NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB System Primary Care Committee

Part B – Public Meeting

Thursday 17 October 2024
Venue: Teams meeting only

Timing: 10:15-12:15

Agenda

Chair: Erica Morris

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:15am	**Preliminary Business**			
SPCC 24/10/B01	**Welcome, Introductions and Apologies**	Chair	Verbal	-
SPCC 24/10/B02	**Declarations of Interest**	Chair	Verbal	-
SPCC 24/10/B03	**Questions from the public (TBC)**	Chair	Verbal	-
10:25am	**Committee Business, risk and governance**			
SPCC 24/10/B04	**Minutes of the last meeting (Part B)** 18 April 2024	Chair	Paper To ratify	Page 3
SPCC 24/10/B05	**Action Log of last meeting (Part B)** 18 April 2024	Chair	Paper For info	Page 16
SPCC 24/10/B06	**Forward Planner**	Chair	Paper To note	Page 18
10:35 **SPCC 24/10/B07**	**Committee Risk Report**	Hilary Southern	Paper To note	Page 20

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:45	**BAU Policy Operations**			
SPCC 24/10/B08	**System Pressures**	Clare Watson	Verbal / to note	-
10:55 **SPCC 24/10/B09**	**Contracting, Commissioning and Policy Update**	-	-	-
	a) Community Pharmacy and Dental	Tom Knight	To note	Page 42
	b) Primary Medical and Optometry including Access Improvement Next Steps	Chris Leese	To note	Page 49
11:05 **SPCC 24/10/B10**	**Finance Update**	John Adams / Lorraine Weekes Bailey	Paper To note	Page 61
11:15	**Transformation**			
SPCC 24/10/B11	**Digital Primary Care sub-strategy**	Cathy Fox	Paper For Approval	Page 72
11:25 **SPCC 24/10/B12**	**Primary Care Workforce update**	Chris Leese	Paper To Note	Page 111
11:35 **SPCC 24/10/B13**	**Local Dental Improvement Plan**	Tom Knight	Presentation To note	Page 121
11:45	**Quality and Performance**			
SPCC 24/10/B14	**Primary Care Quality update**	Tom Knight	paper To note	Page 133
11:55 **SPCC 24/10/B15**	**Performance (Primary Medical)**	Chris Leese	paper To note	Page 146
12:05pm	**CLOSE OF MEETING**			

Date and time of next regular meeting:
Thursday 19 December 2024 (09:00-12:30)

F2F, Lakeside, Warrington

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

Thursday 15th August 2024 10:00-12:10
Meeting Room 1, No 1 Lakeside, 920 Centre Park Square, Warrington, WA1 1QY

Unconfirmed Draft Minutes

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ATTENDANCE - Membership		
Name	**Initials**	**Role**
Erica Morriss	EMo	*Chair*, Non-Executive Director
Tom Knight	TKo	Associate Director of Primary Care, (Dental and Community Pharmacy), C&M ICB
Louise Barry	LBa	Chief Executive, Healthwatch Cheshire
Fionnuala Stott	FSt	LOC representative
Mark Woodger *(Via Teams)*	MWo	LDC representative
Adam Irvine *(Via Teams)*	AIr	Primary Care Partner Member
Rowan Pritchard-Jones	RPJ	Executive Medical Director, C&M ICB
Anthony Leo	Ale	Place Director, Halton
Jonathan Griffiths	JGr	Associate Medical Director, C&M ICB
Christine Douglas	CDo	Director of Nursing & Care, C&M ICB
Daniel Harle *(Via Teams)*	DHa	LMC representative
Matt Harvey	MHa	LPC representative
Tony Foy *(Via Teams)*	TFo	*Vice-Chair*, Non-Executive Director, C&M ICB
In Attendance		
Sally Thorpe	STh	*Minute taker*, Executive Assistant, C&M ICB
John Adams	JAd	Head of Primary Care Finance, C&M ICB
Loraine Weekes-Bailey	LWB	Senior Primary Care Accountant
Cathy Fox	CFo	Associate Director of Digital Operations
Gary Baines	GBa	MIAA, Regional Assurance Director
Susanne Lynch	SLy	Chief Pharmacist, C&M ICB
David Cooper	DCo	Associate Director of Finance, Warrington Place & Knowsley Place
Kevin Highfield	KHi	Interim Head of ICB Primary Care Digital Services
Dawn Boyer	DBo	Head of Corporate Affairs and Governance

Leading integration through collaboration

Apologies		
Name	**Initials**	**Role**
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Chris Leese	CLe	Associate Director of Primary Care, C&M ICB
John Llewellyn	JLl	Chief Digital and Information Officer, C&M ICB
Claire Wilson	CWil	Executive Director of Finance, C&M ICB

Agenda Item, Discussion, Outcomes and Action Points

Preliminary Business

SPCC 24/08/B01 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting and respective apologies were noted.

SPCC 24/08/B01 Declarations of Interest

Jonathan Griffiths stated that he had an interest as a GP for item SPCC 24/08/B12 Digital Update, in terms of his practice being on the list to receive bid monies.

SPCC 24/08/B03 Questions from the public

In relation to the System Pressures agenda item **SPCC 24/08/B08** a question has been received from Matthew Burch, Healthcare Partnership Manager, Anti Infectives, Pfizer Ltd.

