs in their 50s who may be considering leaving the profession in the next few years.

- **Maximising ARRS (Additional roles)** to maximise spend and recruitment by March 2024.

- **Increasing our headcount GPs** based on the national ambition.

- **A clear delivery plan 1/4/2025 to respond to the NHS Long Term Workforce plan.**

- **Prioritisation of Wellbeing offers,** recognising the huge pressures facing our primary care workforce, working with our Local Medical Committees and practice staff.

- **Support all our practices to have the key elements of the 'Modern General Practice Access Model'** in place by December 2024 **-** this model underpin(s) all of our access ambitions and as part of this we need to ensure best practice and progress is shared and celebrated.

- **'Measuring success'** not just by using our performance dashboard, but by working with Healthwatch and other key stakeholders to collect meaningful patient feedback, particularly in our most challenged areas and populations.

2.4 At a system level, a fortnightly Programme Board was set up, chaired by the Assistant Chief Executive Clare Watson, as Executive Lead for Primary Care, with each of the four areas of the guidance led by an identified Senior Responsible Officer (SRO), with identified leads for the cross cutting theme areas such as digital, and place executive representation.

2.5 The Board reported to the System Primary Care Committee, who have received reports and updates at each meeting. Programme Management Office (PMO) structures and process are supporting this with key documents such as a risk register.

2.6 Each Place was asked to agree a Place level Access Improvement Plan, signed off by the Place Director, managed through place structures and oversight, based on their local patient intelligence, their Primary Care Network improvement plans, practice plans and other access information gathered in line with the national guidance.

2.7 Each Place was asked to share/liaise and work with their local Healthwatch, Local Medical Committee and other key stakeholders in delivering their plan. Place plan summaries are included in the appendices to the plan, noting key other information held at place is available on request.

2.8 An investment overall locally of circa £90 million in Access Improvement through several different sources of funding, are summarised in the plan.

2.9 **Follow on actions requested by the Board and agreed next steps are outlined below** ;

- An updated Access Improvement Plan will return to the Board in March 2024
- 9 Updated Place Improvement Plans to return to the Board in March 2024, as part of this
- An updated/completed Equality and health inequality analysis (EHIA) and report noting an action plan will need to be developed as part of this with actions at both place and system level. EHIA follow actions on for place and system to be confirmed in January
- Completed metrics and targets as far as possible within the dashboard
- That the dashboard contains the actions from the EHIA so they are not seen as 'separate'
- Numbers of Pharmacy Technicians included in the dashboard in the relevant workforce/Building Capacity section
- Assurance that places are engaged with their Health and Wellbeing Boards as part of the local place led improvement plans
- Places to be encouraged to share best practice and approaches between them, systematically
- A simple monthly reporting place plan template to be agreed to support the system level/NHS England assurance process and to give some key feel for progress before the next iterations
- Measuring the difference for patients – in January, working with our Healthwatch's and other bodies, develop/commission measures for impact of these measures and the real time experiences of patients. This may already be happening at Place level but this should form part of the update to the Board – noting that this may need to be ongoing over 24/25 dovetailing into the national General Practice survey

3. Ask of the Committee and Recommendations

3.1 The Committee is asked to:

- **Note and discuss the Access Improvement Plan (Appendix 1)** which was agreed by the Integrated Care Board on 30.11.2023
- **Note the full suite of documents and sub appendices contained in the plan** including the required EHIA and place improvement plans
- **Note** the further actions required and next steps (2.10) above
- **Consider/Discuss** any additional resources and commissioning steps to support this,

4. Background

4.1 In May 2023, NHS England published the Delivery Plan for Recovering Access to Primary Care. This was a key commitment in the government's Autumn Statement and the plan sits alongside NHS England's delivery plans for recovery of elective and urgent and emergency care services.

4.2 In the Delivery Plan for Recovering Access to Primary Care, NHS England recognised how hard general practice and GPs are working to deal with an unprecedented demand for appointments in challenging circumstances. To be able to respond to this demand and ensure the National Health Service best meets the needs of our local communities, NHS England sets out a vision to expand capacity and transform the way we deliver services. Nationally supported by significant investment of more than £1 billion, the plan covers four key areas to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care:

Empowering patients

- By rolling out tools they can use to manage their own health and invest up to £645 million over two years to expand services offered by community pharmacy.

- Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.

- Ensure integrated care boards expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.

- Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.

- Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.

Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response and avoid asking patients to ring back another day to book an appointment.

- Patients will know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. The re-targeting of £240 million nationally – for a practice still on analogue phones this could mean ~£60,000 of support over 2 years.

- Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.

- 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.

- Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.

Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.

- Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).

- Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.

- Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.

- Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.

Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

- Reduce time spent liaising with hospitals – by requiring Integrated Care Boards 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.

- Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.

- Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators.

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

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

6. Link to meeting CQC ICS Themes and Quality Statements

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

7. Risks

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

- P1
- P3
- P5
- P6

8. Finance

Full financial information is contained within the plan appendices

9. Communication and Engagement

A communications plan summary is contained within the plan appendices

10. Equality, Diversity and Inclusion

A Equality and health inequality analysis and report is contained within the plan appendices

11. Next Steps and Responsible Person to take forward

The various leads in the paper at system and place level will take forward the required actions, overall SRO for delivery of the plan is ;

Christopher Leese, Associate Director of Primary Care
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11. Officer contact details for more information

Christopher Leese, Associate Director Of Primary Care
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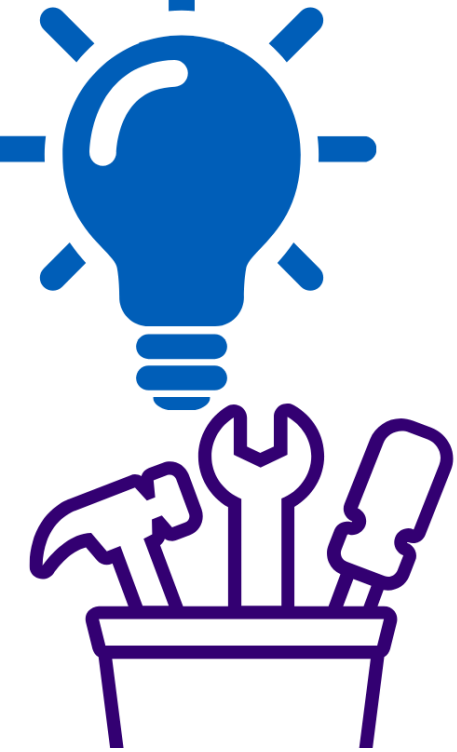
Appendix 1 – Access Improvement Plan plus sub appendices

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside ICB Access Improvement Plan

Report Author and Contact email	Christopher Leese
Author Contact email	Chris.leese@cheshireandmerseyside.nhs.uk
Version	Final
Date	November 2023

- Empowering patients
- Implementing Modern General Access Practice
- Building Capacity
- Cutting Bureaucracy



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2. National Policy – Recovering Access to Primary Care

2.1 National Aims & Ambitions

- National guidance document can be found here https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/
- Aimed at General Practice but with some Community Pharmacy actions due out of ongoing national negotiations.
- Aim to tackle 'the 8AM rush' to ensure patients can receive same day support and guidance from their local practice.
- Enabling patients to know how their needs will be met when they contact their practice.
  A step toward delivering the vision set out in the Fuller Report Next Steps for Integrating Primary Care *"There are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it." Fuller Stocktake Report - May 2022.*
- Integrated Care Boards (ICBs) have to ensure their plans are submitted to Boards in October/November using the following document as guidancehttps://www.england.nhs.uk/long-read/primary-care-access-improvement-plans-briefing-note-for-system-level-plans/
- The plan focuses on four areas to alleviate pressure and support general practice further;

  i. **Empowering Patients**
  Improving Information and NHS App Functionality
  Increasing self-directed care
  Expanding Community Pharmacy

  ii. **Implementing Modern General Practice Access**
  Better digital telephony
  Simpler online requests
  Faster navigation, assessment and response

  iii. **Building Capacity**
  Larger multidisciplinary teams
  Increase in new doctors
  Retention and return of experienced GPs
  Primary Care estates

  iv. **Cutting bureaucracy**
  Improving the primary/secondary care interface
  Building on the bureaucracy busting concordat

3. ICB response

3.1 Healthwatch

The 9 Healthwatch organisations across Cheshire and Merseyside have continuous conversations with our public about health and care services in each of our Places.

People have told Healthwatch the challenges they currently face in accessing GPs. Healthwatch would expect the improvements being made as a result of the Access Improvement Plan to ensure that people:

- Feel valued and important/understood from their first point of contact with their GP surgery by encountering less hurdles and receiving friendly, clear information about how to access appointments and services - avoiding people feeling isolated and disenfranchised.
- Feel confident when calling their General Practice and that unpaid carers are listened to and included when appropriate.
- Are able to make or manage appointments by visiting the Surgery; by an uncomplicated telephone system that is answered in a timely manner; or by online systems where appropriate and accessible to people. Each of these methods should respect people's privacy.
- Understand what the process/system is for apps and technology for those that want to use it, with clear information of when it is available and what the alternative is, particularly for those that require reasonable adjustments for access.
- Have assurance that language & translation services are included effectively, which could reduce the *did not attends* (DNAs) and cancelled appointments.
- Have a choice of appointments available to them, recognising the merits of face-to-face and online methods.
- Get an appropriate appointment from first contact with a date, time and name of who they will be seeing, and they understand the different roles within practices. With so many different language/names/titles used it is important that people know why they are seeing someone other than a GP, and that they know what they can do, both possibilities and limitations.
- Be given a set time for online consultations, rather than long periods of time that require time off work to wait.
- Be able to make follow-up appointments at the time of original/next appointment.
- Know what the next step/action is, when that is likely to take place, and how they can keep track of any referral.

NHS Cheshire and Merseyside has worked with our 9 Healthwatch organisations and will ensure that they are part of implementation and review process.

3.2 Access Improvement Ambitions

Our ambition is not only to improve access to general practice services for our population, but to achieve a **single more consistent offer of Primary Care (General Practice) access**. In 23/24 we will have invested circa £90 million in access related support and developed a single set of performance measures to support and quantify 'improvement' across the system.

Our key aims are;

- **Enabling better, easier access to more appointments:**
    - **Access to a routine appointment within two weeks**
      Using the IIF (Investment and Impact Fund) indicator measurement and data collection from booking to appointment, to achieve measurable increases in 23/24 and beyond.
    - **Same day appointments for patients who require them**, with all patients provided with an appropriate response following initial contact, that same day, in line with the recent national contract amendments.
    - **That patients can easily access the practice by all available means**, but noting the specific feedback via the GP Practice Survey and our Healthwatch colleagues that patients want to see the biggest improvement in **telephone access.**
    - **Delivering more appointments overall** by all available means, with an agreed target and trajectory for 24/25 and beyond.
    - Using the work of the Equality and Health Inequality Analysis (Appendix 1) to **ensure equality of access for all patients, communities, and vulnerable groups.**
- **Investing in our primary care workforce** including wellbeing offers, retaining GPs and responding to the asks in the National Long-Term Workforce Plan:
    - **A clear plan to retain GPs within the ICB** – patients tell us they value direct contact with their 'GP', and the ICB has a considerable percentage of GPs in their 50s who may be considering leaving the profession in the next few years.
    - **Maximising ARRS (Additional roles)** to maximise spend and recruitment by March 2024.
    - **Increasing our headcount GPs** based on the national ambition.
    - **A clear delivery plan 1/4/2025 to respond to the NHS Long Term Workforce plan.**

- **Prioritisation of Wellbeing offers,** recognising the huge pressures facing our primary care workforce, working with our Local Medical Councils (LMCs) and practice staff.

- **Support all our practices to have the key elements of the 'Modern General Practice Access Model'** in place by December 2024 **-** this model underpins all of our access ambitions and as part of this we need to ensure best practice and progress is shared and celebrated.

- **'Measuring success'** not just by using our performance dashboard, but by working with Healthwatch and other key stakeholders to collect meaningful patient feedback, particularly in our most challenged areas and populations.

3.3 PCARP Finance

The overall aim of the funding outlined in the table below, is to deliver an improved experience of access for patients, better continuity of care where most needed, and improved job satisfaction for staff.

SDF and Primary Care Access Recovery Funding	Total
GP Practice Fellowships	1,667,000
Supporting GP Mentors	392,000
GP IT and Resilience	568,328
C&M GP Retention	320,869
Top Slice for Digital Funding	600,000
Transformation Funding Pool	3,054,216
Leadership & Management	2,004,835
Total SDF 23/24	8,607,248
Capacity and Access Support Fund (CAP)	8,116,762
Capacity and Access and Improvement Payment (CAIP)	3,478,612
Transition Cover and Transition Support Funding	2,050,000
Cloud Based Telephony	1,178,000
ARRS Support	65,782,087
Pharmacy Offer (£TBC)	TBC
Primary Care Access Recovery Support Funding	**80,605,461**
Total Funding	**89,212,709**

In 2022/23, there were eight separate funding allocations. For 2023/24, there is now one single Primary Care transformation allocation (with the aim of reducing bureaucracy).

Whilst there is one funding pot, the funding and support available covers the following.

1. Transformation which incorporates:
    - Local GP retention fund
    - Primary Care estates business cases
    - Training hubs
    - Primary Care flexible staff pools
    - Practice Nurse measures
    - Practice resilience
    - Transformational support (which included the previous Primary Care Network (PCN) development and digital-first primary care funding lines)
    - PCN leadership and development (£43 million)
2. Workforce programmes which cover:
    - The Additional Role Reimbursement Scheme
    - General Practice fellowships
    - Supporting mentors scheme
    - International GP recruitment
3. GPIT which covers:
    - GPIT – infrastructure and resilience
4. Capacity and Access Support Fund (CAP and CAIP) paid in 2 parts.

The aim of the CAP funding is to provide the space, funding, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

3.4 ICB governance and delivery

- At a System Level, a fortnightly Programme Board chaired by the Assistant Chief Executive Clare Watson, as executive lead for Primary Care, with each of the four areas of the guidance led by an identified Senior Responsible Officer (SRO), with identified leads for the cross-cutting theme areas such as digital, and place executive representation. The Board reports to the System Primary Care Committee, who have received reports and updates at each meeting. Programme Management Office (PMO) structures and process are supporting this with key document such as a risk register, in place. The outcome from this Board will be the final product (System Access Improvement Plan) and the Primary Care Access Performance Dashboard, to ensure a metric base of evidence to support the delivery of actual improvements, in line with the national guidance.

