Thursday 2 March 2023
10.30am to 12.30pm
Meeting Room 1, No 1 Lakeside,
920 Centre Park, Warrington, WA1 1QY

NHS
Cheshire and Merseyside

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

Agenda

Chair: Erica Morriss

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
10.30am	**Preliminary Business**			
PCC/03/23/01	Welcome, Introductions and Apologies	Chair	Verbal	-
PCC/03/23/02	Declarations of Interest *(Board members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Board Member Register of Interests)*	Chair	Verbal	-
PCC/03/23/03	Public Questions	Chair	Verbal	-
PCC/03/23/04	Minutes of the last meeting 22 December 2022	Chair	For approval	Page 1
PCC/03/23/05	System Primary Care Committee Action Log	Chair	For Information	Page 7
PCC/03/23/06	System Primary Care Committee Decision Log	Chair	For Information	Page 8
10.40am	**Committee Business Items for Consideration**			
PCC/03/23/07 10.40am	Dentistry Handover GOS(General Ophthalmic Services)handover	TK CL	For Information	Presentation
PCC/03/23/08 11.10am	Primary Care Contracting and Policy Update	CL	For Information	Page 9
PCC/03/23/09 11.15am	Update on Operating Model and Governance Arrangements	CW	For Decision	Page 27
PCC/03/23/10 11.25am	Development of A Primary Care Strategic Framework – Progress Report	JG	For approval	Presentation
PCC/03/23/11 11.40am	Finance Update	MB	For Information	Page 33
PCC/03/23/12 11.50am	Place Update – Place Primary Care Spend and Impact	TL & DC	For Information	Presentation
PCC/03/23/13 12.05pm	System Pressures in Primary Care	JG	For Information	Verbal Update
PCC/03/23/14 12.15pm	Any Other Business	All	For Information	Verbal Update

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
PCC/03/23/05	Closing remarks, review of the meeting and communications from it	Chair	For Information	Verbal Update
12:20pm	**CLOSE OF MEETING**			

Date and time of next meeting: TBC
A full schedule of upcoming meetings, locations and further details on the work of the ICB can be found here: https://www.cheshireandmerseyside.nhs.uk/get-involved/upcoming-meetings-and-events

Speakers

TK	Tom Knight, Head of Primary Care, NHS England
SL	Suzanne Lynch, Chief Pharmacist ICB
PS	Pam Soo, Senior Primary Care Manager NHS England
AI	Adam Irvine, Primary Care Partner, ICB
CW	Clare Watson, Assistant Chief Executive, C&M ICB
AL	Anthony Leo, Place Director, Halton
DB	Deborah Butcher, Place Director (Sefton), C&M ICB
DC	Del Curtis, Place Director Cheshire West
CL	Chris Leese, Associate Director of Primary Care, C&M ICB
MB	Mark Bakewell, Deputy Director Of Finance C&M ICB

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

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

NHS
Cheshire and Merseyside

Cheshire & Merseyside ICB System Primary Care Committee

Held at
Meeting Room 1, No 1 Lakeside,
920 Centre Park,
Warrington, WA1 1QY
Thursday 22 December 2022
10.45am to 12.20pm

UNCONFIRMED Draft Minutes

MEMBERSHIP		
Name	**Initials**	**Role**
Erica Morriss	EMo	Chair, NED
Chris Leese	CLe	Primary Care Associate Director
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Mark Bakewell	MBa	Deputy Director of Finance, C&M ICB (nominated attendee for Claire Wilson as deputy)
Louise Barry	LBa	Health Watch Cheshire
Tony Foy	TFo	NED
Dr Rob Barnett	RBa	LMC representative
Adam Irvine	AIr	Primary Care Partner, ICB
Anthony Leo	ALe	Place Director, Halton
Delyth Curtis	DCu	Place Director, Cheshire West
Prof. Rowan Pritchard Jones	RPj	Medical Director, C&M ICB Member
Suzanne Lynch	SLy	Suzanne Lynch, Chief Pharmacist ICB
Pam Soo	PSo	Senior Primary Care Manager NHS England
Matthew Harvey	MHa	LPC representative

IN ATTENDANCE		
Jan Ledward	JLe	Place Director, Liverpool
Dr Jonathan Griffiths	JGr	Associate Medical Director – Primary Care
Frankie Morris	FMo	Associate Director Finance, C&M ICB
Louise Murtagh	LMu	Corporate Governance Support Manager, Halton Place and Warrington Place

Apologies		
Name	**Initials**	**Role**
Claire Wilson	CWi	Executive Director of Finance, C&M ICB
Christine Douglas	CDo	Director of Nursing and Care, C&M ICB
Dean Grice	DGr	Head of Primary Care - Cheshire

Christine Samosa	CSa	Chief People Officer, C&M ICB
Dr Daniel Harle	DHa	LMC Representative Noting Dr RB attending for LMC
Kerry Lloyd	KLo	Deputy Director of Nursing and Care, C&M ICB (nominated attendee for Christine Douglas)

Item	Discussion, Outcomes and Action Points	Action by
	Preliminary Business	
PCC/12/22/01	**Welcome, Introductions and Apologies**	
	EMo welcomed all to the meeting. Apologies were received from Claire Wilson, Christine Douglas, Chris Samosa and Dr Daniel Harle.	
PCC/12/22/02	**Declarations of Interest**	
	The following declarations of interest were received • Dr Rob Barnett – GP Partner in a practice in Cheshire and Merseyside • Dr Jonathan Griffiths – GP Partner in a practice in Cheshire and Merseyside • Matthew Harvey – Pharmacy owner in Cheshire and Merseyside • Pam Soo - Husband is a pharmacy contractor in Cheshire and Merseyside • Adam Irvine - declared his interest as an LPC Chief Officer, representing all contractors in both the Cheshire areas, Wirral and Warrington.	
PCC/12/22/03	**Public Questions**	
	No questions had been received from members of the public.	
PCC/12/22/04	**Minutes of the previous meeting**	
	The Committee approved the Minutes of the 20 October 2022 meeting.	
PCC/12/22/05	**System Primary Care Committee Action Log**	
	Copies of the action log were provided to the Committee prior to the meeting. There were five outstanding actions with updates listed with three of these covered by items on the agenda. Further verbal updates included CLe confirming that work around the operational plan was ongoing and was shared in the committee papers.	
	Business Items	
PCC/12/22/06	**Primary Care priority areas for patients - Community Pharmacy Challenges/Integration & Future ways of working as an ICB**	
	The presentation by PSo, AIr and SLy provided information on the challenges associated with the integration of community pharmacy into the ICB. The slide pack provided information on: • Community pharmacy commissioning arrangements • The numbers of community pharmacies (584) across Cheshire and Merseyside and the split of contract types for these	

Item	Discussion, Outcomes and Action Points	Action by
	• Service delivery figures for the year with specific reference to the 8,105,151 patient contacts made to date • The classes of community pharmacy commissioned services. Both national and local arrangements were referred to • Funding for Nationally Commissioned Services - Community Pharmacy Contractual Framework, 5 Year deal: Year 4 (2022-2023) and Year 5 (2023-2024) The committee discussed the challenges and opportunities as described in the slide deck. The benefits of both standardisation across Cheshire and Merseyside of some services and the ability for Places to flex and adapt to suit the needs of their local communities were highlighted. In respect of the challenges listed, CWa commented that there was extremely limited capacity in the ICB primary care team. TLe further added the skill mix of those working in Places did not stretch to medicine management commissioning. SLy and CLe agreed to discuss how the current primary care resources in Place/ICB could be effectively utilised to support future opportunities. There was an urgency to ensure that any requirements were added to team work plans as soon as possible. PSo confirmed that priority areas were currently being worked through. Members agreed that although community pharmacy was currently aligned to the ICB, the aim was for it to be integrated and for further maximisation of opportunities as highlighted in the presentation. Pharmacy colleagues agreed and confirmed that the aim of the presentation today was to start the conversation. **The Committee noted the update.** Next steps included EMo, AIr, PSo, CLe, MHa, TKn to meet outside of the Committee to agree next steps including informing part of the strategic framework for primary care and how further integration at place can be driven.	
	Place Specific	
PCC/12/22/07	**Primary Care Workforce Update**	
	The presentation by ALe provided an update on Primary Care Workforce. Members were advised that as business intelligence arrangements improved at the ICB so would the data presented. ALe advised that Cheshire and Merseyside (C&M) was in a relatively better place than other areas in the country. The data showed that C&M stood at 9.3% and that this was above the England average of 6.8%. The table included training posts and members agreed that these skewed figures. It would be useful for these to be removed from future iterations. Slide three highlighted the differences of whole-time equivalent GPs across Places. This showed that Knowsley had the lowest rate locally and one of the lowest nationwide. Conversely, Wirral had one of the highest rates both locally and nationally. The slide did not include the ratio per	

Item	Discussion, Outcomes and Action Points	Action by
	100k which would have added further benefit, however as referred to earlier, the data would become fuller as the team developed. In addition to GP posts, information was provided on general practice nurses and ARRS (care coordinators, clinical pharmacists, social prescribing link workers, first contact physiotherapists and pharmacy technicians for example). A summary of recruitment and retention actions being taken were listed in presentation as was a table showing the ARSS workforce by PCN. ALe explained that the Neighbourhood Model should help with retention. DCu confirmed that a larger workforce appraisal was required at Place level as there were vacancies in numbers against some posts. It was noted that care communities needed to be central to this appraisal as organisations were all relying on the same small pool of staff and this could be destabilising. Some clarity on the role of the current Workforce meetings/People Board was required. JGr to check with CSa regarding this. JGr and CLe will be attending the steering group from January. It was noted that further regular data was needed on workforce and this may be something to discuss at the above meetings – if not JGr and CLe to pick up with BI. **The Committee noted the update.**	
	Delegated Areas – General Medical and Community Pharmacy	
PCC/12/22/08	**Update on Operating Model**	
	The report presented by CLe provided the committee with an update on the Primary Care Target Operating Model (TOM) and a copy of the final decision matrix/framework to support key decision making. Members were advised that the documents had been shared with Places who had confirmed that decisions were being made in accordance with this and the Policy and Guidance Manual (PGM). It had also been shared with the Local Medical Committee (LMC) and feedback was incorporated. The ICB was undergoing an organisational change management programme and as a result the governance arrangements and some key personnel could not be confirmed within the document. This along with governance arrangements for Community Pharmacy, would be confirmed in January and February 2023. Simultaneously the overall incoming governance arrangements for Dental and General Ophthalmic Services (GOS) would also need to be reviewed. The intention was to continue with this System Primary Care Committee and, as most elements of primary care development would be considered at Place, a primary care group type meeting would be pivotal. In the new year CLe will be setting up an interface / delivery group with PC leads. It was noted the agreed governance model for all primary care functions	