- Each place was asked to agree a place level Access Improvement Plan, signed off by the Place Director, managed through place structures and oversights. The plan was based on their local patient intelligence, their Primary Care Network improvement plans, practice plans and other access information gathered in line with the national guidance. Each Place was asked to share/liaise and work with their local Healthwatch, LMCs and other key stakeholders in delivering their plan. Place plan summaries are included in Appendix 2-10 noting key other information held at place is available on request.

- An investment overall of circa £90 million in Access Improvement through several different sources of funding, summarised in section.

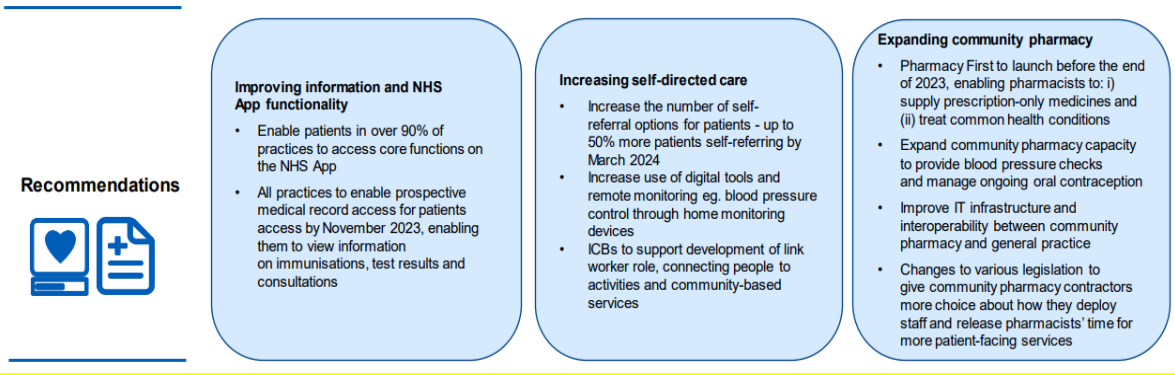
- **Access Improvement Leads – System and Place**

Clare Watson, Assistant Chief Executive	Executive Lead
Lorraine Weekes / John Adams	Finance Leads
Tim Caine	BI Lead
John Llewellyn / Colette Morris	Digital Leads
Vicki Wilson	Workforce Lead
Ian Ashworth	Population Health Lead
Helen Johnson	Communications Lead
SRO: Christopher Leese	Overall Delivery Lead
SRO: Tom Knight	Empowering Patients
SRO: Tony Leo	Implementing MDGPA
SRO: Christopher Leese	Building Capacity
SRO: Dr Jonathan Griffiths	Cutting Bureaucracy
Tricia Cavanagh-Wilkinson	PMO Support

4. Empowering Patients

Increasingly sophisticated technology continues to change many aspects of our daily lives. Technology can empower us with information to make decisions, make processes more efficient, give staff more flexibility and reduce costs.

Summary of national asks



4.1 Improving information and NHS App functionality

Our ambition

We want the public to have access to health information they can trust, find local services, and use the NHS App where this is their preference to see their medical records, order repeat prescriptions, manage routine appointments with their practice or local hospital and see messages from their practice. The NHS App ambitions are already a reality for people registered with around 20% of practices, so this plan focuses on how to increase that to over 90% by March 2024.

Progress so far

Good levels of engagement at all levels and working with IT providers to support practices with enablement has led to steady progress as illustrated in the table below.

NHS App Function	National Target	Cheshire & Merseyside Position September 2023 (POMI Data)
Appointments	90%	84%
Detailed Coded Records	90%	97.4%
Secure NHS App Messaging	90%	POMI data does not report on messaging at present
Prescriptions	90%	97.1%

Key next steps

- Continue to work with Place teams to ensure system enablement. Focus on patient level enablement and use age of NHS App functions. Continue to engage with key stakeholders.

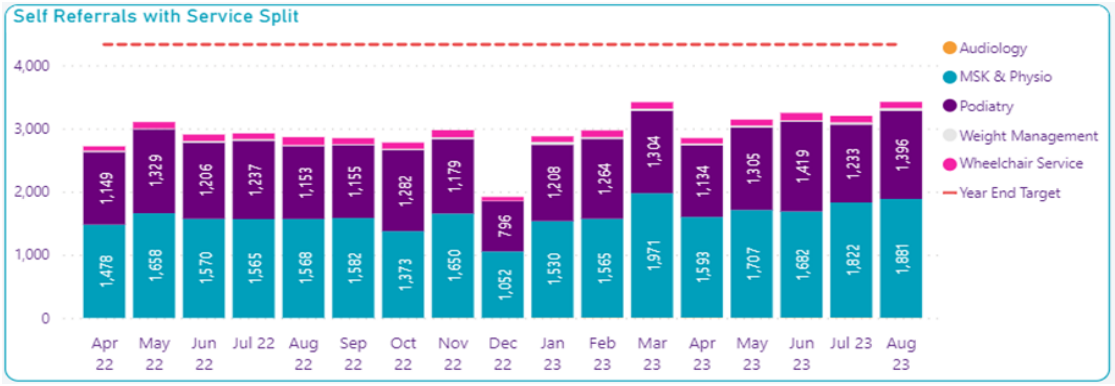
4.2 Increasing self-directed care

Our ambition

For some conditions general practice involvement is not necessary if it is clear to patients where to get care and it is clinically safe to do so directly. This is more convenient for patients and frees up valuable practice time. This is already a reality for some conditions, but we will increase the number of self-refer options, guided by clinical advice.

Progress so far

C&M target is 4,314 referrals per month based on average referrals April to October 2022 and monitoring is through Community Services Data Set (CSDS). NHS Digital published figures show August performance as 3,420 (actual) vs. 3,685 (plan). The majority of self-referrals come from MSK & Physio Services and Podiatry Services.



Key next steps

- Building on our initial analysis that identified a number of data anomalies we will be working with the Provider Collaborative to improve performance and bring together service commissioners. Commissioners at Place will be required to review existing service specifications/monitoring information, identify gaps in provision and support the uptake in demand.
- A data improvement group has been established as there are inconsistencies and anomalies that are reflected nationally. The group has been established, meets monthly and includes representation from the NHS England Regional team and NHS Cheshire and Merseyside Business Intelligence team.
- Ensure expansion of the specified self-referral pathways to reduce variation, address gaps and meet the 50% target increase required.

4.3 Expanding community pharmacy services

Our ambition

Community pharmacy is an essential part of primary care and offers people easy access to health services in the heart of their communities. 80% of people in England live within a 20-

minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation.

We now know that the Pharmacy First service will be launched on 31 January 2024 subject to the appropriate digital systems being in place to support these services. Pharmacy First will be a new advanced service that will include 7 new clinical pathways and three elements consisting of:

- Pharmacy First (clinical pathways)
- Pharmacy First (urgent repeat medicine supply)
- Pharmacy First (NHS referrals for minor illness)

This will be alongside the expansion of Pharmacy Contraception Service and relaunch of the Blood Pressure Check Service on 1 December 2023.

Progress so far

A Cheshire and Merseyside Task and Finish Group was established at an early stage and is ready to support implementation prior to the recent announcements confirming the conclusion of national negotiations.

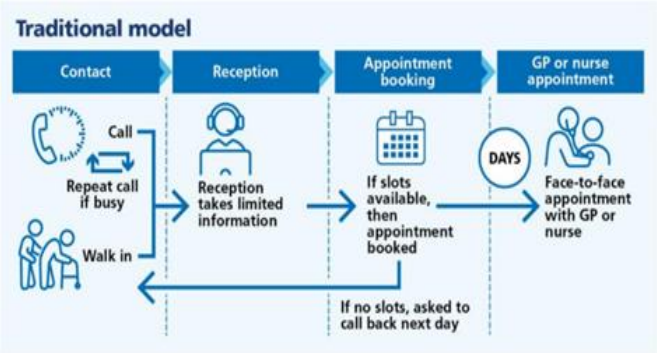
We already have the majority of community pharmacies delivering the hypertension service.

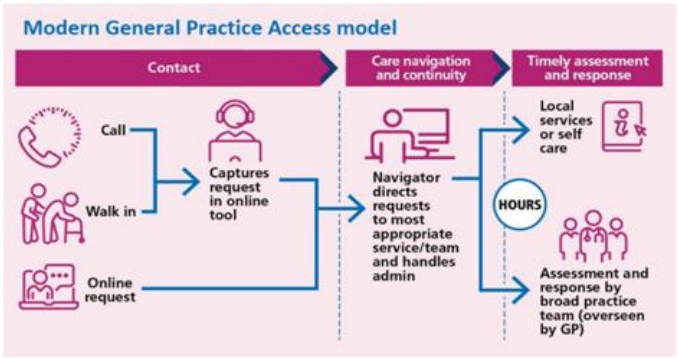
Key next steps

- Planning for implementation of the Common Conditions Service once national negotiations have been completed underway including engagement with Cheshire and Merseyside Local Pharmaceutical Committees and Local Pharmacy Network.
- Expand the existing contraceptive pilot service and the established hypertension service.

5. Modern General Practice Access

Modern General Practice Access then and now.





Summary of national asks

Recommendations

Better digital telephony

- All practices to transition to digital telephony by December 2025 to make full use of i) multiple call management; (ii) call-back functionality; (iii) call-routing and (iv) integration with clinical systems
- NHSE to support transition to digital telephony to those practices that commit by 1st July 2023
- 1000 practices to be utilising this technology by the end of 2023

Simpler online requests

- NHSE to provide general practices with high quality online-consultation, messaging and booking tools by July 2023
- ICBs, Primary Care Networks and GPs to agree most appropriate tools to support transition to new model

Faster navigation, assessment and response

- NHSE to invest in new National Care Navigation Training programme for up to 6500 staff starting in May 2023
- NHSE to fund higher-quality tools that enable the shift to online requests and enable all practice team to contribute to rapid assessment and response
- NHSE to support practices committing to transformation with extra capacity over the next two years - £13,500 per practice

5.1 Our Ambition

We will implement *'Modern General Practice Access'* so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.

Through available national funding and support offers, NHS Cheshire and Merseyside will:

1. **Support all practices on analogue lines to move to digital telephony, including call back functionality where they signed up by July 2023 (national deadline).**

   Ambition: *to see an end to long call waits or engaged tones when patients call their practice. The new approach will allow multiple call handling, call back functionality as well as call routing to direct patients to the most appropriate team member. The national ambition is to transition 1,000 practices to new digital telephony before the end of 2023, so that around 65% of all practices nationally will be using this technology. This includes managing queuing, call back and call-routing processes.*

2. **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.**

   Ambition: *to support and enable patients to access their practice via other digital routes such an online requests as well as by telephone; to support practices with training in care navigation, assessment, and response processes so that when patients contact their practice getting a response on the same day will be the norm and they will be directed to the most appropriate member within the whole practice team; transition funding will be available to support practices to enable them to clear existing work as they transition to the modern general practice access model.*

3. **Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.**

   Ambition: *to continue to encourage practices to access the voluntary national improvement programme via the Support Level Framework to enable them to make the changes needed to deliver improvements in access; this programme contains a range of different support offers to build capacity, capability and resilience over the next 12+ months.*

5.2 Current Progress and Plans

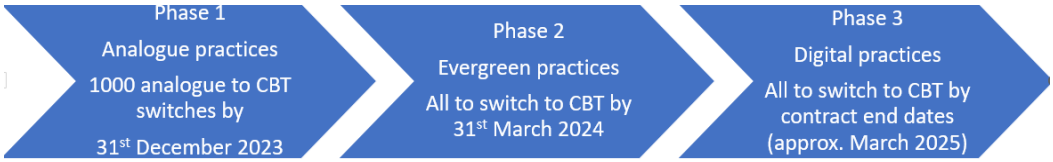
Better Digital Telephony

General practices with legacy & traditional telephone systems are struggling with managing high and peak demands, with patients being held in long queues waiting for calls to be answered or constantly encountering engaged lines, leading to poor patient experience. Advanced (smart) telephony systems for GPs are seen as an efficiency enabler and a significant services transformation enabler, offering:

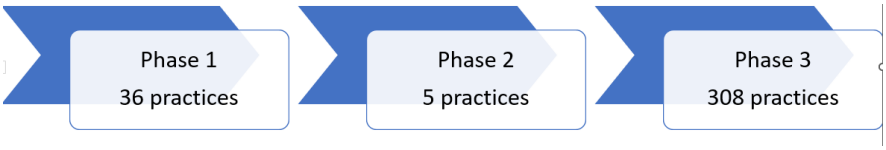
- Practice resilience and accessibility (as cloud hosted)
- Remote, mobile and home working capabilities for clinical staff as staff are able to answer calls from wherever they are, with seamless access for patients through use of a single number
- Support for new ways of working including total triage and digital consultations
- Supports patient choice in method of consultation
- Improved patient experience (as no limits on accessible lines)
- Better effectiveness and efficiency by integrating telephony with practice clinical system patient records;
- Support for at-scale working - including Primary Care Network (PCN) operations (and potentially future Integrated Care System working arrangements);
- Compliance with GP Contract conditions for telephony;

The 2023/24 GP Contract requires practices to use the nationally set Advanced (Cloud/Digital) Telephony Framework for procuring digital telephony with effect from 1st April 2023. This framework includes suppliers who can provide the functionality required to support the transformation described within the recovery plan. All analogue phone systems across the country are due to be switched off by December 2025 so this change is a prerequisite ahead of this date.

The table below summarises the phases and ambition of the national programme to deliver Better Digital Telephony:



Across Cheshire and Merseyside, there are 349 general practices who will transition to better digital telephony:



Good progress is being made with both Phase 1 and 2 practices actively engaged in the process and being supported by the National Commercial and Procurement Hub with selecting a new supplier, negotiating associated fees and contract documentation.

More ambitious deadlines have been set during the early part of November which require phase 1 practices to complete all contract documentation by the end of November with all contracts to be signed by 15th December 2023.

Position against these targets on 17th November 2023 is shown in the table below:

Phase 1	Completed	In progress
Practices engaged with the Hub	36	0
Practices selected a new supplier	21	15
Practices with contract drafted	13	8
Practices with contract signed	1	12
Practices with agreed go live date	1	0

Alongside the national offer commissioned by NHS England (NHSE), the ICB's GP IT teams also support practices with technical queries and understanding infrastructure requirements to enable implementation.

Transitioning to a new telephony supplier involves multiple stakeholders working together, which presents complexity and several challenges to delivery within the timescales set out. Key to meeting the delivery ambitions is ongoing engagement with Places, IT service providers and other stakeholders whilst maintaining the stability of service provision across general practices.

At scale approach to digital telephony systems is being encouraged at PCN/Place level according to need and where it makes sense to do so. Early feedback from the National Commercial and Procurement Hub suggests the number of PCNs exploring this approach is encouraging.

Next steps

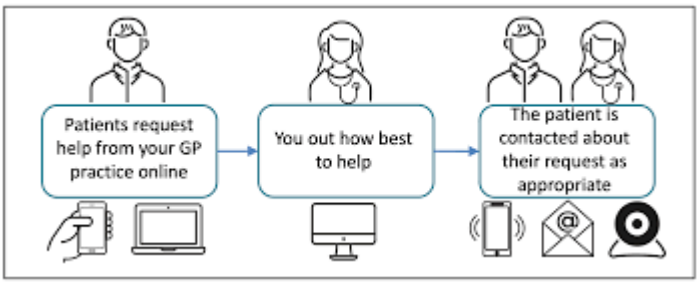
- All Places to continue to encourage practices to contact Procurement hub well in advance of their contract expiry date and utilise the Advanced Telephony Better Purchasing Framework to select a new supplier.
- Progress being monitored closely (Weekly) by NHSE against local delivery targets with oversight maintained by the Primary Care Access Recovery Plan Programme Board.

Simpler Online Requests

Online consultation tools provide increased choice and flexibility for patients in how they access care and provide benefits to practices in managing and prioritising their workload.

All practices must offer and promote the ability to access and use an 'online consultation tool', which is a software system that enables patients to contact their practice online to seek health advice, describe their symptoms, ask a question, follow up on a previous issue, or make either a clinical or administrative request.

This is the minimum functionality required, but the online systems generally provide additional functionality; the ability to send a message to a patient as a reply to their query or request, or to ask the patient for further information.



All practices within Cheshire and Merseyside have been providing online access to patients in line with contractual requirements. The majority implemented online access during the pandemic and utilisation increased dramatically. During 2022, a new online consultation tool was procured and commissioned on behalf of all former CCGs within Cheshire and Merseyside. This solution (PATCHs) has now been implemented and is live in 78% of

practices with the remainder deciding to use and now live with either E-consult, Blinx or AccuRx.

The optimisation of online consultation tools is an ongoing workstream across general practice to ensure functionality is fully utilised and patients have a good experience when using online tools to contact their practice.

The optimisation of online consultation tools is an ongoing workstream across general practice to ensure functionality is fully utilised and patients have a good experience when using online tools to contact their practice.
Through the new Digital Pathway Framework expected to be launched in January 2024, NHS England will make available high quality online consultation, messaging and booking tools to support practices to shift to the Modern General Practice Access Model.

NHS Cheshire and Merseyside is working with Place Digital Leads to understand requirements and procurement approaches to align with local need. The first of these is underway to understand SMS requirements across all 9 Places. The outcome of this review will inform commissioning intentions from 1st April 2024 with tools selected from the Digital Pathway Framework outlined above.

Care Navigation

We want to make it easier for people to contact their practice and to get a response on the same day the norm, so that patients know how their request will be dealt with. Care navigation is critical to achieve this and supported by a national Care Navigation Training programme for up to 6,500 staff nationally.

Since May 2023 NHS Cheshire and Merseyside has had two care navigation training offers available:

1. Local offer provided by Conexus which supports training for up to 6 members of staff in each practice in Cheshire and Merseyside. Note that the numbers of individuals trained per practice varies according to size.

Places report good uptake of the local offer which is popular with both PCNs and practices with approximately **220 practices** engaged in the on-going programme so far with more practices due to on-board from November onwards.

2. National Training Programme which supports training for 1 person in each practice. The national training offer started in May 2023, is voluntary and exists alongside the local Cheshire and Merseyside offer. Currently **146 practices** within Cheshire and Merseyside are participating in the national offer.

Alongside this training support there is also provision available for each PCN for the recruitment of a Digital and Transformation Lead role within the Additional Roles and Reimbursement Scheme (ARRS) framework. Currently **36 PCNs** have an identified Digital and Transformation Lead with other PCNs in the process of recruitment.

Next Steps:

- All Places continue to actively encourage practices and PCNs to engage in the available training at both national and local levels and monitor local uptake reporting progress to local Place Primary Care Committees and through other local governance routes. These issues are regularly discussed at various local Place engagement forums such as: PCN Clinical Director forums; Practice Managers forums; Protected Learning Time sessions etc.
- Note that uptake continues to increase as more practices join programmes.
- The Primary Care Access Recovery Programme Board (PCARPB) will continue to maintain oversight and reporting of uptake.

5.3 Support for Transformation

The transformation of general practice access will only be achieved through a range of support measures. Tailored 'hands on' support is available to practices and primary care networks (PCNs) to help implement the modern general practice model and realise benefits as quickly as possible.

This is divided into 'universal', 'intermediate' and 'intensive' offers:

- Universal: a range of 5 "how to guides" identifying quick wins for practices
- Intermediate (practice): three months of support with a facilitator.
- Intermediate (PCN): 12 half-day sessions over a flexible time period.
- Intensive (practice): six months of support with a facilitator.

All Places within NHS Cheshire and Merseyside continue to actively encourage their practices to take up the whole range of offers within the national support level framework and the current position is as follows:

ICB Level Summary - As at 30 September 2023									
Area	ICB Name	ICB Code	Number of Current PCNs PLEASE NOTE - U41591 / Coast And Country PCN has practices split across 2 different ICSs	Number of Current Practices	Number of Current Practices who are currently engaged / have completed Practice Level Support (Current Uptake)	Current uptake as % of Total National Uptake (510) to date	% Fair Share of Available Capacity for NW	Actual Share of Available Capacity	% Uptake of Available Share
ICB	NHS Cheshire and Merseyside Integrated Care Board	QYG	48	349	40	7.80%	36%	63	63.10%
North West	North West Region	N/A	155	961	80	15.70%	100%	176	45.50%
England	All England	N/A	1271	6353	510	100%	100%	1150	44.30%

* Total capacity available for England = 1150
* Total capacity available for NW England = 176
* Total National Uptake = 510
* Total capacity for NW Region = 15% of 1150 (total national capacity) = 176

This data shows that the total available support capacity for England is 1,150 practices with the NW Regional share of that capacity equating to 176, and NHS Cheshire and Merseyside's share of the North West regional capacity at 63. According to latest data provided by NHSE to the end of September 2023, NHS Cheshire and Merseyside has made good progress to date with 40 practices participating against a fair share of 63 which is a 63.1% uptake rate.

Whilst participation in the national programme is voluntary for practices, NHS Cheshire and Merseyside will continue to encourage all practices to take up offers of available support. A number of practices have already completed/are completing local place based capacity and resilience projects so are not signing up to the national offer as this is seen as duplication.

Next Steps:

- Each Place continues to actively encourage their practices to participate in the General Practice Improvement Programme and monitors local uptake, reporting progress to their local Place Primary Care Committee.
- The Primary Care Access Recovery Programme Board (PCARPB) will continue to maintain oversight and reporting of uptake.

5.4 Support Level Framework Visits

Place Teams are undertaking individual Practice Visits as part of a more structured and comprehensive approach to identify and implement any further individual practice support needs.

The Support Level Framework (SLF) supports organisations to understand their development needs and where they are on the journey to embedding modern general practice. The SLF has been co-produced with general practice teams. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows organisations to understand what they do well and opportunities for improvement so the ICB can provide the right type of on-going support for practices. A number of Places have already identified initial cohorts of practices for a support level conversation and commenced visits with **17 practices** visited so far.

Next Steps:

- Places to identify and prioritise practices for a support level framework visit where they have not already done so to identify key themes/actions for further support.
- Places to report progress and key themes to their Place Primary Care Committee.
- The PCARPB will collate and review key themes periodically to identify any areas for sharing and learning. PCARPB will continue to maintain oversight and reporting of uptake.

5.5 Transition Cover and Transformation Support Funding

Practices that have made the change to a modern general practice access model have shared the importance of clearing backlogs of work so new processes and ways of working can start from a clean slate. For practices looking to implement a modern general practice access model the transition cover and transformation support funding – an average of £13,500 per practice – is available to provide additional capacity to help smooth the transition to a new model.

Funding of c£2m has been made available mid-year to NHS Cheshire and Merseyside on a draw down basis by 31 March 2023 with a further £2m available in 2024/2025. The funding is to be deployed on the basis of greatest need, with reimbursement of costs rather than distribution on an individual fair share basis, managed through Place.

Key issues so far include:

- The need to increase staff capacity to clear backlog of appointments. Note, however, that this relies upon finding staff to undertake sessional work or the availability of existing staff to undertake additional work which is challenging.
- The need to use funding to target and address support needs for those practices within Place where significant health inequalities exist.
- Practice Visits will help to inform how practices can be better supported as part of a co-production approach. As funds are released on a draw down basis and likely to be reliant upon engaging staff for additional sessions to clear backlogs, it may be a challenge to deploy the whole £2m within year.

Next Steps:

- Places to identify and prioritise practices for transformation funding. Key activities to be supported by an agreed clear action plan and outcomes.
- Places to track expenditure, report progress and key themes to their Place Primary Care Committee.
- The PCARPB will collate and review key themes periodically to identify any areas for sharing and learning across NHS Cheshire and Merseyside. PCARPB will continue to maintain oversight and reporting of uptake and spend.

6. Building Capacity

The ICB's Primary Care Workforce Steering Group oversees this work and reports to the People Board and System Primary Care Committee. At place level this is managed through place primary care fora and any associated workforce groups.

Summary of National asks

Recommendations

Larger multidisciplinary teams

- 26,000 more professionals in general practice and 50 million more appointments by 31 March 2024
- Funding for up to £385m for Additional Roles Reimbursement Scheme (ARRS) in 2023/24
- All primary care staff to be able to access suite of health and wellbeing offers and the Practitioner Health Service

Increase in new doctors

- Up to £35 million of SDF funding available for GP fellowships in 2023/24
- Further expansion of GP specialty training – and make it easier for newly trained GPs who require a visa to remain in UK
- NHSE to work with partners to identify opportunities for other doctors, eg SAS doctors, to work in general practice multidisciplinary team

Retention and return of experienced GPs

- DHSC agreement to make retire and return easier and protect NHS staff from higher tax charges driven by inflation
- Encourage experienced GPs to stay through the pension reforms announced in the Budget
- NHSE to launch campaign to encourage GPs to return to general practice and invest in GP retention schemes

Primary care estates

- ICBs to work with local partners to better anticipate where housing developments are putting pressure on existing services
- Changes to local authority planning guidance this year to ensure due consideration of primary care capacity

6.1 Larger Multi-Disciplinary Teams

2023/24 national target of 26,000 extra staff by employing more staff through the Additional Roles Reimbursement Scheme (ARRS)

Cheshire and Merseyside target by March 2024, 759 wte staff (over the 330 baseline, March 19) Cheshire and Merseyside performance at June 2023, 1,784 wte (including 330)

The March 2024 target has already been exceeded by **an additional 695 (63.8%)**.

We are the 5th highest ICB increase nationally, with the England increase at 14.4%.

Table 1 Performance against Target – ARRS

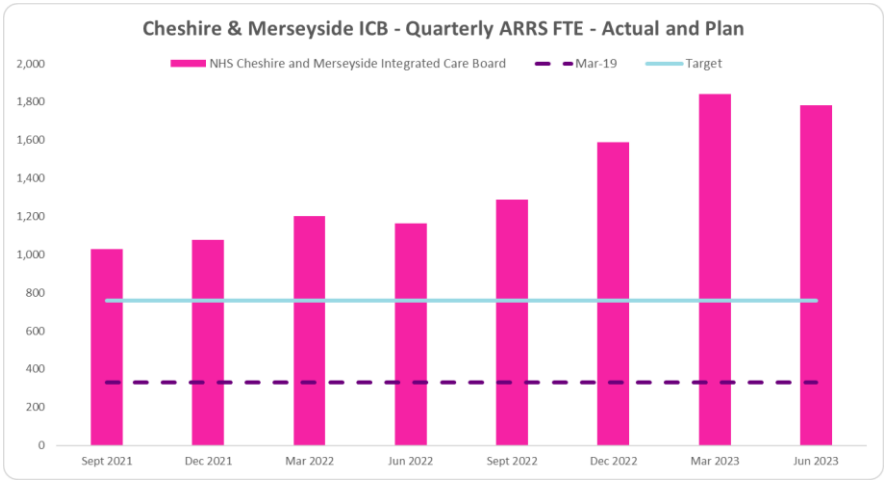


Table 2 Full list of ARRS roles contributing to national target.

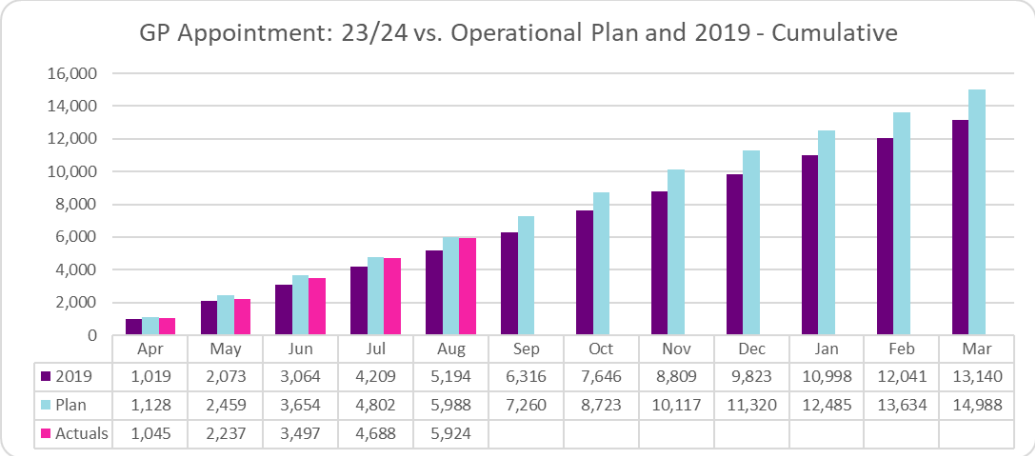
Role Source	Staff Role
NWRS / ARRS Claims Portal	Advanced Dietician Practitioners
	Advanced Occupational Therapist Practitioners
	Advanced Paramedic Practitioners
	Advanced Pharmacist Practitioners
	Advanced Physiotherapist Practitioners
	Advanced Podiatrist Practitioners
	Apprentice Physician Associates
	Care Coordinators
	Dieticians
	First Contact Physiotherapists
	General Practice Assistants
	Health and Wellbeing Coaches
	Mental Health Practitioners
	Nursing associates
	Paramedics
	Pharmacy Technicians
	Physician Associates
	Podiatrists
	Social Prescribing Link Workers
	Therapists - Occupational Therapists
	Trainee Nursing Associates
NWRS Only	Applied Psychologists - Clinical
	Apprentice - Health Care Assistants
	Apprentice - Others
	Apprentice - Pharmacists
	Apprentice - Phlebotomists
	Apprentice - Physiotherapists
	Apprentices
	Clinical Associates in Psychology
	Dispensers
	Health Support Workers
	Healthcare Assistants
	High Intensity Therapists
	Mental Health and Wellbeing Practitioners
	Other Direct Patient Care
	Peer Support Workers
	Phlebotomists
	Physiotherapists
	Psychological Wellbeing Practitioners
	Social Workers
	Therapists - Counsellors
	Therapists - Others
	Trainee Clinical Associates in Psychology
	Trainee High Intensity Therapists
	Trainee Mental Health and Wellbeing Practitioners
	Trainee Psychological Wellbeing Practitioners

Appointments:

2023/24 NHS Operational Plan Targets – NHS Cheshire and Merseyside currently offers 730,000 more appointments than at pre pandemic levels. This equates to an additional 14% compared to the same cumulative position in 2019 (April to August). As part of the Operational Planning ICBs were set a national target of 14.98m GP Appointments. For NHS Cheshire and Merseyside this equates to an additional 1.8m appointments by March 2024 (compared to 2019). Current performance shows 60,000 appointments under target

as at August 2023, however for the last 3 months actual appointments have exceeded plan figures.