Item	Discussion, Outcomes and Action Points	Action by
	would be drafted by CLe and TKn for discussion/agreement at the SPCC in February/Board in March 2023. **The Committee noted the progress and planned next steps in relation to the Target Operating Model (TOM) for Primary Care.**	
PCC/12/22/09	**Policy and Contracting Update including Place reports**	
	The primary care policy and contracting update for December 2022 provided the Committee with information and assurance. Information was provided on key national priorities, workforce and ARRS, health inequalities, access, primary care risk register, Place decision making. system development funding, development of a primary care strategic framework and 'Christmas and New Year' period assurance. Appended to the report were a summary of KLOE assurance required, the risks transferred to the System Primary Care Risk Register, and individual reporting templates from Place on primary care contracting decisions and priorities. These included areas escalated by Place for the Committee's awareness which completed the loop of place led reporting under the decision-making matrix. It was noted that Place reporting on spend of SDF monies/Capital funding allocation would form part of an update to SPCC in February (TLe, DCu , CLe to note) EMo confirmed that there would be more work on risks undertaken in January 2023. **The Committee noted the report.**	
PCC/12/22/10	**Finance Update**	
	The report provided the committee with a detailed overview of the financial position related to primary care expenditure as at the end of October 2022 (M7). The report covers four areas of spend: • the national allocation for Primary Care Co-Commissioning • Local Place Primary Care funding commitments • Prescribing • Primary Care Delegated Pharmacy The paper highlighted key variances within the financial position in respect of the forecast outturn, compared to the allocated budgets. Months 1-3 (April-June CCG financial position) and the Months 4-12 financial position and a combined, Months 1-12 overall position, for the 22/23 financial year were also brought to members attention. A breakdown of the Additional Roles Reimbursement Scheme allocation and the central drawdown available, with agreement required regarding allocation methodology towards over/under utilisation at 'place' (and potentially PCN level) to ensure the ICB maximises potential resources within the financial year was also provided.	

Item	Discussion, Outcomes and Action Points	Action by
	The month 7 position was that ICB primary care and prescribing was £2.2m over budget. Conversations were on-going with NHS England in relation to pharmacy but it was felt that this position would worsen. Members were advised that the total funding available for the ARRS across Cheshire and Merseyside PCN's was £47,748m, with £29.468m included in the Primary Care Co-Commissioning baseline. Once the PCN's costs exceeded this, a further request of up to £18.280m could be made by the ICB to draw down from the central team at NHS England as detailed in tables under section seven of the report. LMC RBa requested clarification on cost of living uplifts to local budgets – MBa to clarify. The committee • noted the report and update • noted the financial summary position for Cheshire and Merseyside ICB as at the 31 October 2022 (M7). • noted the future requirements for reporting the Additional Roles Reimbursement Scheme (ARRS) to NHS England. • supported the principles outlined in Section 7, in relation to maximisation of ARRS spend.	
	Other Formal Business	
PCC/12/22/12	**Closing remarks, review of the meeting and communications**	
	EMo wished all a very merry Christmas and a happy New Year. The next scheduled meeting was in February 2023 but there was a possibility that a private session of the SPCC may be required in January 2023. Further communications would be forthcoming in the new year.	

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD AUDIT COMMITTEE

(Public) System Primary Care Committee Action Log 2022-23

Updated: 22 February 2023

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
PCC/10/22/10	20.10.22	Review of meeting	suggested that after the December meeting the proposal to send out a survey monkey along with the workplan, asking members what they might consider for addition/ deletion and develop.	Erica Morriss	March 2023	survey monkey underway. Results will be presented to the committee in March 2023	COMPLETED
PCC/12/22/06a	22.12.22	Primary Care priority areas for patients - Community Pharmacy Challenges/Integration & Future ways of working as an ICB	Adam to share the integration paper further and a meeting to be arranged to discuss further actions	Adam Irvine	March 2023		ONGOING
PCC/12/22/06b	22.12.22	Primary Care priority areas for patients - Community Pharmacy Challenges/Integration & Future ways of working as an ICB	CLe to meet with SLy to meet locally commissioned pharmacy schemes	Chris Leese	March 2023	working with Suzanne Lynch. CL met with SL	COMPLETED
PCC/12/22/07a	22.12.22	Primary Care Workforce Update	Clarity on the role of the current Workforce meetings/People Board was required. JGr to check with CSa regarding this. JGr and CLe will be attending the steering group from January	Jonathan Griffiths	March 2023	primary care worskforce steering group will be relaunched from April 2023 with JG as Chair	COMPLETED
PCC/12/22/07b	22.12.22	Primary Care Workforce Update	It was noted that further regular data was needed on workforce and this may be something to discuss at the above meetings – if not JGr and CLe to pick up with BI.	Jonathan Griffiths	March 2023	Will be picked up at primary care worskforce steering group	COMPLETED
PCC/12/22/08a	22.12.22	Update on Operating Model	It was noted the agreed governance model for all primary care functions would be drafted by CLe and TKn for discussion/agreement at the SPCC in February/Board in March 2023.	Chris Leese	March 2023	On March agenda at Item PCC/03/23/09	COMPLETED
PCC/12/22/08b	22.12.22	Policy and Contracting Update including Place reports	Place reporting on spend of SDF monies/Capital funding allocation to form part of an update to SPCC in February (TLe, DCu , CLe to note)	Tony Leo & Delyth Curtis	March 2023	On March agenda at Item PCC/03/23/08	COMPLETED
PCC/12/22/09	22.12.22	Finance Update	LMC RBa requested clarification on cost of living uplifts to local budgets – MBa to clarify and discuss outside of the meeting	Mark Bakewell	31/01/2023		ONGOING
PCC/12/22/10	22.12.22	Extra-ordinary meeting	The next scheduled meeting was in February 2023 but there was a possibility that a private session of the SPCC may be required in January 2023. Further communications would be forthcoming in the new year .	Erica Morriss	Jan 2023	Exrtra-ordinary committee meeting held in January 2023 therefore completed	COMPLETED

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2023

NHS Cheshire and Merseyside

Updated: 22nd February 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
SPCC-PU-DEC-22-01	20/10/2022	PCC/10/22/05 Update on Primary Care Operating Model		Supported the recommendation to agree the next steps for this, as outlined within the paper	
SPCC-PU-DEC-22-02	20/10/2022	PCC/10/22/07 Primary Care Finance Update		Supported the principles outlined in the paper in relation to maximisation of ARRS spend	
SPCC-PU-DEC-22-03	20/10/2022	PCC/12/22/10 Finance Update		Supported the principles outlined in Section 7, in relation to maximisation of ARRS spend.	

NHS Cheshire and Merseyside System Primary Care Committee

Date: 2nd March 2023

Primary Care Contracting and Policy Update

Agenda Item No	
Report author & contact details	Christopher Leese c.leese@nhs.net Associate Director Primary Care Val Attwood valerie.attwood@liverpoolccg.nhs.uk Associate Director Contracting and Procurement (Health)
Report approved by (sponsoring Director)	Clare Watson , Assistant Chief Executive
Responsible Officer to take actions forward	Christopher Leese/Valerie Attwood

Cheshire and Merseyside ICB
Integrated Care Board Meeting

<add title of paper>

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 GMS/PMS (General Medical Services/Personal Medical Services) and APMS (Alternative Providers of Medical Services) contracting forms. This includes DES (Directed Enhanced Services) which are nationally negotiated but locally implemented and are a voluntary additional contract offered to the above providers. This paper contains ; • An update on actions in relation to priorities and operational planning guidance (key performance metrics) • An update on the corporate risks managed through this committee in relation to primary care (medical) noting from 1.4 the committee will receive an overall risk update with all 4 contractor groups together. • A specific update on the status of APMS (Alternative Providers of Medical Services) which are time limited locally commissioned contracts that are the only contracting form permitted for 'new' general practice contracts – including procurement timelines and current risks.

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 policy and contracting including the amendment of the risk in respect of restoration and access to a lower score, pending new national guidance.
Key risks	Relevant risks are highlighted in the body of the report

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X	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 under the national contract(s) the Policy and Guidance Manual sets out expectations for Patient and Public engagement for key decisions as does associated Procurement Guidance

Equality, Diversity and Inclusion	None for this report, but for relevant actions under the national contract(s) the Policy and Guidance Manual sets out expectations for Equality, Diversity and Inclusion as does associated Procurement Guidance
Health inequalities	Relevant supporting national policy guidance (where referenced, will contain expectations in this respect) as does any associated Procurement Guidance
Next Steps	This item is a recurrent agenda item
Appendices	Appendix 1 – Supporting Performance Data • General Practice Appointments • ARRS (Additional Roles) Appendix 2 – System Level Primary Care risks (Medical/General Practice) Appendix 3 – Status of APMS Contracts/Procurement timetable and risks

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

Primary Care Update – Policy and Contracting

1.0 Background (General Medical/Community Pharmacy)

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

1.2 The Governance of the individual GP Contracts is managed through the Primary Medical Care Policy and Guidance Manual https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/. The ICB must manage the contracts in line with the Policy Book. Further detailed contract documentation can be found here NHS England » GP Contract

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

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

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

1.6 More information about the national Community Pharmacy Contract can be found via this link https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/. An update on Community Pharmacy decisions for Cheshire and Merseyside is given separately on the agenda

2.0 Delivery against National Priorities

2.1 In January, the NHS released the 2023/24 Priorities and Operational Planning Guidance. The link to the full document is given here

https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf

2.2 The National NHS Objectives for 23/24 for Primary Care from this Guidance are summarised below;

- Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
- Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels

2.3 Actions relating to Primary Care to support these are given below ;

- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).
- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.
- NHS England will publish the General Practice Access Recovery Plan in the new year which will provide details of the actions needed to achieve these (note this document is still awaited)
- In addition, once the 2023/24 contract negotiations have concluded, will be publishing the themes we are looking to engage with the profession on that could take a significant step towards making general practice more attractive and sustainable and able to deliver the vision outlined in the Fuller Stocktake,
- Delivery of this plan and the objectives set out in this guidance are supported by funding for general practice as part of the five year GP contract, including funding for 26,000 additional primary care staff through the Additional Roles Reimbursement Scheme (ARRS).
- ICB primary medical allocations are being uplifted by 5.6% to reflect the increases in GP contractual entitlements agreed in the five-year deal, and the increased ARRS entitlements.
- Data on general practice appointments is being published, including at practice-level, and work is ongoing to improve the quality and use of the data

2.4 With regards to General Practice Appointments**,** overall the ICB has returned to pre pandemic levels as a whole appointment approach but further work is required at place, practice and pcn level to understand data further. The Business Intelligence team are developing an appointment toolkit/portal to help place with this. Although the number of face to face appointments remains lower than pre pandemic levels, telephone appointments are significantly higher. In terms of further appointment numerical aims for the ICB, we await further guidance in this respect from NHS England. Appendix 1 gives more information in respect of GP Appointments (Table 1.1 and 1.2)

2.5 With regards to ARRS (Additional roles) figures indicate a favourable comparison with England via the analysis tables in Appendix 1 but further detail is required to ensure this is consistent with NHS England planning expectations for 23/24 (Table 2.1 and 2.2)

Moving forward from 1.4.2023 there will be a regular report on the planning guidance performance/national expectations in respect of the General Practice Appointment data, ARRS progression UDA (Units of Dental Activity) progression and referrals to the Community Pharmacy Consultation scheme, all referenced in the Planning Guidance. Progress and supportive actions in relation to the above is being led by the Planning team within the ICB, with an internal reporting and assurance process in place.

3.0 Primary Care Risk(s)

3.1 At the last meeting the Committee received an update on System level risks that will be managed by this Committee on the recommendations of the (new) System Primary Care (Medical, Community Pharmacy) Operational Groups referred to in the Operating Model paper. The system level primary medical (general practice) risks have been reviewed updated via by the corporate primary care team and are detailed in Appendix 2.

3.2 All place primary care leads have confirmed that primary care risks at place level are currently being managed via local forums in line with the decision matrix. All primary care risks transferred from CCGs had already been reviewed and ;

(i) Closed as n/a any longer
(ii) Combined or amended in line with new operating models at place
(iii) Transferred to place primary care risk registers and processes
(iv) Transferred to system primary care risk registers (Appendix 2)

3.3 Next steps for the above process is for primary care risks to be converted to the new format/register by the central risk team, and a system of escalation to be agreed between place primary care forums and system primary care. Currently this is being managed via the place reporting templates reviewed in Part A, but a more systematic set of escalation principles is being developed between primary care leads to support this further.

3.4 Community Pharmacy risks are currently being managed and reviewed by the aligned NHS England staff but will move over to the process described in 3.1, as will Dental/General Ophthalmic Services risks from 1.4. An overall single report will be generated to this Committee from the next meeting, giving all 4 contractor group system risks (managed via the relevant operational meetings).

4.0 APMS Contracts (Alternative Provider of Medical Services)

4.1 APMS (Alternative Provider of Medical Services) is the only contracting form available for new contracting of primary medical core services, and unlike GMS/PMS, the contracts are time limited with local performance indicators built in to reflect local needs, as well as core national requirements governed by the Policy and Guidance Manual.

4.2 Historically GMS/PMS contracts were offered ‘in perpetuity’ providing that at least 1 partner remaining on the contract, met the criteria for holding a GMS/PMS contract, as defined under the NHS Act. In 2004, the NHS introduced the policy of APMS to ensure that where a contract was terminated or ‘handed back’ the responsible NHS commissioning body could source a new provider and let a new contract.

4.3 Procurement of all goods and services in public bodies, including healthcare services, is governed by the Public Contract Regulations (PCRs) (2015) and the NHS Procurement, Patient Choice and Competition Regulations (PPCCRs) (2012), which require a competitive tendering exercise is conducted to ensure, openness, fairness and transparency, whilst demonstrating 'value for money'. As these Regulations require that the award of any contract be subject to a competitive process, the award of a new APMS contract should be done so in line with the Regulations, unless exceptional circumstances apply.

4.4 However, as the UK has now left the European Union, the Government is currently reviewing the historic PCRs and the requirements for healthcare services to subjected to open competition as the default position. A new 'Provider Selection Regime' (PSR) for healthcare services is currently progressing through the parliamentary process and once complete and passed into UK law, should enable more choice for commissioners about whether a competitive tender is necessary in every case. The new PSR will not mean and end to open procurement for healthcare services but will offer greater flexibility.

4.5 The ICB inherited a number of these APMS contracts from across the system and the details of the 21 contracts that are still current is outlined in Appendix 3. Also documented in the appendix is information relating to the date a procurement decision is required, in order to achieve a 12-month procurement timeline and enable 3 months mobilisation and safe transfer of care, should the incumbent provider not be successful at a future tender.

4.6 Actions to support the re-tendering are already in place with the relevant Place team and the central procurement lead for health, as part of the central work / contract register. Additionally, those contracts due to be re-tendered within the next 3 years, will be supported by the Technical Procurement Team at the North of England Commissioning Support Unit (NECS), who are contracted nationally by NHS England to support the APMS tender process.

4.7 Ultimately, decisions with regards to the future of these contracts are managed by Place in line with the decision matrix developed, but Place will work with the contract and procurement leads to ensure that these decisions are taken within the current rules for competition and agreed in line with the ICB SFI's/SORD and delegated approval limits.

5.0 Protected Learning Time

5.1 Following discussion with LMC colleagues, the ICB has agreed an overall starting position in relation to protected learning time moving forward. PLTs will take place each month apart from August, December and January. Each place will continue with their local arrangements in terms of other aspects of PLT for the first two quarters of 23/24 whilst consensus is agreed with place/LMCs on how to take forward for the remainder of the year.

6.0 Recommendations

The System Primary Care Committee are asked to

- ***Note*** the contents of the report which is for ***information*** and ***assurance*** including
    - in particular the update to the system primary care risks and future approach to risk management
    - information relating to APMS (Alternative Provider of Medical Services) in terms of contract futures and procurement.

6.0 Officer contact details for more information

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

Cheshire and Merseyside ICB
System Primary Care Committee

Cheshire and Merseyside

Appendix 1 –

Performance Metrics

Table 1.1 – GP Appointments - GPAD Data / Covid Vaccinations combined figure (to November 22)

Baseline Data/Period

	GPAD Face to Face + Telephone Appts		COVID Vaccintions			
location_name	Period	Appointments (Face to face+Telephone)	Period	COVID Vaccines Evergreen offer - Monthly doses	Spring Booster programme - Total potential demand (GP led sites)	Autumn Booster programme - Total potential demand (GP led sites)
NHS Cheshire And Merseyside Integrated Care Board	Dec 21 - Nov 22	14,490,762	Jan-22	179	285,706	285,706

Table 1.2 GP Appointments - ICB Cumulative comparison percentage to pre covid baseline

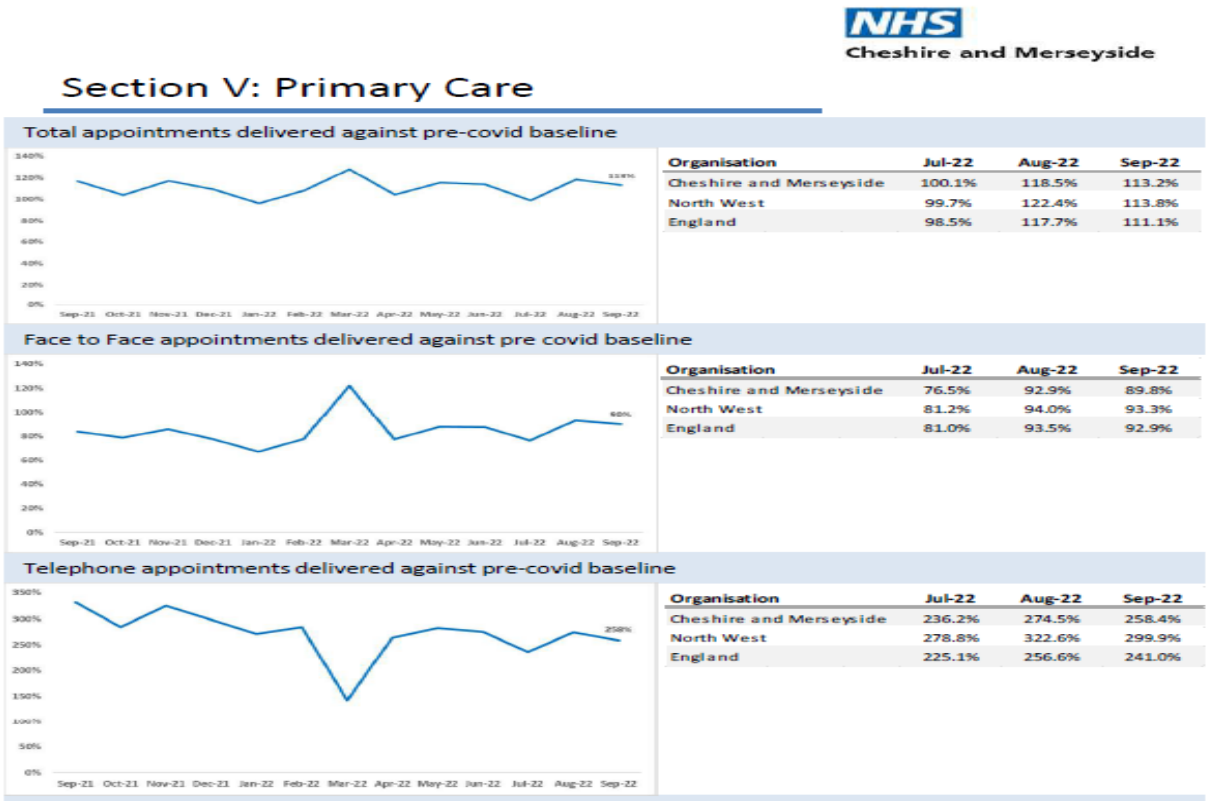


Table 2.1 - Additional Roles (ARRS) WTE April 22-March 23 Forecast for ARRS.