Table 3 – Operational Plan Appointments



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019	1,019	2,073	3,064	4,209	5,194	6,316	7,646	8,809	9,823	10,998	12,041	13,140
Plan	1,128	2,459	3,654	4,802	5,988	7,260	8,723	10,117	11,320	12,485	13,634	14,988
Actuals	1,045	2,237	3,497	4,688	5,924							

Appointments: % of appointments within 2 weeks of booking. The National IIF ask is 85% (Lower Threshold) and 90% (Upper Threshold) of appointments to take place within 2 weeks of booking. NHS Cheshire and Merseyside performance currently sits at 85.5% of appointments taking place within 2 weeks. 216 (of 350) GP Practices are delivering 85% of appointments within 2 weeks of booking.

Table 4 – Appointments within 2 weeks of booking

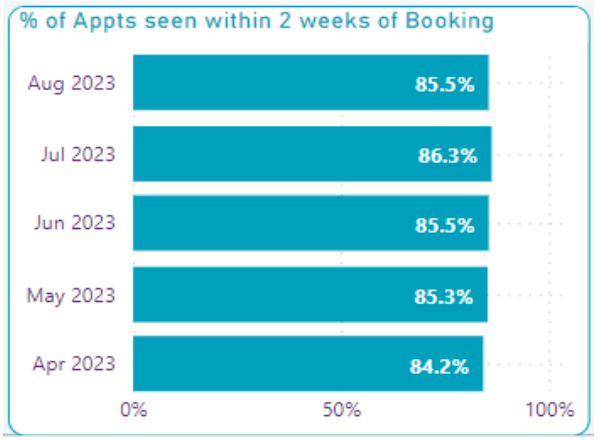


Table 5 - Appointments split by mode – year on year comparison (Jan-Sep)

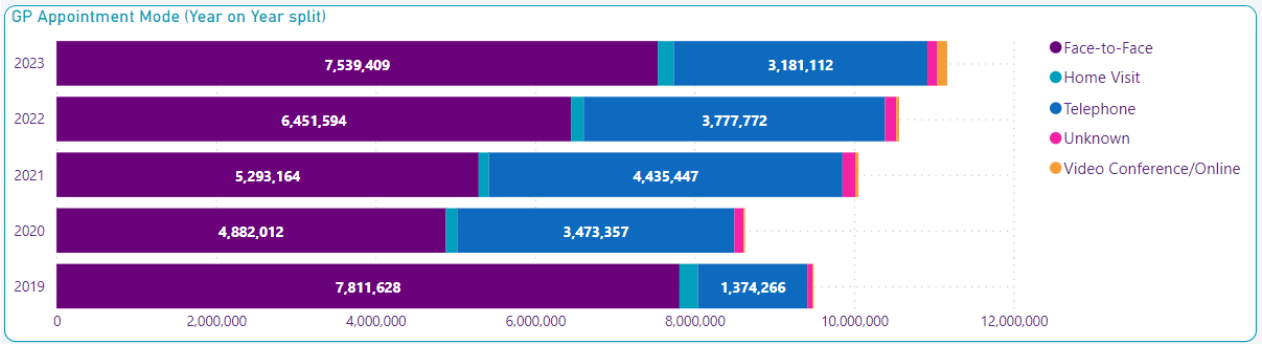
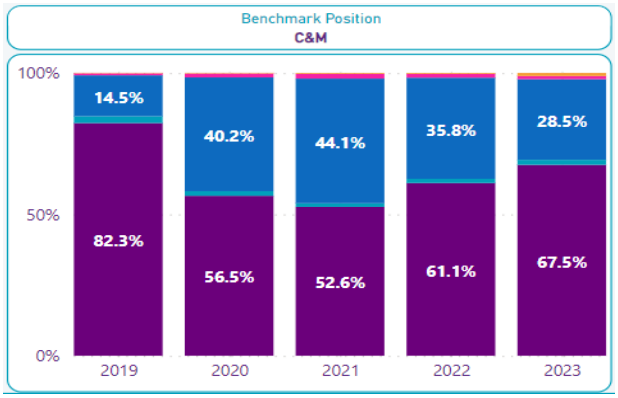
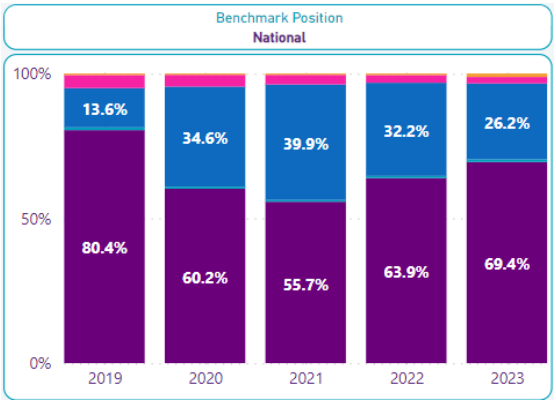


Table 6 - Appointments % split by mode – year on year comparison (Jan-Sep): NHS Cheshire and Merseyside vs. England Average





Increase in new doctors

- There are currently 103 Fellowships across NHS Cheshire and Merseyside and we plan to invest £1.6 million in 23/24 with a target of 140 to be achieved by March 24.
- NHS Cheshire and Merseyside are using the 2031/32 ambition of 6,000 extra GPs adjusted to apply to March 24. This translates to a target of 1,868 extra GPs by Mar 2024.
- We currently have 1,847 FTE GPs and are predicting that by year end we will have 1,836. We therefore forecast that by year end there will be a shortfall of 32 FTE GPs.
- Further work is required to refine this trajectory for 24/25 and beyond.
- In 23/24 NHS England further funded a local recruitment offer to ICBs, for PCNs with MIAA (Mersey Internal Audit), who between April 2023 and September 2023 supported and filled 92 vacancies for PCNs with their candidates.

Retention and return of experienced GPs

- We know more and more GPs are planning to retire earlier NHS Cheshire and Merseyside currently has 611 GPs (head count) over the age of 50.

- This equates to 477 WTE which represents 26% of our overall GP workforce. NHS Cheshire and Merseyside currently has 30 doctors on the National GP retention scheme and we continue to work with regional leads to promote and support this scheme.

- In 23/24 NHS Cheshire and Merseyside will invest a minimum of £659,000 at Place and system level in GP retention initiatives.

- In May 2023 we agreed our GP Retention Plan which was developed with our colleagues at the NHS Cheshire and Merseyside Training Hub, Place colleagues and wider stakeholders.

Table 7 - Breakdown of GP Full Time Equivalent by Age band – latest 4 months

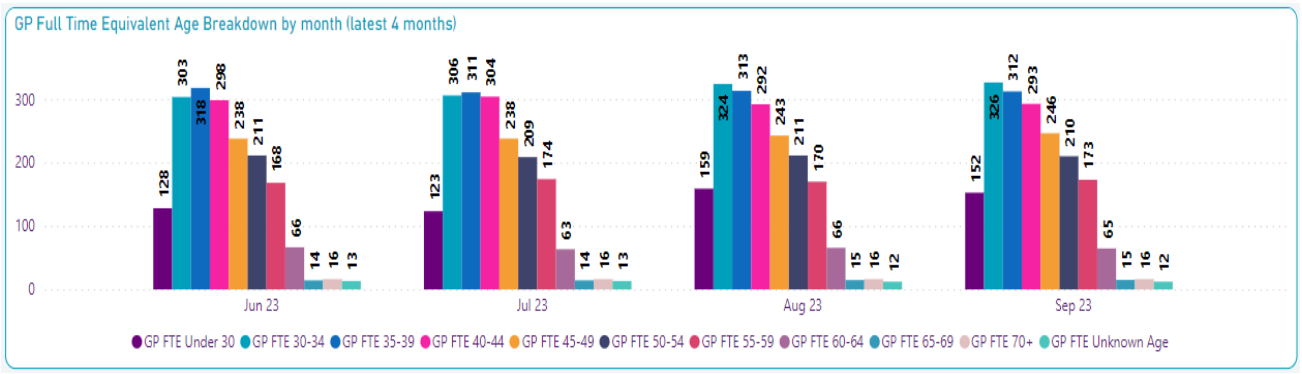
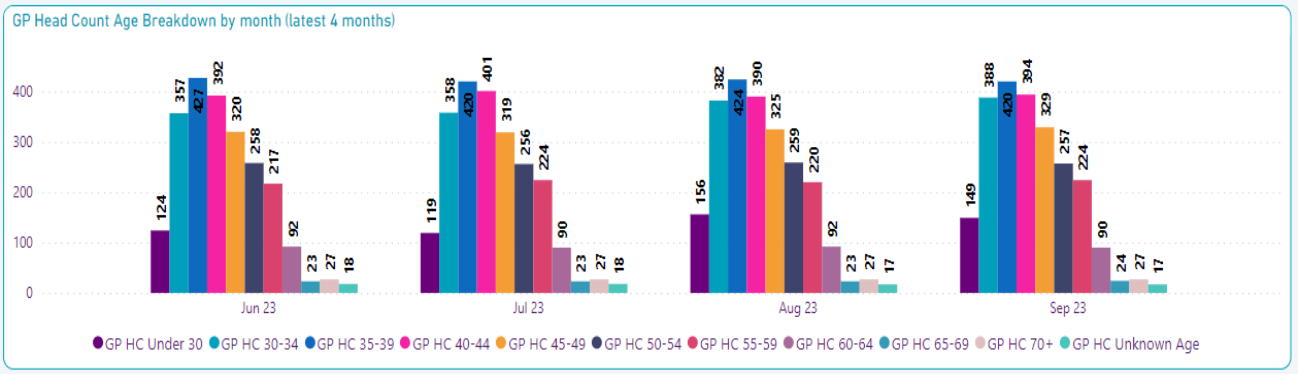


Table 8 – Breakdown of GP head Count by Age Band – Latest 4 Month



- The plan identified the following areas for spend for 2023/24;

  ✓ GP Mentors - £392,000 available (but not committed) for 23/24 for this, with 20 active trained GP Mentors with a target of an additional 5 GP Mentors by March 2024

- ✓ Next Generation GP initiative - one active programme across Cheshire. Discussions underway with several Places regarding additional programmes across NHS Cheshire and Merseyside.
- ✓ GP Locum Peer Support networks
- ✓ Developing Portfolio Careers
- ✓ Career Conversations
- ✓ Face to Face networking
- ✓ GP Equality and Diversity in the workplace
- ✓ CPD and Training
- ✓ 'Your Voice, Your Career' engagement events completed in two places.
- ✓ GP Retention Survey(s) – currently completed in Cheshire East Place with responses from 95 GPs with analysis is underway. The survey will be used to develop local retention initiatives and map GP ambitions and portfolio working to local service delivery. Conversations happening with other Places to consider replicating this approach to help inform local retention approaches.

- £1.6 million investment in fellowships in 23/24 with a target of 140 to be achieved by March 24, current number is 103.

- Using the 2031/32 ambition of 6,000 extra GPs used and adjusted to apply to March 24. This estimated 23/24 national achievement target was then applied to C&M ICB pro rata. This translates to a target of 1,868 extra GPs for Mar 2024. NHS Cheshire and Merseyside have 1,847 (-21) FTE GPs against a Mar 24 target of 1,868 and are predicted to end the year with a figure of 1,836 (-32). We are currently forecast to end the 23/24 FY under this ambition by a shortfall of 32 FTE GPs. Further work is required to refine this trajectory for 24/25 and beyond.

- In 23/24 NHS England further funded a local recruitment offer to NHS Cheshire and Merseyside, for Primary Care Networks (PCNs) with MIAA (Mersey Internal Audit), who between April 2023 and September 2023 supported and filled 92 vacancies for PCNs with their candidates.

Retention and Return of experience GPs

- We know more and more GPs are planning to retire earlier NHS Cheshire and Merseyside currently has 611 GPs (head count) over the age of 50. This equates to 477 Whole Time Equivalents which represent 26% of our overall GP workforce. There are currently 30 doctors on the National GP retention scheme https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/ and we continue to work with regional leads to promote and support this scheme.

- In 23/24 NHS Cheshire and Merseyside will invest at *least* £659,000 at place and system level in GP retention initiatives. In May 2023 the ICB agreed a GP retention plan developed with our colleagues at the NHS Cheshire and Merseyside Training Hub, place colleagues and wider stakeholder(s) which produced the following areas for spend for 23/24;

- GP Mentors - £392,000 available (but not committed) for 23/24 for this, with 20 active trained GP Mentors with a target of an additional 5 GP Mentors by March 2024
- Next Generation GP initiative - One active programme across Cheshire and discussions underway with several Places regarding additional programmes across NHS Cheshire and Merseyside
- GP Locum peer support networks
- Developing Portfolio Careers
- Career Conversations
- Face to face networking
- GP Equality and Diversity in the workplace
- CPD and Training
- 'Your Voice, Your Career' engagement events completed in two places.
- GP Retention Survey(s) – currently completed in Cheshire East Place with responses from 95 GPs with analysis is underway. The survey will be used to develop local retention initiatives and map GP ambitions and portfolio working to local service delivery. Conversations happening with other Places to consider replicating this approach to help inform local retention approaches.

6.2 Wellbeing

In 23/24 NHS England supported NHS Cheshire and Merseyside with continuation of the Health Assured wellbeing offer for all practice time. 40 staff have taken up this offer so far this year. £75k has been secured from NHS England for further intense support for practices that experience serious violent and aggressive incidents in a practice. The external funding is not recurrent and therefore will be a priority for the ICB to prioritise ongoing investment to support the wellbeing of GPs and all practice staff from 2024/25.