Cheshire and Merseyside ICB
System Primary Care Committee

ARRS Work Force Roles	WTE
Clinical Pharmacist Advanced Practitioner	9
Physiotherapist Advanced Practitioner	1
Paramedic Advanced Practitioner	2
Adult Mental Health Practitioner	35
CYP Mental Health Practitioner	2
Dieticians	3
Pharmacy technicians	90
Podiatrist	3
Occupational Therapists	9
Health and Wellbeing Coach	47
Care Coordinator	261
Nursing Associate	39
Trainee Nursing Associate	18
Clin Pharmacist	274
Soc Prescribing	171
Physiotherapist	107
Physician Assoc	54
Home/RR paramedic	50
C&M-PCN Digital and Transformation Lead	7
C&M-PCN General Practice Assistant	73
Total FTE Roles	1255

Table 2.2 ARRS England view / Cheshire and Merseyside view comparison

- Baseline period ARRS roles
- Latest ARRS FTE = September 2022, December 2022 is due to be published on 16th February
- Additional roles (current minus baseline)
- Latest ARRS FTE per 100,000 registered population – for proxy comparison reasons
- **This demonstrates overall we currently have a similar rate of ARRS roles recruited to per 100k population compared to England.**
-

NHS Cheshire and Merseyside ICS_Business Intelligence
NWRS / ARRS claims portal roles
Datasource: NHS Digital http://digital.nhs.uk/pubs/pcwqusep22

	England			
	Baseline FTE ARRS Roles	**Sep 22 FTE ARRS Roles**	**Additional ARRS Roles since baseline**	**Sep 22 FTE ARRS Roles per 100k population**
Registered Population	**61,867,188**			
Advanced Practitioners	0	995	995	1.61
Care Coordinators	0	3,194	3,194	5.16
Dieticians	0	97	97	0.16
First Contact Physiotherapists	0	1,376	1,376	2.22
Health and Wellbeing Coaches	0	828	828	1.34
Nursing Associates	38	496	458	0.80
Paramedics	425	1,538	1,113	2.49
Pharmacists	900	5,871	4,972	9.49
Pharmacy Technicians	0	1,667	1,667	2.69
Physician Associates	146	1,362	1,217	2.20
Physiotherapists	0	0	0	0.00
Podiatrists	0	47	47	0.08
Social Prescribing Link Workers	0	2,793	2,793	4.51
Therapists - Occupational Therapists	2	156	154	0.25
Trainee Nursing Associates	0	529	529	0.86
Grand Total	**1,510**	**20,951**	**19,441**	**33.87**

Cheshire and Merseyside ICB
System Primary Care Committee

	Cheshire and Merseyside			
	Baseline FTE ARRS Roles	Sep 22 FTE ARRS Roles	Additional Roles since baseline	Sep 22 FTE ARRS Roles per 100k population
stered Population	2,725,618			
Advanced Practitioners	0	36	36	1.31
Care Coordinators	0	193	193	7.08
Dieticians	0	1	1	0.04
First Contact Physiotherapists	0	60	60	2.20
Health and Wellbeing Coaches	0	27	27	0.99
Nursing Associates	15	28	25	1.01
Paramedics	0	39	39	1.42
Pharmacists	194	245	206	8.97
Pharmacy Technicians	0	65	65	2.39
Physician Associates	23	70	66	2.58
Physiotherapists	1			0.00
Podiatrists	0	6	6	0.20
Social Prescribing Link Workers	0	137	137	5.04
Therapists - Occupational Therapists	0	10	10	0.37
Trainee Nursing Associates	0	11	11	0.40
Grand Total	**233**	**927**	**880**	**34.00**

Cheshire and Merseyside ICB
System Primary Care Committee

NHS Cheshire and Merseyside

Appendix 2 – System Level Primary Care (Medical – Primary Care) risks

Risk 1 – Meeting National asks regarding restoration of services and ensuring access to services – the committee should note the reduction in this risk

ID No: 001	Risk Title: Meeting National Asks regarding restoration of services and ensuring access to services

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	3	9	**It is recommended that this risk is reduced to 6 given the reported maintenance of appointments and restoration, but is maintained as a risk given the issues in relation to sustainability/resilience/workforce challenges. However this risk will need to be reviewed overall when further details of the operating guidance for primary care is released in respect of access/appointments. ICB ambition for access expected to be further clarified once this is received/as part of overall strategic approach**
Current Risk Score	2	3	6	
Risk Appetite/Target Risk Score	1	3	3	

Senior Responsible Lead	Operational Lead(s)	Directorate	Responsible Committee
Christopher Leese Associate Director Of Primary Care	Place Primary Care Leads	Assistant Chief Executive/Place Primary Care Structures	System Primary Care Committee Place Governance

Function	Risk Proximity	Risk Type	
quality,performance, transformation, commissioning, .	A	Corporate and Place	

	Last Updated	Next Update Due
	February 2023	

Risk Description

Cheshire and Merseyside ICB
System Primary Care Committee

NHS Cheshire and Merseyside

The challenge of ICB meeting the national asks regarding restoration of services to pre pandemic levels and maximisation of access for patients for all appointment types including face to face appointments.

Place will manage individual practice level access/restoration challenges via their local approaches – this risk is the overall achievements of national asks and patient demand in the future. Note restoration of pre pandemic levels of appointments has been achieved

This is correct as at March SPCC but note further information is awaited (Planning guidance/national expectations re appointments/access)

Current Controls		Rating
Policies	**National Stocktakes and Guidance in relation to Primary Care**	
Processes	**System Primary Care Committee** **Managed operationally at place level through place structures.**	
Plans	**Primary Care Strategy – ICB Level (tba)** **Primary Care Strategy – Place Level** **Place Access Plans/KLOE responses**	
Contracts	**GMS PMS APMS Contracts (note no specific ask in terms of number of appointments)** **Local Enhanced/Quality Contracts (poss stretch asks within)** **Directed Enhanced Services – Primary Care Networks – Enhanced Access**	
Reporting	**Place reporting to place primary care structures** **Place reporting to System Primary Care Committee** **System Primary Care Committee reporting through to North West Regional Structures (KLOE reporting)**	

Gaps in control
Strategys (corporate and place) for PC currently under development *Place PC governance being finalised* *BI/Data – BI currently do not have access to the full range of access data required (in train)* *Further national asks – clarity awaited*

Actions planned	Owner	Timescale	Progress Update
Reporting Template for Place	CL	1.11.2022	complete
Place Governance	Place Leads	By 1.12.2022	complete
BI data – Place cuts have been released but practice level and ongoing reporting still a gap	CL/BI	TBC	Part complete/further work required for practice/place and pcn level analysis
Defining overall aim in terms of appointments/demand targets beyond restoration	TBC		Awaiting national guidance/further planning asks

Assurances		
Planned	Actual	Rating

Overall reporting to System Primary Care Committee on metrics	*Ongoing*	
BI toolkit for appointments at place/practice and pcn level	*Planned for March*	

Gaps in assurance
Defined aims of our approach in terms of future metric – dependent on awaited planning guidance on access/appointment expectations

Actions planned	Owner	Timescale	Progress Update
As above (Control actions planned)			

Risk 2 – Sustainability and Resilience of General Practice (Primary Care) including workforce – the committee should note this risk remains unchanged

ID No:	Risk Title: Sustainability and Resilience of General Practice (Primary Care) including workforce

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	n/a	n/a	n/a	It is recommended that this risk is maintained at the current level (9) as long as assurances continue to be maintained and further actions are in train
Current Risk Score	3	3	9	
Risk Appetite/Target Risk Score	1	3	3	

Senior Responsible Lead	Operational Lead(s)	Directorate	Responsible Committee
Christopher Leese Associate Director Of Primary Care	Place Primary Care Leads	Assistant Chief Executive/Place Primary Care Structures	System Primary Care Committee Place PC forums

Function	Risk Proximity	Risk Type	
Quality,performance, transformation, commissioning, .	A	Corporate and Place	I

	Last Updated	Next Update Due
3	February 2023	**July 2023**

Risk Description

Cheshire and Merseyside ICB
System Primary Care Committee

Resilience and sustainability of General Practice in terms of demand, workforce pressure and external factors such as industrial action, peaks in public concern such as (A Strep).

Almost all previous CCG risk registers for Primary Care had a variation of this risk on their risk register.

Individual examples of place based practice resilience and operational concerns should be captured on local place risk registers, but this combined issue needs capturing on the overall corporate ICB risk register so that there can be assurances in respect of the overall resilience and sustainability of primary care – and that enabling factors should as workforce are included.