6.3 Primary Care Strategic Estates Plan

The national NHS Property Services Town Planning Team are supporting NHS Cheshire & Merseyside to request Section 106 (S106) healthcare contributions for major planning applications over 200 units and respond to local planning policy consultations.

Cheshire and Merseyside Health and Care Partnership's agreed estate strategy sets out our system commitment for the next five years. We are committed to the NHS, local government and other agencies working together to deliver our Estates Plan and take steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them.

Our focus for delivery will primarily be in eight key areas:

1. **Fit for Purpose** – Our Estate will be fit for purpose. It will accommodate the needs of patients and staff alike and provide the best possible care for those who need it the most.
2. **Maximising Utilisation** – We are committed to maximising the utilisation of clinical space. We will be efficient in our design and operation of services.
3. **Environmentally Sustainable** – Our Estates will be more environmentally sustainable. We are willing to invest in making our buildings more energy efficient to make

this happen. Reduce our carbon footprint and play an active role in tackling climate change.

4. **Value for Money & Social Value** – We will strive to ensure maximum value for money and economic benefit for society. We will continuously look for ways to improve social value and make a positive impact on society.
5. **Services & Buildings in the right place** – We want to ensure that everyone has access to the care they need when they need it. Providing care in the right buildings with the right staff and resources.
6. **Flexibility** – We aim for flexibility to be built into our Estate. We will adapt our buildings and facilities to meet the changing needs of the service and constantly review /make changes where necessary.
7. **Technology** – We will optimise the use of Technology for our Estate, making sure our buildings are "Digitally Ready"
8. **Working in Partnership** – We are committed to working in partnership with Local Authorities and other agencies to allow for more efficient use of resources and create opportunities for better health outcomes.

Since April 2023 a total of £2.7m S106 healthcare contributions have been requested to mitigate the impact of new housing on primary care services for significant developments across Cheshire, Halton, Knowsley, St Helens and Wirral.

Where we are successful in securing S106 funding the team will work directly with place primary care leads and individual practices to deliver improvements to infrastructure.

Progress so far

- The Cheshire and Merseyside programme to develop PCN clinical and estates plans will be completed by the end of November. In additions to the plans for PCNs each Place and NHS Cheshire and Merseyside will have a prioritised list of primary care projects for future investment which will be considered as part of the Integrated Care System Infrastructure Strategy.

- NHS Cheshire and Merseyside has commissioned NHSPS to support Places in responding to planning applications and identifying requests for Section 106 infrastructure funding.

- As part of normal planning processes, NHS Cheshire and Merseyside is working with local stakeholders to take account of areas where housing developments are putting pressure on existing services.

- In addition we continue to have local discussion at Place Strategic Estates Groups on local pressures and specific cases.

- Regarding existing plans, these are currently coming to completion for primary care and PCNs across all 9 places with the individual knowledge transfer meetings being held with each of the 9 places over the next two weeks and the central ICB meeting

planned for 14 December 2023. This work will give us full list of primary care priorities for C&M including capital and revenue implications.

6.4 Next Steps

A formal response to the NHS Workforce Plan will be developed once the further national guidance is released, which will include combining actions from the GP Retention Plan and also include the plan for nursing and other allied health professionals/direct patient care staff.

By March 2024 to Board, to be confirmed by People Board/Primary Care Workforce Steering Group

- Clear targets and trajectories for workforce from 24/25 onwards, as part of the above plan for appointments and workforce, but for elements where targets are tbc (see Performance Dashboard, Appendix 12, for current gaps)
  By March 2024 to Board

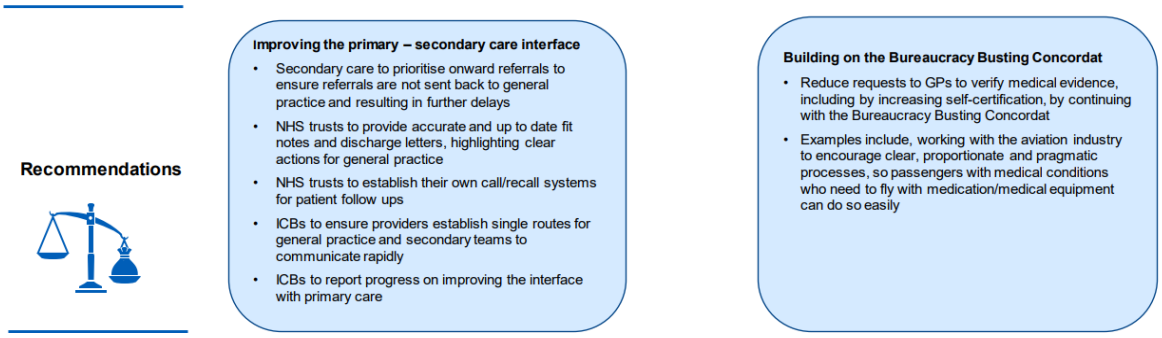
- Understanding and planning for any assumptions made in relation to the additional roles (ARRS scheme) once the national GP contract from 24/25 has been agreed (still under negotiation)
  TBC

- Places with particular challenges in relation to appointments and workforce will be undertaking further place actions as detailed in their place plans to address this - place plans will be updated to reflect progress.
  By March 2024 to Board

- Recognising the huge pressures facing our primary care staff, further work for 24/25 on wellbeing offers, which will be a major theme for the improvement plan.
  Update at March 2024 Board

7. Busting Bureaucracy

7.1 Consensus on the Primary Secondary Care Interface



- We published our Consensus on the Primary and Secondary Care Interface in June 2022. This document was created collaboratively with Primary and Secondary Care across the Integrated Care System footprint.

- The principles within the document include within it the national asks detailed above.

- The Consensus and the Primary Care Access Recovery Plan has been presented to the following Cheshire and Merseyside groups;

    - Trust Chief Executives
    - Trust Medical Directors
    - Trust Chairs
    - Trust Chief Operating Officers

7.2 Primary Secondary Care Interface Groups

- We have established Primary Secondary Care Interface Groups across the Integrated Care System footprint:
    - North Mersey
    - Mid Mersey
    - Wirral
    - Warrington
    - Cheshire West
    - Cheshire East

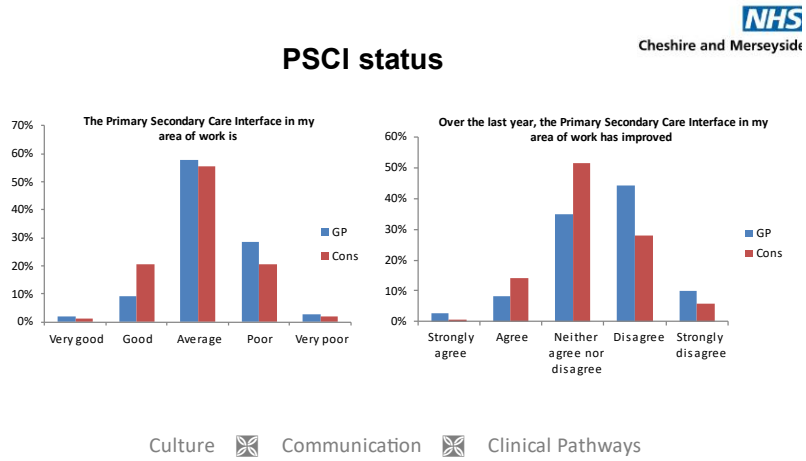
- These groups are working on ‘operationalising’ the consensus document and thus delivering the asks within the Primary Care Access Recovery Plan.

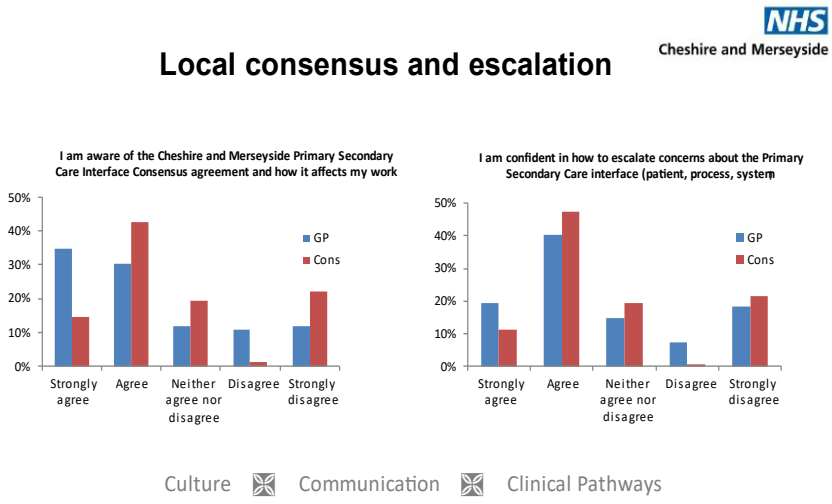
- In particular they are looking to ensure there are clear escalation routes and communication between Primary and Secondary Care.

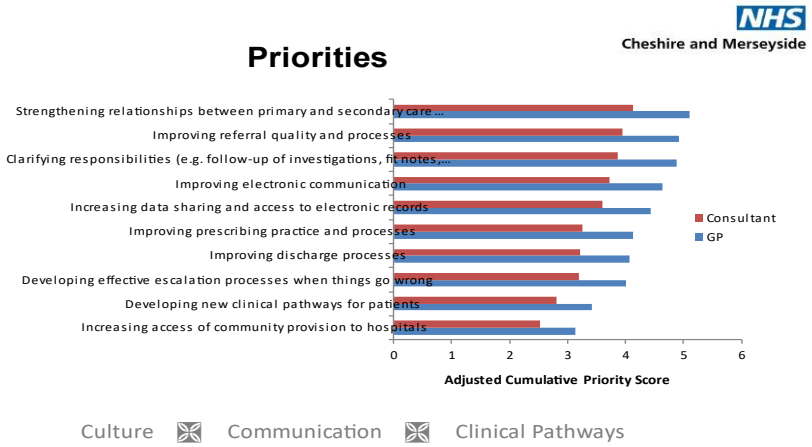
- The groups have representation from both Primary Care clinicians including Local Medical Councils as well as Secondary Care colleagues, typically Medical Directors or Associate Medical Directors.

7.3 Primary Secondary Care Interface Survey

- We have undertaken a survey to assess the current satisfaction with the Primary Secondary Care Interface (PSCI).
- 283 clinicians responded to the survey with a roughly equal split between Primary and Secondary Care responders.
- Key headline results show that GPs are slightly less satisfied with the current situation than consultant colleagues, but that all clinicians have the same priorities.
- The key priority for all clinicians is to improve relationships between Primary and Secondary Care.







- We also have a wealth of qualitative feedback from the survey to analyse and inform ongoing work within our Primary Secondary Care Interface Groups.

7.4 Bureaucracy Busting Concordat

- We continue to wait for further information and national guidance in this area but will look to lead on some local changes with wider system partners such as education and housing to reduce the burden on practices who receive requests for doctors' letters to support a variety of asks from patients.

7.5 Key Challenges

- This workstream requires collaboration across the whole system. There is concern that secondary care may not recognise the need for this work, seeing it as an issue facing Primary Care, rather than a s a true system issue affecting patient pathways.

7.6 Next Steps

- Ongoing work within PSCI Groups.

- A draft Trust Communications Toolkit and a draft Trust Checklist have been produced. These are proposed to be distributed to Trusts shortly for use and completion.

8. Next Steps and Key Milestones

1. **December 2023** Plan to System Primary Care Committee.

2. **To End of March 2024** Programme Board structures remain in place.

3. **Jan 2024 onwards** - Dashboard updated monthly and reported to System Primary Care Committee, Place level plans updated and monitored at place level, with collective discussions at fortnightly primary care leads meeting (inter place and system).

4. **Jan – March 2024** Patient feedback – how do we know our plans are working. Commission additional work pending the GP Patient Survey 2024, at place/system level to understand the impact of these measures – to be discussed further with Health watch colleagues. This will include targeted work with our most challenging communities and will be informed by the working in our Equality/Health Inequality analysis.

5. **Jan-March 2024 -** Gather in more case studies of 'success' / best practice.

6. **March 2024 –** Updating our actions in relation to Equality/Health Inequality analysis including bringing a more bespoke plan to Board to underpin this.

7. **March 2024** Plan returns to Board March 24 with missing targets for 24/25 agreed and in place plus updates in all areas.

8. **March 2024** - Place plans updated for March Board, ongoing assurance at place level through place primary care forums/assurance visits.

9. Appendices

A1	Equality and health inequality analysis and report  EHIA - PCARP
A2-10	Place Plans x 9 Note – *all place appendices have been removed for the purposes of this paper only but are available on request*  East Cheshire.docx  Halton.docx  Knowsley.docx  Liverpool.docx  System Plan Sefton v4 FINAL.docx  St Helens.docx  Warrington.docx  West Cheshire.docx  Wirral.docx
A11	Communications Overview summary
A12	Place Checklist for Primary Secondary Care Interface Trust Checklist for Primary Secondary Care Interface Primary Secondary Care Interface Communications Toolkit  Place Primary Secondary Care Interf  Trust Primar Secondary Care Interf  PSCI Communications Tool
A13	Access Improvement Dashboard
A14	Investment in Access recovery
A14	Risk Register  Risk Register

Appendix 11 – Communications overview summary (as at October 2023)

Primary Care Recovery Access Plan (PCARP) communications and engagement overview: The table below sets out milestones for the PCARP communications and engagement approach, and shows the different levels where activity will happen. Each milestone will have an individual action plan. As in most cases activity will align with the national approach – for consistency and to increase impact – campaign start dates are dependent on NHSE timescales.

Milestone	National activity	NHS C&M communications and engagement (C&E) team activity	Other activity
Additional roles in primary care campaign (launch planned for 19 October 2023, with activity continuing for a number of months afterwards)	PR activity to generate content and media coverage to increase patients' knowledge and confidence in the primary care triage process, and the wider multi-disciplinary team of clinicians that are available in general practice. Production of new patient/public video for use on websites/social media. Production of a toolkit for GP practices.	Cascade communications toolkit to practices via GP briefing. Produce C&M press release and local case study films, for use in local PR, across NHS C&M channels (website, social media and newsletters) and by practices. Issue briefing note to key stakeholders, incl. Healthwatch.	Individual GP practices to use toolkit assets on their own communications channels (e.g. websites and social media). Place directors/primary care teams to share briefing and toolkit with any additional local stakeholders/groups as required.
PCARP plan presented to NHS Cheshire and Merseyside ICB (30 Nov 2023)	n/a	C&E team to issue press release providing summary of C&M plans, including what it will mean across different Places. Content will be used in C&M stakeholder bulletins.	Place directors/primary care teams to share with any additional local stakeholders as required.
Access routes to primary care comms, (currently proposed for Q4 2023/24)	Campaign around routes for accessing general practice services, focusing on digital.	As for additional roles in primary care campaign. Targeted social media activity – utilising health inequalities data – using budget from system development fund.	As for additional roles in primary care campaign.
Wider care available campaign (tbc – potentially spring 2024)	Potential campaign to support new community pharmacy common conditions service.	As for additional roles in primary care campaign.	As for additional roles in primary care campaign.

In addition to the milestones highlighted above, both GP and pharmacy access feature in the Cheshire and Merseyside Winter Communications and Engagement Plan, which includes focal points such as Ask Your Pharmacist Week, Self Care Week, World Antimicrobial Awareness Week, and advice for Christmas/Bank Holiday prescriptions and access (system development fund budget will be used to boost social media messaging around the latter over the holiday period). This activity will be co-ordinated centrally by the communications and engagement team, and shared with NHS C&M Place primary care teams and C&M practices through the fortnightly GP briefing. The team is also planning a separate piece of work aimed at supporting PCNs to develop skills and share best practice in patient involvement, which it is hoped will also provide further opportunities around GP access communications.

Appendix 13 – Access Improvement Dashboard

REF	Area	Actual	Target	BY	RAG	Comments
	ICB Access Recovery Plan - Performance Dashboard v22					
	AS AT October 2023					
1. Empowering Patients						
1.1	No. of additional CCS, OC & BP consultations delivered	TBC	TBC	TBC	TBC	Working locally to develop metric data
1.2	No. of pharmacies registered for CCS/PF	TBC	TBC	TBC	TBC	Working locally to develop metric data
1.3	No. of pharmacies registered for BP/OC	TBC	TBC	TBC	TBC	Working locally to develop metric data
1.4	% of 7 self-referral pathways in place across ICBs	TBC	TBC	30.09.23		Have NW position but not C&M as %
1.5	50% increase in self-referrals	3,420	3,685	31.03.24		Numbers as provided by NHSe. C&M ICB BI colleagues working with NHS Digital to produce local monitoring which will allow for indivudal Provider discussions. Worth noting that the C&M ICB target is based on a Provider being classed as a 'Cheshire & Merseyside ICB Provider', rather than a C&M ICB registered patient.
1.6	CPS Referrals	15,209	TBC	TBC	TBC	To date (Sep-23) there have been 15,209 referrals. This equate to 4.87 referrals per 1,000 patients. Worth noting there have been 348 declined referrals
	NHS App					
1.7	Practices/PCN have enabled all four NHS App functions for patients: Records	97.4%	90%	31.07.23		Updated from POMI for Sept 23 - 9 practices have not enabled this function
1.8	Practices/PCN have enabled all four NHS App functions for patients: Appointments	84.0%	90%	Ongoing		Updated from POMI for Sept 23 - 53 practices have not enabled this function
1.9	Practices/PCN have enabled all four NHS App functions for patients: Messages	N/A	N/A	N/A		Not Available
1.10	Practices/PCN have enabled all four NHS App functions for patients: Prescriptions	97.1%	90%			Updated from POMI for Sept 23 - 10 practices have not enabled this function
1.11	Enable patients to have access to the four key NHS App functionalities (records, messages, apps, scripts): % practices enabled to book/cancel appointments	44.1%	TBC	31.03.24		Updated from POMI for Sept 23
1.12	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled to order repeat prescriptions	49.6%	TBC	31.03.24		Updated from POMI for Sept 23

1.13	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled to view care records	20.4%	TBC	31.03.24		Updated from POMI for Sept 23
1.14	Enable practices to have access to the four key NHS App functionalities (records, messages, apps, scripts): % patients enabled for at least one online service	TBC	TBC	31.03.24		Digital team unable to access this to report latest information
2. Modern General Practice Access						
	Transformation Support					
2.1	No. of practices participating in INTERMEDIATE support offer:	30	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
2.2	No. of practices participating in INTENSIVE support offer:	16	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
2.3	Total Number of Practices participating in national support offers:	46	63	31.03.25		63 is ICB "fair share" of national available resource.
2.4	No. of practices at Modern General Practice Access Model:					This will be collated based on the national definitions by the next board update.
	Transition and Cover Support (Average of £13.5k for those needing support)					
2.5	Number of Practices identified as receiving Transition cover 23/24	0	No national target	31.03.25		Places working with practices to identify early cohorts for support. No funding drawn down as yet as it is provided on a reimbursement basis.
	Nominations and Allocations to Care Navigator Training					
2.6	How many practices have identified 1 x person for the national training programme?	146	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.

2.7	How many practices have identified 6 x persons for the C&M local training programme ?	220	No national target set for ICB	31.03.25		Practice participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
2.8	How many PCNs have identified digital and transformation leads?	36	No national target set for ICB	31.03.25		PCN participation is voluntary; ICB continues to encourage uptake at regular Place Forums.
	Digital Telephony					
2.9	Number of Practices transitioned to cloud-based telephony	0	36	31.03.24		All practices actively working with National Commercial & Procurement hub. Contracts must be signed by 15th December 2023 - 1 signed currently
2.10	Number of evergreen practices transitioned to cloud-based telephony	0	5	31.03.24		All practices actively working with National Commercial & Procurement hub
3. Building Capacity						
3.1	ARRS - Number of ARRS WTE and which roles	1060	see line 39	31.03.24		Additional WTE roles
3.2	Additional GPs recruited in year (numbers are headcount GPs)	1836	1868	31.3.24		using national ambition 'extra 6000 GPs by 23/24'
3.3	DPC Staff our share of 26,000 national ambition by 31.3.204	1,453	759	31.3.24		figure is number of roles' DPC direct patient care staff
3.4	GP Mentors	20	25	31.3.24		
3.5	Fellowships	140	103	31.3.24		
3.6	UNDERGRAD MED SCHOOL PLACES: NW Baseline – 900 approx. NW increase 100 by 2025, 375 by 2028 and 1000+ by 2031					NHSE to confirm this
3.7	Number of GPs on National Retention Scheme	30				https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/
3.8	Training Practices - increase number	210		24/25		
3.9	Practice Nurse HC total	699	TBC	TBC	TBC	Target TBC
3.10	Vacancies GP					Not currently collected - 24/25 ambition

3.11	Vacancies supported / filled by MIAA offer 23/24	92				
3.12	No. of **additional** appointments	730,000	1.8m	Mar-24		Using planning guidance assumptions (60k under currently)
3.13	Face to face appointments (note Pre pandemic 2019 levels were 921k)	927k				Cumulative – as at September 2023
3.14	Telephone appointments (note pre pandemic 2019 levels were 150k)	336k				Cumulative – as at September 2023
3.15	On line appointments (note pre pandemic 2019 levels were 2k)	34k				Cumulative – as at September 2023
3.16	Deliver on same day appointments - No.of GPs					Target/Data source TBA
3.17	Deliver on appointment within 2 weeks - No. of appointments at lower threshold	85.50%	90%	Mar-24		The National IIF ask is 85% (Lower Threshold) and 90% (Upper Threshold) of appoint-ments to take place within 2 weeks of booking.
3.18	Deliver on appointments within 2 weeks - number of practices delivering on lower threshold	216	430	Mar-24		Out of 350
3.19	Practices with GPAD enabled	100%	100%	Aug-23		NHSE supplied data
3.20	PCNs – GPAD Enabled	48	34	Aug-23		Note - GPAD enabled but full PCN data is still a challenge as different appt book/system so not all available data may be captured at the moment.
3.21	PCNs – GPAD reviewed	48	33	Dec-23		See note above
3.22	**well being** - number of staff who have access offers	40				offer end in March 24
3.23	ADULT NURSE TRG PLACES: NW Baseline – 3350 approx. NW increase 250 by 2025, 1200 by 2028 and 2700					TBC from 24/25
3.24	ADVANCED PRACTITIONERS: ACP Baseline NW – 450 approx. – increases of about 100.					TBC from 24/25
3.25	CLINICAL APPRENTICESHIPS: NW Baseline – About 1 in 10, by 2030 aim 1 in 6					TBC from 24/25
3.26	MED DEGREE APPRENTICESHIPS: At least three providers in the NW interested					TBC from 24/25
3.27	PHARMACIST UNDERGRADS: Working with Jane Brown (NW Pharmacy Dean on numbers).					TBC from 24/25
4. Cutting Bureaucracy						
4.1	Onward referalls C2C	44,677	TBC	01.03.24		Year to date (April – September) there have been 44,677 C2C referrals, using Outpatient First Attends as a proxy. This equates to 6.5% of referral to Acute Sec-ondary Care. This number of C2C refer-rals is an increase on the last 3 years.
4.2	Number of fit notes, discharge letters issued by 2ndc	TBC	TBC	01.03.24		Initial scoping has identified a number of interdependencies related to this

4.3	Call and recall	TBC	TBC	01.03.24		requirement. Further clinical and technical infrastructure insight required to inform next steps. Potential for workshop involving all stakeholders to map current position and future state. Update will be in March 24 ICB Board papers.
4.4	Clear points of contact: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: eg single outpatient department email for GP practices or primary care liaison officers in secondary care.	TBC	17 NHS Trusts	30.11.23		Initial scoping has identified a number of interdependencies related to this requirement. Further clinical and technical infrastructure insight required to inform next steps. Potential for workshop involving all stakeholders to map current position and future state.
4.5	Roll out online patients registration service to up to 2,000 Nationally practices by December 2023	31.6%	32%	31.12.23		C&M fair share target is 32%. Good progress been made within the last month - position 22% @ 14/9/23, current position @ 25/10/23 31.6% (112 practices). NHSE national team attending Digital Primary Care Board meeting 8th November to share examples of good practice amongst C&M practices.
4.6	Reduce requests for GPs to provide medical evidence for other government					This is a national task / awaiting further guidance.
4.7	To establish primary-secondary care interface forums and report progress on AoMRC key asks	6	6	TBC		We have a target of 6 PSCI groups and we have 6. They will in due course report on the AoMRC recommendations. Each PSCI group is working on establishing the communications asked for so still amber.
5. OTHER AREAS						
	Communications					
5.1	% of population that understand digital access routes					This may be being collated regionally
5.2	% of population understand community pharmacy					This may be being collated regionally
5.3	% of population confident in MDT and triage					This may be being collated regionally
	Integrated System related					
5.4	Calls to 111 (that could have been managed in primary care)					To be confirmed for 24/25
	Other					
5.5	National GP Patient Survey – overall experience 'good' returns to previous levels	72%	84%	July survey	TBC	For reporting in 24/25 survey

5.6	Friends and Family Test 'Good'	90.1%	90%	Mar-24		Note - some practices not submitting data/being followed up
5.7	Place improvement plan in place and agreed	9	9	20.10.23		Complete

Appendix 14 – Investment in Access and Recovery

SDF and Primary Care Access Recovery Funding	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Central - C&M ICB	Total
GP Practice Fellowships										1,667,000	**1,667,000**
Supporting GP Mentors										392,000	**392,000**
GP IT and Resilience	84,609	42,056	29,437	40,994	136,521	63,817	45,755	44,929	80,210		**568,328**
C&M GP Retention	40,166	40,166	36,666	10,041	40,166	40,166	36,666	36,666	40,166		**320,869**
Top Slice for Digital Funding										600,000	**600,000**
Transformation Funding Pool	460,348	190,836	160,161	223,042	742,791	347,221	248,945	244,453	436,420		**3,054,216**
Leadership & Management	280,342	264,149	94,485	135,827	452,343	211,450	151,603	148,866	265,770		**2,004,835**
Total SDF 23/24	**865,466**	**537,207**	**320,749**	**409,904**	**1,371,821**	**662,654**	**482,969**	**474,914**	**822,566**	**2,659,000**	**8,607,248**
Capacity and Access Support Fund (CAP)	1,133,253	1,067,876	394,273	549,069	1,828,551	854,764	612,840	601,788	1,074,348		**8,116,762**
Capacity and Access and Improvement Payment (CAIP)	485,680	457,661	168,974	235,315	783,665	366,327	262,646	257,909	460,435		**3,478,612**

Transition Cover and Transition Support Funding										2,050,000	**2,050,000**
Cloud Based Telephony										1,178,000	**1,178,000**
ARRS Support	9,439,441	9,043,560	3,283,547	4,325,923	14,115,602	6,860,053	5,107,025	5,097,845	8,509,091		**65,782,087**
Pharmacy Offer (£TBC)											**0**
Primary Care Access Rovery Support Funding	**11,058,374**	**10,569,097**	**3,846,794**	**5,110,307**	**16,727,818**	**8,081,144**	**5,982,511**	**5,957,542**	**10,043,874**	**3,228,000**	**80,605,461**
Total Funding	**11,923,840**	**11,106,304**	**4,167,543**	**5,520,211**	**18,099,639**	**8,743,798**	**6,465,480**	**6,432,456**	**10,866,440**	**5,887,000**	**89,212,709**

NHS
Cheshire and Merseyside

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

21st December 2023

Digital Primary Care update

Agenda Item No	**SPCC 21/12/B12**
Report Author & Contact Details	ICB Digital Team Jade.Young@cheshireandmerseyside.nhs.uk Catherine.stukley@cheshireandmerseyside.nhs.uk Amanda.parkin@cheshireandmerseyside.nhs.uk Colette.Morris@cheshireandmerseyside.nhs.uk Kevin.highfield@cheshireand merseyside.nhs.uk
Report Approved by (Sponsoring Director)	John Llewellyn, Chief Digital Information Officer
Responsible Officer to take actions forward	Kevin Highfield, Acting Head of Digital Operations Colette Morris, Head of Digital Engagement strategy and Planning

Cheshire and Merseyside
System Primary Care Committee Meeting

System Primary Care Committee

Executive Summary	The purpose of this paper is to provide the System Primary Care Committee with updates on the existing Digital work programme to support Primary Care across all nine Places within Cheshire and Merseyside ICB (Integrated Care Board). This includes the national and regional commitments and details the mandated and local priorities along with associated risks and issues relating to relevant workstreams.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	X			
Recommendation	**The Committee is asked to note:** • Current position for **2022/23 Primary Care Service Development Funding** (SDF) slippage projects • Current position for **2023/24 Primary Care Service Development Funding** (SDF) allocated to support Digital transformation within Primary Care. • Current position and progress made against the **Digital Commitments within the Primary Care Access Recovery Plan (PCARP)** • Current position for **Digital Contracts and Procurements 23/24 including the launch of three new Frameworks in 2024** **The Committee is asked to approve:** • **Digital Primary Care Capital Bids –**the Committee is asked to approve the approach taken and the proposed capital allocations by Place. This recommendation was supported by the Digital Services Delivery Board on 12th December 2023. • **Tech Innovation Framework Early Adopter Programme** - To request ICB approval for five practices to apply for Cohort 2 of the Tech Innovation Framework Early Adopter programme.				
Key issues	• Withdrawal of funding (both 22/23 slippage and 23/24 allocation) for Primary Care Digital transformation means that progress will be extremely limited this financial year. Resource (0.8wte) dedicated for				