Current Controls		Rating
Policies	**National Stocktakes and Guidance in relation to Primary Care -**	
Processes	**System Primary Care Committee** **Managed operationally at place level through place structures.** **Escalation to System PCC**	
Plans	**Primary Care Strategy (Framework) – ICB Level** **Primary Care Strategy – Place Level** **Place workforce plans** **Clinical Strategy** **Workforce / People plans via People Board inc Primary Care Workforce Strategy**	
Contracts	**GMS PMS APMS Contracts** **Local Enhanced/Quality Contracts** **Directed Enhanced Services**	
Reporting	**Primary Care workforce Steering Group** **Place reporting to place primary care structures/ forums** **Place reporting to System Primary Care Committee through reporting template already agreed noting a clearer risk principle escalation process is to be developed** **System Primary Care Committee reporting through to North West Regional Structures**	
Gaps in control		
Risk escalation process to be refined further between place and system *Some BI data gaps* *Workforce – Primary Care Workforce Steering Group in revised format*		

Actions planned	Owner	Timescale	Progress Update
Reporting Template for Place	CL	1.11.2022	Complete
Specific Updates in relation Workforce/ARRS spend	CL/Place leads	1.11.2022	Complete
Place Governance	Place Leads	By 1.12.2022	Complete
ARRS spend / underspend approach	Finance/PC Leads	By 15.11.2022	Complete
Regular ARRS/workforce	Finance/PC Leads		Complete and in train

updates as part of SPCC reporting			
Risk escalation principles	PC Leads/CL	April Committee meeting	In train
Primary Care Workforce Steering Group	JG/CL	April first meeting	In train

Assurances		
Planned	**Actual**	**Rating**
Overall report to System Primary Care Committee in April meeting to assure on escalation principles	*April 2023*	
First meeting of PC workforce steering group	*April 2023*	
Closing BI data gaps for Workforce	*Ongoing*	
Update from Medical Directorate on pc pressures to SPCC	*March 2023 meeting (ongoing)*	

Gaps in assurance			
Actions planned	**Owner**	**Timescale**	**Progress Update**
As above (Control actions planned)			

Appendix 3 – Status of APMS (Alternative Provider of Medical Services)

CMICB - APMS contracts with anticipated future procurement decision date

Place	Contract title	Contract start date	Contract end date	Anticipated Procurement Decision Date	Notes
Halton	Primary Care - Special Allocation Scheme	01/05/2018	30/04/2023	01/05/2023	Current arrangement to be extended for 12 months based on Place recommendation
Wirral	Core Primary Care Services - Townfield Medical Centre	01/11/2022	31/10/2023	01/04/2023 if not extended	Interim Provider only - 1 year extension option available - likely to be requested
Cheshire West	Core Primary Care Service - Willaston Surgery	01/12/2017	31/03/2024	01/04/2023	Previously extended without competition due to COVID / ICB changes
Cheshire West	Core Primary Care Service - Westminster Surgery	01/12/2015	31/03/2024	01/04/2023	Previously extended without competition due to COVID / ICB changes
Cheshire West	Core Primary Care Service - Old Hall Surgery	01/09/2019	31/03/2024	01/04/2023	Previously extended without competition due to COVID / ICB changes
Cheshire West	General practice services to the homeless population in Chester / Provision of Special Allocation Scheme. (St Werburgh's)	01/04/2011	31/03/2024	01/04/2023	Previously extended without competition due to COVID / ICB changes
St Helens	Core Primary Care Service - Marshalls Cross Medical Centres	01/03/2018	28/02/2025	01/03/2024	No extension option available
Wirral	Core Primary Services - Leasow Medical Centre	01/07/2020	30/06/2025	01/07/2024	No extension option available
Liverpool	GP Out of Hours service for Liverpool, Sefton, Knowsley, Halton, St Helens and Warrington	01/04/2021	31/03/2026	01/04/2025 if not extended	Additional 2 year extension option available
Sefton	Core Primary Care Service - Hightown Surgery	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 2 year extension option available
Sefton	Core Primary Care Services for Great Crosby & Thornton encompassing the 3 surgeries of Crossways, Crosby Village and Thornton	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 2 year extension option available
Sefton	Core Primary Care Services for Seaforth, Litherland and Netherton (3 Practices)	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 2 year extension option available

Sefton	Core Primary Care Service - Maghull Surgery	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 2 year extension option available
Liverpool	Core Primary Care Service - Garston Family Health Centre	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 4 year extension option available
Liverpool	Core Primary Care Service - Marybone Health Centre	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 4 year extension option available
Liverpool	Core Primary Care Service - Netherley Health Centre	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 4 year extension option available
Liverpool	Core Primary Care Service - Park View Medical Centre	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 4 year extension option available
Liverpool	Core Primary Care Service - Kensington Park	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 4 year extension option available
Liverpool	Core Primary Care Service - Princes Park	01/04/2023	31/03/2028	01/04/2027 if not extended	Additional 4 year extension option available
Sefton	Core Primary Care Service - North Park Surgery	01/10/2023	30/09/2028	01/04/2027 if not extended	Additional 2 year extension option available
Wirral	Core Primary Services - Estuary Medical Practice	01/04/2019	31/03/2029	01/04/2028	No extension option available

Risks associated with APMS contracts

- Due to current procurement regulations, failure to run an open competitive procurement process can result in a legal challenge, reputational damage, financial consequences and potentially contracts that require early termination
- There is a local provider market but some of the contracts are small and not attractive to alternative providers – a recent exercise in Liverpool resulted in 1 practice requiring dispersal as a new provider could not be sourced
- It is not clear at this stage when the new PSR will be introduced but the ICB cannot rely on this until it is published and an implementation date confirmed
- A separate risk on APMS contracts is being updated and will be added to the System PCC Risk Register

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside System Primary Care Committee

Date: 2nd March 2023

Part B - Primary Care – Operating Model and Governance

Agenda Item No	
Report author & contact details	Christopher Leese c.leese@nhs.net Associate Director Primary Care This paper will be presented by Clare Watson
Report approved by (sponsoring Director)	Clare Watson , Assistant Chief Executive
Responsible Officer to take actions forward	Christopher Leese

Cheshire and Merseyside ICB
Integrated Care Board Meeting

<add title of paper>

Executive Summary	The Committee is asked to agree the recommendations for outline governance in terms of next steps for the Operating Model for Primary Care previously agreed. This paper outlines the approach to governance for the next phase, and assumes full delegation of Dental and General Ophthalmic Services from 1.4.2023				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	X	X		
Recommendation	**The Committee is asked to:** The Committee is asked to • Note the update and next steps in relation to the ICB's Primary Care Operating Model • Agree the approach to governance, represented in Appendix 1 • Note further papers in relation to this , to be presented to the next Committee meeting • Note a further review will be conducted of this approach in six months' time, with an update to this Committee.				
Key risks	Relevant risks are highlighted in the body of the report				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X	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 under the national contract(s) the Policy and Guidance Manual sets out expectations for Patient and Public engagement for key decisions.				
Equality, Diversity and Inclusion	None for this report, but for relevant actions under the national contract(s) the Policy and Guidance Manual sets out expectations for Equality, Diversity and Inclusion as does associated Procurement Guidance				
Health inequalities	Relevant supporting national policy guidance (where referenced, will contain expectations in this respect)				

Next Steps	This item will be reviewed in 6 months.
Appendices	Appendix 1 – Governance/Operating Model

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

Primary Care Operating Model – Suggested Governance Approach

1.0 Background

1.1 Since 1st July the Committee has agreed a series of recommendations based on the approved operating model for primary care. This put in place interim governance and oversight structures and processes, for the delivery of the primary care function across the ICB.

1.2 This included the setting up of the System Primary Care Committee, the formation of place primary care forum(s), the agreement of the decision matrix for primary care delegated under the Policy and Guidance Manual (PGM) which further supported decision making at Place level for national primary care contracting.

1.3 For Community Pharmacy, an ICB responsibility from 1.4, there was a retention of the existing arrangements, supported by the aligned NHS England team.

1.4 From 1.4 Dental and General Ophthalmic Services will move to be an ICB responsibility. As such, it was requested that there was a review of existing overall primary care governance arrangements and a proposal presented for approval.

2.0 Proposed Governance and Operational approach (Please refer to Appendix 1 for a graphical representation of this)

2.1 For **Primary Medical Services (General Practice)** this will continue to be managed and led by place through the agreed matrix of decision making via place forums, with escalation to System Primary Care Committee. With the formation of the small central primary care (contracting and policy team) a new system level Primary Medical Services Operations Group (PMOG) will oversee with place reported issues, CQC reports , planned primary care performance dashboard and escalation areas - reporting to the System Primary Care Committee. The core central team will be responsible for consistency of approach, assurance to NHS England, streamlining of 'do once' functions, alignment of single templates and monitoring of national contracts and supporting place/practices with additional resourcing where there are serious operational / contracting issues.

2.2 For **Community Pharmacy,** the contracting function will continue to be discharged at system level. The Pharmaceutical Services Regulatory Committee (PSRC) is still a mandated Committee and therefore will continue to operate. However the Terms Of Reference will be reviewed to ensure some commonality between members of the System Primary Care Committee and the PSRC. It will continue to report to the System Primary Care Committee as it does now, highlighting decisions made in line with the national Community Pharmacy Contract. In addition, to support wider discussions on community pharmacy, integration and operational issues, a new Community Pharmacy Operations Group (CPOG) will be set up which again will report into the System Primary Care Committee and also support the PSRC. It is envisaged a single Community Pharmacy update including the decisions/minutes of the PSRC, will be reported to each SPCC.

2.3 For Dental (Primary Care) and General Ophthalmic Services, similar Operations Group will be formed as for Primary Medical and Community Pharmacy, reporting to the SPCC. It should be noted that for Dental, there will be a further conversation and ask for **non - primary care dental** commissioning be moved into the general central commissioning portfolios of the ICB. This is still being worked through at the present time and a verbal update on this aspect will be given at the meeting.

2.4 In order to further connect primary care leads with the system primary care leads, we have already adapted the previous ICB and NHS England Leads meeting into a new monthly ICB primary care leads delivery and interface group – this connects the development/transformation aspects managed through place with the more system contracting approaches- each place send a representative to that meeting. This has already met and is working well.

2.5 It is recognised that a range of supportive and enabling forums is in the process of being refined and developed that will have cause to report to and have asks of, the System Primary Care Committee. These are currently being worked through as we emerge from the Management of Change process and staff are confirmed in post. Two 'system' forums have however already greed a way forward and are currently amending Terms of Reference to reflect their new relationship to the SPCC ;

- Primary Care Workforce Steering Group – reporting to People Board and SPCC
- Primary Care Digital Group – reporting to Digital Board and SPCC

A priority moving forward will be clarifying the following 2 areas and reporting to SPCC ;

- Estates
- Primary Care Quality (System Level)

2.6 It is recognised that other contractor groups apart from General Practice, will need to be part of local integration/care community conversations at place level and this work is ongoing.

2.7 At the next meeting of the System Primary Care Committee, a revised Terms Of Reference will be presented for agreement that reflect some of the changes above including the new responsibility for Dental and GOS from 1.4. These will also need to be agreed by the following ICB Board meeting. A further review of the decision making matrix will also be undertaken and presented to the next System Primary Care Committee.