<table>
<tr><td></td><td colspan="4">system wide co-ordination and leadership of this work is focussed on the delivery of the digital components of the PCARP programme.</td></tr>
<tr><td>Key risks</td><td colspan="4">• The scale and complexity of change arising from new digital tools and solutions adds further pressure to the primary care system
• Lack of engagement in alternative solutions due to pressures of work
• Availability of funding in year to support system changes</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td>Estate</td></tr>
<tr><td>x</td><td>x</td><td></td><td>X</td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td>Sustainability</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>Route to this meeting</td><td colspan="4">This paper has been developed by key officers within the Digital team with oversight through Digital Senior Management Team.</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="4">None reported</td></tr>
<tr><td>Patient and Public Engagement</td><td colspan="4"></td></tr>
<tr><td>Equality, Diversity and Inclusion</td><td colspan="4"></td></tr>
<tr><td>Health inequalities</td><td colspan="4"></td></tr>
<tr><td>Next Steps</td><td colspan="4">As outlined in this paper, there are several key workstreams to be taken forward during the final quarter of this financial year. Resources are being reviewed within the existing team to ensure key priorities are adequately supported specifically:
• Primary Care Access Recovery Plan
○ Pharmacy First launch 31st January 2024 – local config required
○ Cloud Based Telephony – new suppliers go live by 25th March
• Launch of new Digital Pathways Framework late January 24 (subject to change)
• Explore alternative EPR solutions, appetite for change and learning from Early Adopter Programme
• ICB Digital Team to work with TIF Early Adopter Programme applicants for Cohort 2</td></tr>
</table>

Cheshire and Merseyside
System Primary Care Committee Meeting

Appendices	Appendix 1 -

Glossary of Terms	Explanation or clarification of abbreviations used in this paper

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As outlined in this paper, there are several key workstreams to be taken forward during the final quarter of this financial year. Resources are being reviewed within the existing team to ensure key priorities are adequately supported specifically: 20

- Primary Care Access Recovery Plan 20
  - Pharmacy First launch 31st January 2024 – local config required 20
  - Cloud Based Telephony – new suppliers go live by 25th March 20
- Launch of new Digital Pathways Framework late January 24 (subject to change) 20
- Explore alternative EPR solutions, appetite for change and learning from Early Adopter Programme 20
- ICB Digital Team to work with TIF Early Adopter Programme applicants for Cohort 2 20

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Cheshire and Merseyside
System Primary Care Committee Meeting

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 2023/24 along with associated risks and issues relating to relevant workstreams.

The withdrawal of funding to support the Digital transformation agenda has impacted on the opportunities to expand and test out digital solutions to support new ways of working aligned to the ambitions set out in the Primary Care Access Recovery Plan. However, this has presented an opening to explore how to fully maximise all existing digital solutions and optimise the functionality already available.

There are three new Frameworks to be launched between January and June 2024 under the “Digital Services for Integrated Care” model which aims to provide healthcare professionals with digital products and services that help them provide the best patient care, reduce burden and provide greater value for money.

2. Introduction/Background

The 2023/24 Digital Primary Care work programme is made up of:-

a. A number of workstreams which support the transactional/operational aspects of digital 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 maximising the utilisation of existing digital tools and new technology such as the Primary Care Access Recovery Plan and ensuring digital solutions commissioned are fit for purpose and offer value for money through contract review and procurement plans.

3. Current Workstreams

3.1 Primary Care Service Development Funding (SDF) Bids 23/24

SDF funding 23/24 allocated to Digital Primary Care **£1,828,000** funding allocation for 23/24 to provide opportunities for Places, General Practice, PCN's to bid against for Innovation & transformation bids/initiatives to support Primary Care.

Bids were invited from Primary Care with a total of 24 submitted including 5 system wide projects with the remainder at either Place or PCN level.

A funding shortfall was identified for an existing commitment which required this funding pot to be top sliced by £600,000 in order to maintain Microsoft Office Licences for primary care.

Following a national directive issued recently to ICBs to achieve a balanced financial position, the remaining funding £1,228,000 has been reallocated to support this requirement, therefore all bids/initiatives have been put on hold for 23/24.

A robust review process was developed to review submitted bids including a Panel to assess: -

- Alignment with national & regional priorities & strategy
- Compatible with current technical infrastructure
- Identify any potential duplication in functionality with existing products.
- This will include a prioritisation process if applications exceed funds available.

The bids and assessment process developed will form part of planning for 24/25 funding opportunities.

3.2 GPIT SDF Slippage projects 22/23

Following the announcement of the NHSE to withdraw SDF Slippage funding to address the National Deficit, the proposed projects have now been stood down. Appendix 1 details the proposed projects by Place totalling the original allocation of £935,000 indicating the priorities and any associated risks to the projects, initiatives and activities. This will serve as a proposed list of requirements should funding become available in the future and the Committee is asked to note this for information only.

3.3 Primary Care Access Recovery Plan (PCARP)

The Primary Care Access Recovery plan was published in May 2023 and has two main ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practices.
2. For patients to know on the day they contact their practice how their request will be managed.

A detailed “Primary Care Access Improvement Plan”, describing NHS Cheshire and Merseyside’s Integrated Care Board response to supporting recovering access to Primary Care was presented to the ICB Board on 30th November 2023 across the four areas:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy

A key enabler supporting the delivery of this improvement plan is investment in and optimisation of digital tools and technology. The digital commitments feature across all four areas of the plan and aim to transform the way services are accessed and delivered.

The next section outlines the digital commitments which are currently active and where requirements and outcomes are clearly set out. Work is ongoing with relevant Senior Responsible Officers to determine the digital contribution where this is not yet clearly identified, and an update will be provided in the next committee report. These include the expansion of the community pharmacy “Pharmacy First” service to be launched on 31st January 2024 subject to the appropriate digital systems being in place to support these services. It is anticipated that some local configuration of systems will be required but details have not yet been released to enable any preparation and planning to be done.

EMPOWERING PATIENTS: NHS App

There is a requirement for practices to have enabled all four NHS App functions by March 2024 and the ICB has been working with practices and our three digital delivery service providers to ensure this target is met. The table below sets out the current Cheshire and Merseyside position for each functionality against the expected national target. The **achievement** of the Appointments target has previously been identified as a challenge and one which requires regular monitoring and oversight at practice level. The opportunity to book appointments via the NHS App continues to be a key objective with the continued support of our three Digital delivery service providers and practice due diligence this target has now been achieved. The data for October 2023 was published on 1st December 2023 (source: POMI Data) and demonstrated achievement of the targets for detailed coded records, appointments and prescriptions. NHS England do not currently provide data demonstrating achievement of messaging functionality.

NHS App Function	National Target	Cheshire & Merseyside Position	
		September 2023 (POMI Data)	October 2023 (POMI Data)
Appointments	90%	84%	92.26%
Detailed Coded Records	90%	97.4%	98.85%
Secure NHS App Messaging	90%	POMI data does not report on messaging at present	
Prescriptions	90%	97.1%	98.57%

Enabled Patient Self Care

There is a requirement to use messaging software to support patients to communicate with practices, including for self-monitoring. Across Cheshire & Merseyside ICB there are several software solutions in place to enable this, including Online Consultation/Video Consultation solutions and SMS tools.

IMPLEMENTING MODERN GENERAL PRACTICE ACCESS:

Cloud Based Telephony
This has been an area of significant activity during the past six months and remains a high priority for the remainder of this financial year therefore more detailed information is provided in section 3.4.

Digital Tools & Implementation
There is a requirement for ICB's to select Digital Tools to procure and to use website guidance to update and ensure improved user experience with online tools.

The selection and procurement of Digital Tools is dependent on the launch of the Digital Pathways Framework, please see section 3.5 Contracts & Procurement Updates for more information.

General Practice Websites

The ICB has a requirement to ensure that all GP Practice Websites are audited using the NHS England Benchmarking Tool and that there is a plan for improvement to ensure standards are met. Across Cheshire & Merseyside ICB Places have been using the benchmarking tool and making positive changes to the usability & accessibility of GP practice websites. The ICB Digital Team plans to commence work on a plan to support improvement in the New Year.

CUTTING BUREAUCRACY: Online Registrations
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
Nationally there is a target to roll out the online patient registration service to up to 2,000 practices by December 2023. Cheshire and Merseyside have exceeded their share of this target of 32% with 119 practices (33.6%) enrolled by the end of November 2023.

3.4 Cloud Based Telephony

The 2023/24 GP Contract requires practices to use the nationally set Advanced (Cloud/Digital) Telephony Framework for procuring digital telephony with effect from 1st April 2023. This framework includes suppliers who can provide the functionality required to support the transformation described within the recovery plan. All analogue phone systems across the country are due to be switched off by December 2025 so this change is a prerequisite ahead of this date.

Phase 1

Across Cheshire and Merseyside 41 practices were identified as being eligible for funding support and have agreed to transition to a new system by 31st March 2024. As we have progressed through this process, this number has been revised to a total of 40 practices. This includes 35 practices currently with analogue lines and 5 who hold Evergreen (rolling) contracts. This group of practices have access to national funding to support early exit from their existing contract and one off implementation costs e.g. training and new equipment.

For the analogue practices, a national ambition was set for 1000 analogue to Cloud Based Telephony switches by 31st December 2023 with all 35 within Cheshire and Merseyside required to sign contracts with new suppliers by 15th December 2023. At the time of writing this report, 4 contracts had been signed with the remainder actively working towards the deadline. The go live date set for all Phase 1 remains as 25th March 2024.

Since September 2023, the National Commercial and Procurement Hub has been engaging with practices to provide access to the nationally commissioned support offer which includes procurement and contract negotiation with telephony suppliers.

Alongside the national offer commissioned by NHSE, the three Digital delivery service providers for Cheshire and Merseyside are supporting practices with technical queries and understanding infrastructure requirements to enable implementation.

At scale approach to digital telephony systems is being encouraged at PCN/Place level according to need and where it makes sense to do so. Early feedback from the National Commercial and Procurement Hub suggests the number of PCNs exploring this approach is encouraging.

Phase 2

A letter was sent to ICBs on 28th November 2023, outlining additional investment available in 23/24 to upgrade sub-optimal digital telephony solutions. Practices whose current solution does not provide the telephony functionality identified below may potentially benefit from this offer:

- auto attendant to enable routing of calls.
- call-back and call queuing functionality
- support for remote working and business continuity
- enhanced reporting capability to support capacity/demand service planning:

    - call volumes – total inbound
    - call times to answer – waiting in queue.
    - calls abandoned – after selecting option before speaking to team.
    - wait time before call abandoned.
    - call backs requested – from in queue position.
    - call backs made.
    - average call length times
    - no answer volumes – not picked up after selection of option e.g., no answer from extension, transferred to voicemail, rejected.

This funding is only available to practices whose system does not provide all the required functionality and who can commit to upgrading by 25 March 2024.

Practices may take advantage of this opportunity by signing up in principle to this offer no later than 5pm on Monday 18th December 2023.

Funding is time-limited (available in 2023/24), and there may not be sufficient funds to support all practices. By signing up in principle, this will ensure practices are included for consideration by the national prioritisation panel and a commitment to:

- Engage with the NHSE National Commercial and Procurement Hub
- Selecting a supplier by 15th January 2024
- Signing the contract with the supplier by 2nd February 2024
- Going live by 25th March 2024 at the latest

The panel will finalise the short list of prioritised practices based on information provided and available funding and aim to notify the ICB of final allocations on 22nd December.

Cloud Based Telephony Risks

Transitioning to a new telephony supplier involves multiple stakeholders working together, which presents complexity and several challenges to delivery within the timescales set out. Key to meeting the delivery ambitions is ongoing engagement with Places, IT service providers and other stakeholders whilst maintaining the stability of service provision across general practices.

Cheshire & Merseyside ICB's Digital Team are working with NHS England on several complex risks associated with this piece of work. These include but are not limited to the challenging deadlines and contract end dates of existing telephony suppliers.

One potential risk of note relates to one of the ICB's three digital service providers, who currently provide cloud-based telephony services for 65 practices. The service that they offer provides all the required functionality and it is their intention to apply to become an accredited provider through the framework, which they expect to be in a position to do from April 2024.

The contracting arrangements for these practices are currently managed as one service and forms part of the existing SLA/contract between the Digital services provider and the ICB. Cheshire & Merseyside ICB's Digital Team are working with

NHS England to understand the potential impact of this risk and appropriate mitigating actions.

3.5 Digital Contracts & Frameworks update

Business Continuity Arrangements

A parallel process has been implemented to support immediate requirements prior to the launch of the framework in January 2024 and review legacy procurement activity. This includes a provision for ICBs to request reimbursement for payments made to relevant suppliers (who map to the capabilities and standards of the DPF). Payments will not be made until NHSE are assured that a compliant procurement process has been undertaken and the Hub will be assessing this.

The ICB intends to maximise the use of existing digital tools and this years' funding to support patient access this winter. Funding available for 2023/24 cannot not be rolled over into the next financial year.

3.5.1 Digital Pathways Framework (DPF)

NHSE published the ITT for the digital pathway framework (DPF) on 18 October 2023. The new framework will supersede the Digital First Online Consultation Video Consultation (DFOCVC) Framework which expires in March 2024.
Current guidance indicates the DPF will be published in late January 2024 and ICBs will be able to select and implement new or existing tools from February 2024 onwards.

The Digital Pathways Framework will provide practices and PCNs with a range of digital solutions to:

- Assess patient needs from initial online contact (online consultation).
- Facilitate navigation to the appropriate point of care by means of clinical and operational rules (triage).
- Enable appointments to be scheduled or for patients to self-book appointments.
- Issue call or recall notices to patients individually or in bulk.

Suppliers on the new framework will cover the following **core** capabilities:
- Online Consultations and Administrative Request Reporting
- Online Patient / Service User Consultation
- Care Navigation
- Online Administrative Request

Solutions may also provide the following **additional** Capabilities:
- Prescription Ordering – Citizen
- Communication Management
- Video Consultation
- View Record – Citizen
- Cross Organisational Appt Booking

3.5.1.1 Regional Baseline Audit

Ahead of the launch and to ensure NHSE have a better understanding of the needs of local systems, the NHSE National Commercial & procurement Hub (the Hub) have agreed to undertake an audit of the digital tools already in place and funded across each of the ICBs and regions. This will include current supplier, contract length, details of procurement intent, including complexity/maturity of solution. This audit will be undertaken alongside ICB colleagues and will need to be managed and overseen by the seven regions.

The audit will take place between November 2023 and January 2024. The Hub will contact regional Digital Primary Care leads to commence the baselining exercise and to decide on the best way to gather the information required across each of the ICBs.

Access to this level of detail will enable the Hub to determine where their team needs to be mobilised to ensure that digital tools continue to be available in supporting the delivery of Modern General Practice. The audit will also provide regions and the ICBs with information on where to prioritise local support and enable them to undertake the preparatory planning work to be ready to engage in buying from the new framework.

Regions were asked to ensure that this work is supported and to communicate with their systems that this work will be commencing in November 2023.

3.5.1.2 Implementation Support

The DPF is underpinned by:

1. Significant investment of £0.93p/pt for 2023/24 to fund call-off contracts from the DP framework. This is in addition to the current GPIT allocation for foundation solutions £1.70p/pt available to ICBs.
2. User research with patients and staff to assess tools for patient usability and practice functionality.
3. Direct support for ICS/PCN/practices to buy the tools that best meet their needs via the Commercial and Procurement Hub.
4. Practical support for practices to fully realise the benefits of the new tools to implement the modern general practice model through the National General Practice Improvement Programme.

The National Commercial & Procurement Hub are providing wrap around support to systems to help them procure the most appropriate products and services from the DPF and plan their buying journey.

A Buyers Guide has been produced for systems, practices/PCNs to use when thinking about procuring from the DPF. The purpose of the guide is to describe in simple terms what the Digital Pathways Framework is, what to do prior to the launch of the framework, how to use it, and how Digital Pathway solutions will benefit practices and patients. The Buyers Guide can be found here: Recovering Access to Primary Care – Future NHS Collaboration Platform.

3.5.4 Electronic Patient Record (EPR) Foundation Solutions Procurement

The current contracts for General Practice EPR (core clinical IT) systems come to an end 31st March 2024. These contracts are held by NHS England and funded via GPIT allocation of notional funding (£1.70p/pt) held by NHS England with the ICB responsible for calling off the contracts on behalf of the practices.

The Foundations Framework (EPR) from NHS England is due to be launched February/March 2024, with current call-off agreements expiring on 31st March, the NHS England Procurement Hub will administer a continuity call-off process in quarter 4 of this financial year to prepare for new call-offs to take effect from 1st April 2024.

The contract term is likely to be 24 months, but practices can request to terminate existing contracts by serving 30 days' notice period to the ICB. Please note this does not include EPR systems for Dental, Optometry or Pharmacy.

This process will be completed by the Framework Authority, who will administer a continuity call-off agreement (CCOA) procedure and support the ICBs that intend to use the CCOA with appropriate guidance, including award conditions.

3.5.5 The Tech Innovation Framework Early Adopter Programme

NHS England TIF (Tech Innovation Framework) Early Adopter Programme launched earlier this year to support primary care organisations interested in changing GP core clinical systems via the Tech Innovation Framework: Early Adopter support - NHS Digital

The programme is looking for ICBs, GP practices, Primary Care Networks (PCNs), federations and other groups of primary care providers to become early adopters and switch to a new GP core clinical system. As part of the Early Adopter programme, support and funding will be provided to support practices through the process of migrating to a new clinical system. It provides an opportunity to influence the shape of new systems coming into the market to ensure they meet needs, and those of the evolving primary care space.

There are 4 stages to the early adopter's journey:
- discover
- plan the change
- implement the change.
- post go live support.

The following practices have taken part in the first Discovery Cohort 1.

- Wilmslow Health Centre – Cheshire East Place
- Ashfields Primary Care Centre – Cheshire East Place
- Marshside Surgery – Sefton Place
- Ainsdale Village Surgery – Sefton Place
- Cumberland House Surgery – Sefton Place
- Southport and Formby Health – Sefton Place
- Formby Village Surgery – Sefton Place

All the Sefton Place practices listed above wish to proceed to second stage - Plan the Change. Cohort 2 practices are expected to work with NHSE and potential suppliers about what good looks like and what the impact of change will have within their Practice/ PCN. This is the first step to understand the requirements when changing to a potential new clinical system. At this stage there is no commitment to change clinical systems to a new supplier. The deadline for applications to NHSE for Cohort 2 is 18th December and ICB support is required for the application process.

Funding is available and is determined based on the scale and impact of the change. The Early Adopter funding is linked to the stages of Business Change and Implementation of a new GP Core Clinical system procured from the Tech Innovation Framework. There needs to be a funding agreement between the ICB and NHS England, so that roles and responsibilities of each stage of work are clear and expected outcomes are agreed. Organisations will need the support of their Integrated Care Board (ICB) lead, to approve and sign off for this funding. There will be an application form for each stage and there is no commitment to progress through all the stages. There is a commitment to complete the stage being applied for, as per agreed inputs and outputs required within the funding agreement.

Learning from the Early Adopter programme will be sought from all those who have been involved during January 2024. This will be used to inform next stage discussions with Places as all Practices/PCNS will have an opportunity to look at alternative EPR solutions and the opportunities and challenges migrating to a new system may present. Feedback will also be sought to determine the appetite to change from existing systems and rationale for any proposed migrations. The ICB have not yet set any intentions around the scale of any such procurements and will seek advice from the NHS procurement hub about ICB and local approaches.

3.5.5 Primary Care System Services (PCSS)

PCSS are classed as non-foundation' solutions that are designed to support Delivery plan for recovering Primary Care Access, such as software licences.

Market Engagement for PCSS (Phase 3) will include commercial dialogues with suppliers. ITT for PCSS will be launched March 2024, with a view of launching the framework June 2024.

The framework will include a project services schedule to enable accelerated delivery of specific roadmap items. The Framework Authority (NHS Procurement Hub) can administer continuity call off contracts, bridging further competition procedure and provide appropriate guidance including award conditions with a maximum term of 18 months. Both GPIT Allocation (£1.70 pp) and PCARP funding (£0.93pp) can be used to fund solutions via this framework. There is a Buyers forum Wednesday 13th December 2023, where more information on all the above frameworks will follow.

3.6 Digital Primary Care Capital Bids 2023/24

As part of the annual NHS England allocation of Capital to ICBs, Cheshire and Merseyside ICB received £4.1 million for 2023/24. This funding allocation supports both Estates and Digital schemes, with the digital allocation being £2.3m to ensure the GP estate is fit for purpose and Cyber secure.

The ICB has a responsibility to refresh devices that have reached end of life (typically a 5-year rolling programme) as per NHS England guidance. Intelligence collated from the three ICT providers asset management software shows that there are a number of devices that are already at or will reach their service life during the next financial year. The schemes will include procurement, deployment, asset tracking and secure disposal of replaced equipment.

The bids have a focus on addressing Cyber Security risks and improving resilience focus. Legacy backup tools were not designed for the current levels of Cyber-attacks and leaves the ICB's Primary Care healthcare economy at increasing risk.

With future changes in clinical systems and new tools coming to market the PC specification must be sustainable to allow applications to run side-by-side and not be negatively affected by suboptimal hardware.

Highlighted in Table A below are the proposed allocations per place costed with the three ICT providers that support place GP Practices. These allocations have been costed with the ICT providers to ensure that an economy of scale and standardised purchasing is achieved. To determine the allocations by Place a mixed method has been used based on patient population size with adjustments made for Cheshire Places due to the Cyber security priority of a replacement file backup solution.

Table A:

Primary Care GPIT BAU Capital Bids Summary by Place 23/24	
Cheshire East	£320,337
Cheshire West	£334,489
Halton	£89,743
Knowsley	£133,040
Liverpool	£440,767
Sefton	£217,966
St Helens	£140,260
Warrington	£439,733
Wirral	£154,882
Total	£2,271,217

The proposed allocations have been presented for approval at the Digital Services Board on 12th December.

4. Recommendations

4.1 The Committee is asked to note:

- Current position for **2022/23 Primary Care Service Development Funding** (SDF) slippage projects
- Current position for **2023/24 Primary Care Service Development Funding** (SDF) allocated to support Digital transformation within Primary Care.
- Current position and progress made against the **Digital Commitments within the Primary Care Access Recovery Plan (PCARP)**
- Current position for **Digital Contracts and Procurements 23/24 including the launch of three new Frameworks in 2024**

4.2 The Committee is asked to approve:

- **Digital Primary Care Capital Bids –**the Committee is asked to approve the approach taken and the proposed capital allocations by Place. This recommendation was supported by the Digital Services Delivery Board on 12th December 2023.

- **Tech Innovation Framework Early Adopter Programme** - To request ICB approval for five practices to apply for Cohort 2 of the Tech Innovation Framework Early Adopter programme.

5. Next Steps

5.1 Priorities for January to March 2024

As outlined in this paper, there are several key workstreams to be taken forward during the final quarter of this financial year. Resources are being reviewed within the existing team to ensure key priorities are adequately supported specifically:

- Primary Care Access Recovery Plan
  - Pharmacy First launch 31st January 2024 – local config required
  - Cloud Based Telephony – new suppliers go live by 25th March
- Launch of new Digital Pathways Framework late January 24 (subject to change)
- Explore alternative EPR solutions, appetite for change and learning from Early Adopter Programme
- ICB Digital Team to work with TIF Early Adopter Programme applicants for Cohort 2

6. Officer contact details for more information

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7. Appendix 1 – GpIT SDF Slippage projects 22/23

Place	Project	Project Initiation/ Planning Phase	Implementatinon & Delivery	Risk Status	Funding 22/23	Exception/Escalation
St Helens Place	Critical Network Infrastructure Apex and EMIS hub offset costs. These systems are already in use so there is no risk to implementation. The bigger risk for this is that EMIS hub may be more costly next year.	Already implemented	Complete	No to offset costs	£18,552.79	Confirmed use of monies to offset costs
Knowsley Place	Knowsley Place received no allocation due to no bid/project submission within timescale					
Warrington Place	6-7 waiting room digital health kiosks and 25 My diagnosticks to support the C&M CVD Prevention agenda and increase access to general practice. This will support opportunistic screening for atrial fibrillation and high blood pressure while also reducing clinical time. We would also like to support WIN PCN with a TPP system one bolt on to support access and hub functionality to support a multidisciplinary workforce.	Look to purchase or rent the kiosks. Deliver 25 AF testing sticks to practice. TPP Funding for bolt on.	Soon as the funding is received.	Purchasing machines would need future maintenance and service costs.	£78,000.00	Confirmed 25 October 2023.
Halton Place	GPIT Refresh for ARRS and new estate. IT equipment to facilitate expanded PCN DES ARRS workforce and also newly created clinical spaces within practices, allowing PCNs to expand workforce and increase capacity to meet patient needs.	Completed	Project is ready to be implemented as soon as funding is released.	Green	£28,128.77	Confirmed 25 October 2023.
Halton Place	GPIT Refresh for expanded core practice IT equipment to facilitate expanded (non-ARRS) GP Practice workforce, allowing GP Practices to expand workforce and increase capacity to meet patient needs. Covers multiple Places.	Completed	Project is ready to be implemented as soon as funding is released.	Green	£1,574.32	Project is ready to commence when funding/sign off received from Primary Care Committee (KH)

Cheshire East Place	**This is the money we are holding back to pay for APEX. But we won't know what's in the budgets until December. Our plan is to spend before March 24.** Original ask; The GPIT for ARRS roles - Total = £44,413.83 + £31,399.21 = £75,813.04. – Requirement capture has indicated that equipment for 40 additional roles is required. (as we are looking at Pan PCN roles to make use of the fully financial allocations.) The GPIT for Core roles - £46,177.32 – We are waiting to see what money is coming to CE via the 23/24 SDF Funding.				£75,813.04	Confirmed by Amanda Best 17 October 2023. Will use the money to Pay for Apex if the funding bid is unsuccessful.
Cheshire West Place	To support levelling up PCN's/Practices with software to support PCARP. To include; AccuRx SMS Bundle (one year contract) to extend from April 2024 – £119.141.93 incl VAT (this to be ringfenced) Joy social Prescribing Software (Preminumn) one year contract - £19,184.84 incl VAT Ardens Manager one year contract - £63,536.29 Teamnet one year contract - £25,308.50 IT Equipment, Laptops, Ports, sockets, monitors – £26,199.59				£253,371.15	Confirmed 25 October 2023.
Sefton Place	GPIT Refresh for ARRS and new estates capacity (equates to 17 laptops plus resources and licencing)				£24,601.00	Confirmed 25 October 2023.
Sefton Place	Critical Network Infrastructure; Critical Network Infrastructure changes needed in order to ensure cyber resilience and prepare for unified communications infrastructure					Confirmed 25 October 2023.

Sefton Place	ENIVSAGE renewals for GP practices for remainder of 2023/24 (5 replacements required)				£5,180.00	Confirmed 25 October 2023.
Liverpool Place	GPIT Refresh for ARRS and new estates capacity. (equates to 100 laptops plus resource and licencing)				£123,152.22	Confirmed 25 October 2023.
Liverpool Place	ENIVSAGE renewals for GP practices for remainder of 2023/24 (8 replacements required)				£8,288.00	Confirmed 25 October 2023.
Liverpool Place	Critical Network Infrastructure; Critical Network Infrastructure changes needed to ensure cyber resilience and prepare for unified communications infrastructure.				£102,020.75	Confirmed 25 October 2023.
Wirral Place	**EMIS PCN Hub platform (funding support for non-licensed elements only).** **20 x ARRS Laptop Bundle (4G Laptop, Docking Station, SCKB, Vid Conf Monitor, Mouse** **50 x Replacement PCs (Dell Optiplex, SCKB, Mouse)** **CSU Resources for Laptop and PC Deployment** **Cisco Switch SWSS Renewal (Network Infrastructure)** **UPS Battery Replacement** **CSU Resources for UPS Battery Replacement**	**Planning - this is for 2 PCNs are keen to progress with this.**	**This will support PCNs and member practices to work collectively utilising shared resources and appointment books.**	**None – SDF 23-24 could also be an opportunity should this funding not be appropriate or if purchased at scale across the ICB using 23-24 SDF monies.**	**1 x £3,795 / £4,554 inc** **1 x £4,790 / £5,748 inc VAT** **£40,000** **£45,000** **£5,000** **£147,306** **£15,000** **£1,000**	**Total 22-23 slippage allocation £180,411**