2.8 It is assumed that local representative groups such as LMCs, will continue to be part of any emerging groups that consider for example, estates, digital and workforce.

2.9 This governance approach will be reviewed in 6 months to explore further potential options such as potential merging of operational groups.

.

3.0 Recommendations

The Committee is asked to

- Note the update and next steps in relation to the ICB's Primary Care Operating Model
- Agree the approach to governance, visually represented in Appendix 1
- Note further papers in relation to this, to be presented to the next Committee meeting
- Note a further review in six months as processes become more embedded.

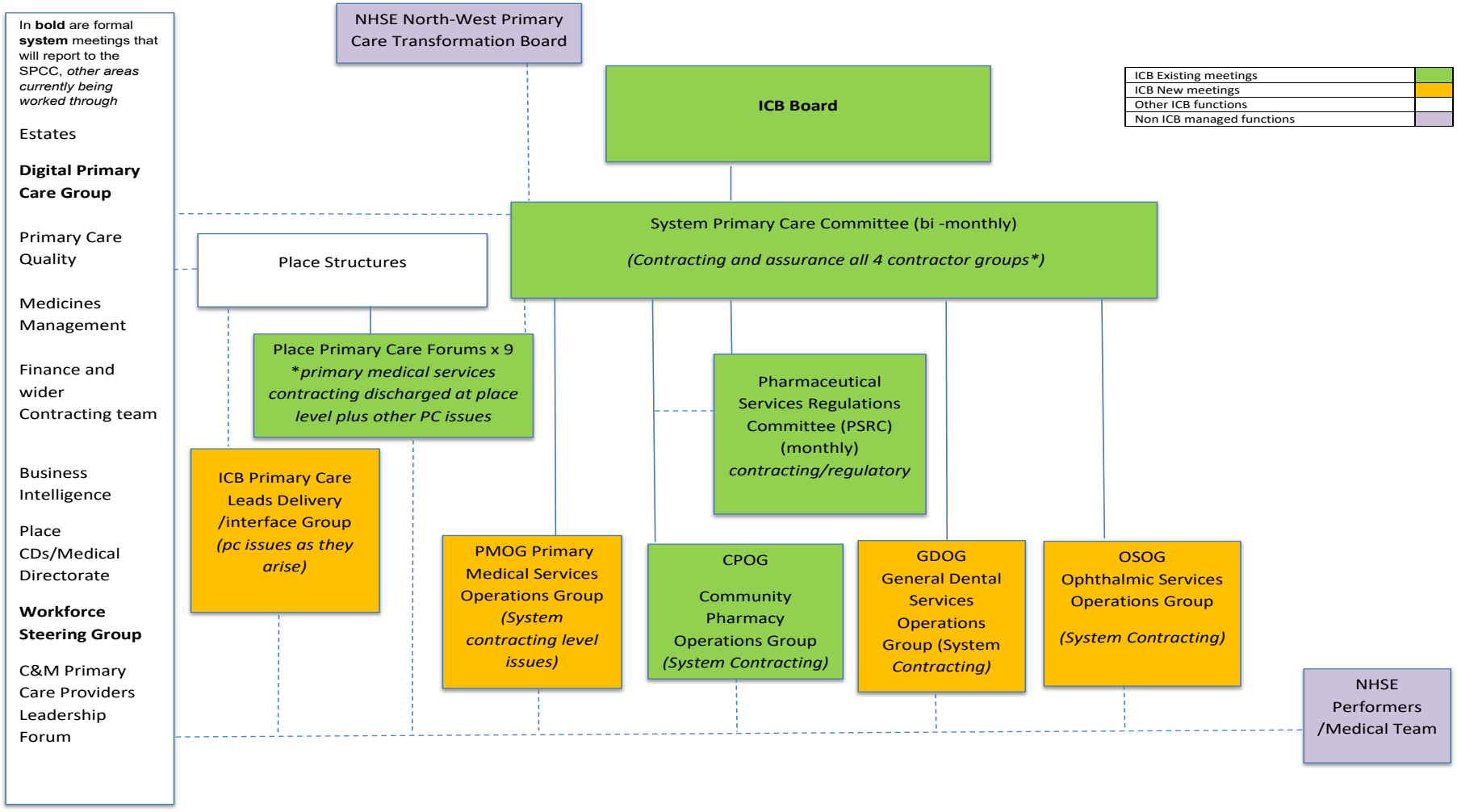
4.0 Officer contact details for more information

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

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS
Cheshire and Merseyside

Appendix 1 – Outline Governance Approach



NHS
Cheshire and Merseyside

Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 2nd March 2023

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Date of meeting:	2nd March 2023
Agenda Item No:	
Report title:	**Primary Care Update – Finance**
Report Author & Contact Details:	Lorraine Weekes-Bailey Senior Primary Care Accountant Paul Brennan Primary Care Project Accountant
Report approved by:	Mark Bakewell- Deputy Director of Finance

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

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

Executive Summary and key points for discussion
The 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 January 2023 (M10). The report covers six areas of spend: - 1. Primary Care Co-Commissioning 2. Local Place Primary Care funding commitments 3. Prescribing 4. Primary Care Delegated Pharmacy 5. Primary Care SDF Funding 6. Acute Respiratory Infection Hubs (ARI) The paper will highlight any key variances within the financial position in respect of the forecast outturn, compared to the allocated budgets. The paper highlights both the Months 1-3 (April-June CCG financial position) and the Months 4-12 (July-March ICB) financial position and a combined, Months 1-12 overall position, for the 22/23 financial year. It also provides a breakdown of the Additional Roles Reimbursement Scheme (ARRS) allocation and the anticipated financial outturn from April 2022-March 2023. The report also identifies the central drawdown that has been agreed by NHS England for the financial year. A schedule of the Primary Care Sustainability Fund is included, this is presented at place level.

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Recommendation/ Action need:	**The Committee is asked to:** Note the financial summary position for Cheshire and Merseyside ICB as at the 31st January 2023 (M10). Note the financial forecast for the Additional Roles Reimbursement Scheme (ARRS) and the central drawdown agreed by NHS England.

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

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

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

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

Primary Care Finance Update

1.0 Introduction

1.1 This 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.

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

1.3 The report covers four areas of spend, the national allocation for Primary Care Co-Commissioning, Local Place Primary Care funding commitments, Prescribing and Primary Care Delegated Pharmacy. The report highlights any key variances against budget across Months 1-3 (CCG's) and Month 4-12 (ICB), It then details a combined full financial year.

1.4 Shown below, are five tables that show a separate and combined financial position. These have partly been determined by the approach required by NHS England, in respect of treatment of allocations / expenditure within the national ledger system and reporting regime.

1.5 The tables shown below are as follows: -

- Table 1- illustrates an overall summary of the Primary Care financial position (full year forecast outturn)
- Table 2 summarises the Cheshire & Merseyside Local Primary Care forecast outturn based on expenditure at 31st January 2023
- Table 3 summarises the Delegated Primary Care forecast outturn based on expenditure at 31st January 2023
- Table 4 summarises the Prescribing forecast outturn based on expenditure at 31st January 2023
- Table 5 A graph of the Prescribing Price Concession increase
- Table 6 a summarises the Delegated Pharmacy forecast outturn based on expenditure at 31st January 2023
- Table 7.1 summarises the ARRS ICB allocation
- Table 7.2 summarises the ARRS spend at Place
- Table 8 summarises the Primary Care Sustainability funding
- Table 9 summarises the Acute Respiratory Infection hub at Place

2.0 22/23 Financial Position

2.1 The 22/23 financial year consists of 2 distinct periods, reflecting the in-year organisational change (i.e dissolution of CCG at end of the June 2022 and creation of ICB).

Table 1

Primary Care Position Summary Janaury 2023	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Cheshire & Merseyside ICB Primary Care									
ICB Local Primary Care	26,320	24,611	1,710	73,247	73,417	(170)	99,567	98,028	1,540
Delegated Primary Care	112,024	110,939	1,085	363,946	359,487	4,458	475,970	470,426	5,544
Prescribing	121,364	118,593	2,771	374,763	386,669	(11,906)	496,127	505,262	(9,135)
Primary Care SDF	0	0	0	2,343	2,343	0	2,343	2,343	0
Delegated Pharmacy	0	0	0	54,525	52,085	2,440	54,525	52,085	2,440
ICB Primary Care Total	**259,708**	**254,143**	**5,566**	**868,823**	**874,001**	**(5,178)**	**1,128,532**	**1,128,144**	**388**

2.2 The overall Primary Care and Prescribing budgets at the end of the period Months 1-3, shows an underspend of £5.57m and, in line with the financial agreed regime, this results in an associated reduction in CCG allocation for the period and increase in ICB allocations for the period Months 4-12. This underspend was due to timing of expenditure and based on available information at the end of the reporting period.

2.3 The current overall ICB Months 4-12 Primary Care and Prescribing budgets show an overspend of £5.1m. Prescribing has an overspend of £11.9m, the overspend is explained in further detail in section 5 of the paper.

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

2.5 Additional primary care System Development Funding (SDF) of £2.34m has been received since the inception of the ICB.

2.6 The overall full year Primary Care, Prescribing and Pharmacy budgets are forecast to underspend £0.3m.

2.7 Further analysis is provided below on each of the relevant budgets and forecasts and their associated variances. It should be noted that there is still a time lag in respect of some areas of the information being made available (e.g 8-week time lag for prescribing/pharmacy information). It is expected that confidence in forecast outturn position will improve during the second half of the year, as in year run rates are established.

3.0 Local "Place" Primary Care

3.1 The below table illustrates the budget and anticipated forecast for Local "Place" Primary Care, combining the 9 place positions into a single ICB consolidated position.

Table 2

Primary Care Position Summary Janaury 2023	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
ICB Local Place Primary Care									
Primary Care Local Enahnced Services/Other	15,946	14,473	1,472	42,695	40,360	2,335	58,641	54,833	3,808
Primary Care IT	4,089	3,927	162	11,462	14,005	(2,544)	15,551	17,933	(2,381)
Out of Hours	6,285	6,210	75	19,090	19,052	39	25,375	25,262	113
ICB Local Primary Care Total	**26,320**	**24,611**	**1,710**	**73,247**	**73,417**	**(170)**	**99,567**	**98,028**	**1,540**

3.2 The local "Place" Primary Care budget is showing a full year forecast underspend of £1.54m at the end of the financial year.

3.3 The underspend in Months 1-3 Primary Care Local Enhanced services, reflects a change in funding allocation between local and delegated (co-commissioning budget). Prior to 2022/23, the '£1.50 Core PCN funding' guidance was that this element should be funded via Local Primary Care resources. However, NHSE Guidance now states that this should be part of Primary Care Co-Commissioning delegated budget. Therefore, this has been reflected as appropriate in local budget forecast (but with equivalent spend now being reflected within the Delegated Co-Commissioning budget).

3.4 The main driver of the overspend within Q2-4 period is within Primary Care IT, with forecasts exceeding budget values by £2.54m. Further investigation of expenditure compared to GPIT allocations is underway but is partly due to the "underspend" in Q1 time period and relevant timing of expenditure between CCG /ICB periods.

4.0 Primary Care Delegated Commissioning

4.1 The below table illustrates the forecast outturn for Primary Care Co-Commissioning based on expenditure at 31st January 2023, combining the 9 place positions into a single ICB consolidated position as far as possible.

Table 3

Primary Care Position Summary Janaury 2023	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Delegated Primary Care									
Core Contract	70,368	73,821	(3,453)	215,325	214,977	348	285,693	288,798	(3,104)
QOF	10,048	7,542	2,506	30,350	28,494	1,856	40,398	36,036	4,362
Direct Enhanced Schemes	1,611	1,666	(55)	4,903	4,276	627	6,514	5,942	572
Premises Reimbursements	11,975	11,966	8	36,093	35,847	246	48,068	47,813	254
Other Premises	164	147	18	472	424	47	636	571	65
Fees	1,298	771	527	8,143	7,808	335	9,441	8,579	862
Primary Care Network	6,130	5,926	205	30,595	31,325	(730)	36,726	37,250	(525)
Additional Roles Reimbursement Scheme	7,216	7,742	(526)	22,250	31,719	(9,469)	29,466	39,461	(9,995)
Other - GP Services	3,213	1,358	1,855	5,821	4,617	1,204	9,034	5,975	3,060
Adjustment for ARRS Drawdown			0	9,994		9,994	9,994		9,994
Delegated Primary Care Total	**112,024**	**110,939**	**1,085**	**363,946**	**359,487**	**4,458**	**475,970**	**470,426**	**5,544**

4.2 Devolved budgets had been set in line with national guidance, incorporating recurring commitments and new national investments funded from the baseline delegated co-commissioning allocation and additional investment received from NHSE.

4.3 The Primary Care core contracts are overspending by £3.10m. This is due to the budget setting process that was in place across April – June in the former CCGs. The mapping and coding of budgets and expenditure from July onwards is more consistent and aligned now that it is one organisation.

4.4 Each individual core GMS, PMS and APMS contractual payment is updated on a quarterly basis to reflect changes to the weighted patient population.

4.5 Quality Outcomes Framework (QOF) is currently showing an underspend of £4.36m. This takes account of an underspend of £2.51m in quarter 1 when actual QOF achievements relating to 2021/22 had been less than anticipated. A further underspend of £1.86m is forecast for quarter 2-4 based on the expectation some new immunisation targets will not be achieved.

4.6 Direct Enhanced Services (DES) expenditure is forecast to be £0.57m less than budgeted. DES budgets had been set based on pre-pandemic activity levels and the forecast outturn is based on actual claims received for the delivery of minor surgery, learning disability health checks and weight management assessments.

4.7 The Primary Care Network category shows an overspend of £0.5m, there is currently further analysis taking place as this requires a budget realignment between the "Other expenditure" and the Primary Care Network service line. This will take place before the financial year end and will reduce the underspend in "Other expenditure". The Primary Care Network line will no longer show a cost pressure against the budget.

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

4.9 With regards to the 'Other' Expenditure category, a £3.06m forecast underspend is projected based on local variation, inherited from former Sefton Clinical Commissioning Groups (CCG's) where actual expenditure is projected to be less than the allocation received.

5.0 Prescribing

5.1 The ICB prescribing budget for the financial year is projected to overspend by £9.14m against the combined budget. This is a movement of £7.4m since Month 9 (December's) reporting.

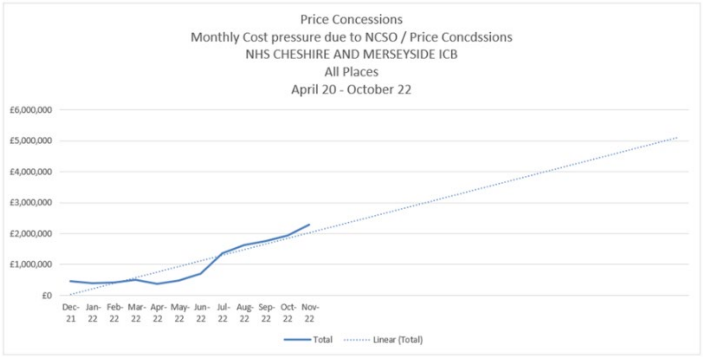
Table 4

Primary Care Position Summary Janaury 2023	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Prescribing									
Cheshire and Merseyside Itemised Prescription Payments	117,549	115,451	2,098	350,595	364,042	(13,446)	468,144	479,493	(11,349)
Central Drugs	1,730	1,728	2	12,703	13,528	(825)	14,433	15,256	(823)
Oxygen	1,205	1,220	(15)	3,686	4,341	(655)	4,892	5,561	(669)
Local Schemes	880	194	686	7,778	4,758	3,020	8,658	4,952	3,706
Preescribing Total	**121,364**	**118,593**	**2,771**	**374,763**	**386,669**	**(11,906)**	**496,127**	**505,262**	**(9,135)**

5.2 The table above shows the increase for Cheshire and Merseyside Prescribing of drugs, the increase is due to current cost drivers that are currently significantly higher than at this time last year, this is primarily being driven by the increasing "No cheaper Stock Obtainable" (NCSO) cost pressures, which have risen month on month over the last 6 months.

5.3 To demonstrate the cost pressures, for the highest growing areas please see the graph in Table 5 below (that shows the cost pressures over recent months and applies a linear growth for demonstration purposes.

Table 5



5.4 Another contributor to the cost pressures, within the prescribing of drugs in Cheshire and Merseyside is due to the Strep A prescribing which started in December, with a subsequent increase in the cost and volume of the antibiotics for that month.

5.5 In January, there was still excess prescribing of the antibiotics and an increase again in the concession price.

5.6 The Strep A issue also resulted in paracetamol showing an increase in the prescribing of these drugs, therefore the high increase in volume causing the issue, despite the drugs being relatively cheap.

5.7 The Oxygen service is anticipated to overspend by £0.669m, this Is due to the increase in tariff costs which has been applied to all 9 places.

6.0 Delegated Pharmacy

6.1 The delegated pharmacy budget for months 4-12 is £54.5m. In January 2023 the ICB were forecasting an underspend of £2.4m to the end of the financial year.

Table 6

Primary Care Position Summary Janaury 2023	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Delegated Pharmacy									
Delegated Pharmacy	0	0	0	54,525	52,085	2,440	54,525	52,085	2,440
Delegated Pharmacy Total	**0**	**0**	**0**	**54,525**	**52,085**	**2,440**	**54,525**	**52,085**	**2,440**

6.2 The allocation transfer was agreed on the basis of the month 7 expenditure forecast which showed a significant overspend (£2.286m), principally from the high uptake of ‘New Advanced Services’.

6.3 Under the national contract, total remuneration on pharmacy services is managed within an agreed cap so over time, the high uptake of New Advanced Services was expected to be offset by reductions to ‘Transition Fee’ payments and other elements of the national contract.

6.4 As the national contract fee rates had not been reduced by month 7, NHSE NW agreed to use underspends on other primary care budgets to underwrite the pressure on the delegated Pharmacy budget and arranged for the allocation transfer.

6.5 Soon after the allocation transfer had been agreed, it was announced that Transition Fee payment rates in the national contract would reduce significantly each month (to 15% of their previous value) to recover the cost of high take-up of New Advanced Services.

6.6 The reduction in Transition Payments is sufficient to bring the expenditure forecast back in line with plan.

6.7 NHSE did not seek to recover the allocation transfer, which now results in the non-recurrent underspend on delegated pharmacy services.

7.0 Additional Roles Reimbursement Scheme (ARRS) 2022/23

7.1 The Additional Roles Reimbursement Scheme (ARRS) underpins the PCN (Primary Care Network) Direct Enhanced Service. The scheme enables PCN'S to flexibly recruit into any of the 17 different designated roles.

7.2 The total funding available for Cheshire and Merseyside PCN's is £47,746m, with £29.467m included in the Primary Care Co-Commissioning baseline. Once the PCN's costs exceed this, a further request of up to £18.279m can be made by the ICB to draw down from the central team at NHS England as per the below table.

Table 7.1

CHESHIRE & MERSEYSIDE ICB QYG	Allocations £
CCG Allocation M1-3 (Baseline)	7,216
ICB Allocation M4-12 (Baseline)	22,251
Total Baseline Allocations	**29,467**
Central Drawdown	18,279
ARRS Total Allocation	47,746

7.3 As at Month 10, 31st January 2023, the Additional Roles Reimbursement scheme is forecast to spend £39,461m of the £47,747m available, as shown below.

Table 7.2

CHESHIRE & MERSEYSIDE ICB QYG	CHESHIRE EAST	CHESHIRE WEST	HALTON	KNOWSLEY	LIVERPOOL	SEFTON	ST HELENS	WARRINGTON	WIRRAL	Total
CCG Allocation M1-3 (Baseline)	1,013	975	325	599	1,484	784	573	516	949	**7,216**
ICB Allocation M4-12 (Baseline)	3,038	2,925	1,147	1,796	4,740	2,353	1,718	1,689	2,846	**22,251**
Total Baseline Allocations	**4,050**	**3,900**	**1,472**	**2,394**	**6,224**	**3,137**	**2,291**	**2,205**	**3,794**	**29,467**
Central Drawdown	2,512	2,420	913	1,485	3,861	1,944	1,421	1,369	2,354	**18,279**
ARRS Total Allocation	6,562	6,320	2,385	3,879	10,085	5,081	3,712	3,574	6,148	**47,747**
Anticipated claims (FOT) Finance M1-3	1,117	1,160	321	612	1,680	501	578	697	1,078	**7,742**
Anticipated claims (FOT) Finance M4-12	4,967	4,991	972	1,847	6,939	2,415	2,498	2,732	4,358	**31,719**
Total Finance FOT	**6,084**	**6,151**	**1,293**	**2,459**	**8,619**	**2,916**	**3,076**	**3,429**	**5,436**	**39,461**
Remainder available from Central Drawdown	**478**	**169**	**1,092**	**1,420**	**1,466**	**2,165**	**636**	**145**	**712**	**8,286**
Amount Required from Central Drawdown										**9,994**

7.4 Based on the current expenditure and data, none of the 9 places are projected to overspend over and above their allocated "Place" budget. Therefore, £8,286m is currently not anticipated to be drawn down or utilised by the ICB.

7.5 There has been a significant increase in the number of roles that have been appointed to, in the last quarter of the financial year across all places. This was due to the ICB encouraging PCN's to bring forward their workforce plans, to utlise as much of the 2022/23 ARRS allocation.

7.6 The ICB is committed to having strong and sustainable General Practice at the core of its integration agenda. The ICB will actively continue to work with our PCN's and local GP leaders to develop this and to ensure that PCN's are able to maximise the use of its resource, for the remainder of this financial year and next year as PCN's plan their workforce for 2023/24.

7.7 The £9.994m has now been agreed by NHS England, we are expecting this funding to be received by the ICB in early March 2023.

8.0 Sustainability Development Funding (SDF)

8.1 The ICB has been awarded Sustainability Development Funding. In table 8 below, it shows the allocation of funds that have been allocated to place, this has been apportioned on fair shares basis. However, the GP Fellowship and Supporting Mentors funding posts will be managed at an ICB system level.

Table 8

Place	Committed GP Transformation Support Digital projects	Submitted Place Digital funding	PCN Development	Practice Resilience	Local GP Retention	Digital Pools	GP Fellowship	Supporting Mentors
Cheshire East	£133,350	£133,000	£240,268	£52,029	£77,973	£16,738	Managed at ICB System Level	Managed at ICB System Level
Cheshire West	£126,594	£123,000	£231,357	£49,393	£74,023	£15,890		
Halton	£47,188	£43,000	£89,087	£18,411	£27,592	£5,923		
Knowsley	£65,099	£55,000	£127,224	£25,400	£38,065	£8,171		
Liverpool	£212,451	£182,000	£412,686	£82,892	£124,226	£26,668		
Sefton	£100,989	£91,000	£191,683	£39,402	£59,051	£12,676		
St Helens	£72,834	£64,000	£139,873	£28,417	£42,588	£9,142		
Warrington	£71,539	£72,000	£128,251	£27,912	£41,831	£8,980		
Wirral	£125,956	£109,000	£243,571	£49,144	£73,650	£15,810		
Total	**£956,000**	**£872,000**	**£1,804,000**	**£373,000**	**£559,000**	**£120,000**	**£2,002,000**	**£391,000**
		£3,632,000						

8.2 The ICB will continue to track and monitor the spend against these funding streams. Currently, all places are anticipating to fully utilise the funding that has been awarded.

9.0 Acute Respiratory Infection Hubs (ARI)

9.1 The ICB has received funding of £1.863m on a non-recurrent basis until 31st March 2023. This funding is to help create additional capacity in line with the ARI Hub principles as shown below: -

- Support new or additional capacity where hubs not established to support ARI community assessment, prioritising paediatric assessment and/or
- For hubs already planned or established, to make funding available to increase capacity and/or clinical sessions in existing hubs national teams. Funding should be utilised primarily for workforce and 'indicative maximum rates' for sessions should be adhered to where possible to ensure the best value for money.

9.2 The ICB allocated the non-recurrent funding, to each place based on the anticipated costing models provided by each place, as shown in table 9 below.

Table 9

Place	ARI Hubs
Cheshire East	£288,800
Cheshire West	£208,000
Halton	£96,899
Liverpool & Knowlsey	£599,000
Sefton	£188,442
St Helens	£111,000
Warrington	£150,000
Wirral	£220,000
Total	**£1,862,141**

10.0 Primary Care Capital Allocation.

10.1 Due to slippage and unallocated resource, the ICB has £0.8m of Primary Care Capital left to allocate.

10.2 This value has been distributed to Improvement Grant pipeline schemes, estates schemes rejected through the Winter Grants schemes and brought forward IT schemes: Wireless LAN controllers and Community Pharmacy.

10.3 As at December 2022 the ICB had £0.3m Primary Care yet to allocate.

10.4 During Janaury 2023, two improvement grant schemes requested a reallocation of funds from 22/23 to 23/24. They were

- Audlem Medical Centre in Cheshire East, requesting £0.308m move into 23/24
- Malpas Medical Centre in Cheshire West requesting £0.243m move into 23/24

10.5 This left a total of £0.815m to allocate, which has been allocated as follows:

- The existing Improvement Grant pipeline was assessed for deliverability before 31st March, and £150k allocated accordingly.
- 2 Estates schemes which had been unsuccessful bidding for winter funds: £74k
- £60k for small improvements that could be delivered by 31st March
- £171k for Wireless LAN Controllers across the whole ICB
- £364k for Community Pharmacy upgrade (benefits the whole ICB).

10.6 £25k remains, which is being offered to Greater Manchester or Lancashire and South Cumbria ICB to be returned in 24/25.

10.7 Appendix one and two, provide a breakdown of the remaining Primary Care Capital and Pipeline of Improvement Grants.

11.0 Recommendations

11.1 The Primary Care Committee are asked to note the combined financial summary position as at the 31st January 2023, noting the relative availability of in-year information.

11.2 In future the Committee will continue to provide detailed information on the projected ARRS reimbursement to PCNs and places.

11.3 The system Primary Care Committee are asked to approve the allocation of the Primary Care Capital in 2023.

12.0 Officer contact details for more information

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Appendix one: Summary of allocation of remaining Primary Care Capital

			£000s
Source	Place	Practice	2022/23
Winter SDF	Cheshire East	Macclesfield PCN	55.707
Winter SDF	Cheshire East	SMASH PCN	18.028
IG Pipeline	Cheshire East	Alderley Edge	6.797
IG Pipeline	Cheshire	Danbridge	11.652
IG Pipeline	Cheshire East	Handforth	5.385
IG Pipeline	Cheshire East	Readesmoor	3.432
IG Pipeline	Cheshire East	Knutsford	2.352
IG Pipeline	Cheshire East	Millcroft	25.995
IG Pipeline	Sefton	Liverpool Road Surgery	4.399
IG Pipeline	Sefton	Moss Lane Surgery	7.037
IG Pipeline	Sefton	The Strand	17.859
IG Pipeline	Warrington	Penketh Health Centre	52.956
IG Pipeline	Wirral	Teehey Lane Medical Centre	2.154
IG Pipeline	Wirral	The Villa Medical Centre	2.951
IG Pipeline	Wirral	Village Medical Centre	6.502
small schemes	Liverpool	Elms Medical Centre	14.520
small schemes	Liverpool	The Ash Surgery	5.161
small schemes	Liverpool	Poulter Road MC	29.042
small schemes	Cheshire East	Meadowside	2.823
small schemes	Cheshire West	Heath Lane	7.590
small schemes	Warrington	Helsby Street	1.501
23/24 brought forward	All	Wireless LAN Controller	171.000
23/24 brought forward	All	Pharmacy Community	364.000
		Total	**818.843**

Appendix Two: Pipeline of Improvement Grants

Local Place	Practice Name	Summary of Work	Estimated Cost	66%
Cheshire East	Holmes Chapel Health Centre	Installation of change of air unit in a minor surgery room to meet statutory requirements.	£3,500.00	£2,310.00
Cheshire East	Handforth Health Centre	DDA Compliance on Front Doors (Patient Access) HBN Compliant Flooring in Treatment Rooms	£15,660.00	£10,335.60
Cheshire West	Upton Village Surgery	Conversion of Admin/Old Office space in Clinical Rooms	£27,500.00	£18,150.00
Cheshire East	Meadowside Medical Centre	Clinical Room 1 HBN Compliance - Sinks/Surrounding Unit	£3,425.00	£2,260.50
Cheshire East	Park Lane Surgery - Macclesfield	Conversion of Medical Records Room into Hot Desks	£10,308.00	£6,803.28
Cheshire East	Park Lane Surgery - Macclesfield	HBN Compliant Flooring	£3,468.00	£2,288.88
Cheshire East	Park Lane Surgery - Macclesfield	2nd Floor Complete Replacement of Carpet in Clinical Rooms into Clinical Flooring	£72,404.00	£47,786.64
Cheshire East	Ashfields Primary Care Centre	Conversion - Administrative Meetings Rooms into Office Space for PCN Roles	£27,315.60	£18,028.30
Cheshire West	Whitby Health Partnership	Installation of Automatic Doors at Front Door	£5,000.00	£3,300.00
Sefton	The Stand Medical Centre	Compliance works & TBC within application	£27,060.37	£17,859.84
Sefton	Liverpool Road Surgery	Compliance works & TBC within application	£8,500.00	£5,610.00
Sefton	Moss Lane Surgery	Compliance works & TBC within application	£8,000.00	£5,280.00
Warrington	Penketh Health Centre	Replace floor covering in clinical rooms and patient waiting area to comply with regulations	£11,694.00	£7,718.04
Wirral	The Villa Medical Centre	Installation of new patient call system & an induction loop system	£5,500.00	£3,630.00
Wirral	Teehey Lane Medical Centre	Fully glazed glass to ground frames and door and 1 fully glazed PVCu rear door. To create an additional admin room/ secure patient interview room	£3,265.00	£2,154.90
		Total	**£232,599.97**	**£153,515.98**