> ***Background***
> *COVID-19 cases have risen recently in the community and in hospitals in Cheshire & Merseyside. NICE recently published updated guidance, TA878 (link below), to expand the number of people eligible to receive COVID therapeutic treatments after a positive test. The treatments are shown to be effective in terms of reducing hospital admissions and therefore helping reduce system pressures.*
>
> *www.nice.org.uk/guidance/ta878*
>
> ***Question***
> *What plans does the Committee have to proactively & systematically identify the people eligible for Covid therapeutic treatments in Cheshire & Merseyside and inform them how to access treatment in the event of catching COVID-19 in the community?*

Discussion / response
JGr advised that he had liaised with the Covid Response Delivery Unit and read out their response.

Adding that we are aware and working through this, using CIPHA (Combined Intelligence for Population Health Action) to extract those patients who are at risk, these can then be identified by GPs and 111.

RPJ further advised that the richness of data through platforms such as CIPHA is one of the most profound and deep foundations that we have in Cheshire and Merseyside, and that it does not require our individual busy GPs to case find, it is a smart way to work and good for balancing the workload. He added that it is fair to say that there is a risk amongst this in relation to the collective action that our GP colleagues are taking, and that there is a need to communicate very carefully with our GPs especially around the use of CIPHA and that there could be an unintended consequence of care and the delivery of it.

This is about making the best choices around collective action and the impact.

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The member of public who had posed the question asked if he could verbally add that the issue around this is that the date is the missing aspect of this and that this has been worked on for over a year without any implementation.

The Committee noted this, and advised that there will be a formal response to the public question, which would include the information as delivered by JGr.

Committee Business, risk and governance

SPCC 24/08/B04 Minutes of the last meeting Part B – 18 April 2024

Although the last meeting of SPCC was noted to have been 20.06.24, it was noted that there had not been a Part B public meeting at that time due to the pre-election period. Therefore minutes of the previous meeting (18.04.24) were due for ratification at this meeting.

The Committee approved the minutes as a true and accurate record of the meeting.

SPCC 24/08/B05 Committee Action Log of last meeting Part B – 18 April 2024

It was noted that there had been no Part B public meeting held in June 2024 due to the pre-election period, therefore the Action Log was dated from the last Public meeting (18.06.24) and was updated accordingly.

SPCC 24/08/B06 Forward Planner

The Committee noted the forward Planner.

SPCC 24/08/B07 Committee Risk Report

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

The Committee is asked to:
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.

Discussion
Dawn Boyer presented and outlined the reasons for the recommendations.

Noted that collective action will also be added to the Risk Report.

It was enquired as to whether the dental provider contract management issue was still where it should be, in response to this TKn stated that it was and that are mitigations in place and meetings in the next week which will give finer detail.

It was further noted that in relation to the St Helens quality risk, which is reported as 16 it is showing as amber and not in red, it was questioned if this was correct. DBo gave apologies and stated that it should be red, this will be amended and is therefore eligible for escalation to Board.

ACTION : Dawn to amend the St Helens quality risk to red, and escalate to Board as appropriate.

Noted that there are some items at Place that are not on the register, and that there will be workforce (16), collective action, dental (which is quite specific) and that there had been discussions to have quality as the responsibility of primary care, quality does sit with us and it is noted that we do need to do some work on this in order to see it here. QSAG (Quality, Safety and Assurance Group) is now up and running so SPCC are assured that it is being covered, however that it is important that this Committee

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has sight of it. TKn added that the Primary Care Quality Group, next meeting in August, will also see this aspect.

RPJ stated that we should recognise the impact of demand failure for example if we see practices reducing their capacity to 25 contacts, in that this puts pressure on other areas of the system.

Also following an announcement of the ARRS roles, which probably does not go as far as we would have liked it to, have we now asked the specific question of the relaxation of the rigid rules as to whether it has helped the ARRS situation? In response JGr stated that the monies available is a large amount announced by the government, but when this is reduced and passed to each PCN it is a very diluted and relatively small amount. It is new money to allow you to employ newly qualified GPs as part of the ARRS scheme as an emergency measure to employ newly qualified doctors who otherwise would be unemployed.

TLo stated that he still felt it was missing something, for example if a practice says they are in distress, the document does not say what we can do to assist.

The Committee noted the report.

BAU Policy Operations

SPCC 24/08/B08 System Pressures

Johnathan Griffiths gave a verbal update for General Practice

From the outset, it was important to acknowledge Southport and the appalling attacks that occurred there and the subsequent civil unrest and rioting, it was our patch and the impact of this cannot be underestimated. JGr wished to give thanks to all those working in Southport, to Place colleagues who have worked incredibly well and alongside partners in the area.

It is also vital that we also recognise that many of our colleagues are fearful of getting to work, in terms of using public transport and those making home visits. It is recognised that it will take a long time for that community to deal with the trauma.

That aside, and speaking in terms of workforce issues, General Practice finds itself in a strange situation in that there are doctors who cannot get work and yet we have practices who desperately need more doctors.

In relation to Crowdstrike, the GP IT systems outage, it was reported that this had hit GP practices for more than 24 hours and that the impact was felt not just on the day but thereafter, plus all the work the outage caused in terms of the paper-based work, results etc that all then needed uploading once the systems were back up and running.

Collective Action, it was outlined that there would be impact on the rest of the system as previously discussed.

DHa added that there was enormous pressure on GP colleagues, compounded by the inadequacy of the discretionary spend for enhanced services, all this just highlights the risk of viability of some practices and their local services offered.

In terms of Crowdstrike, LBa stated that Healthwatch were in conversations with colleagues and those in other areas and have found that GPs had different responses within different areas, there has been some dissatisfaction expressed of how it was handled centrally and that it might have been viewed differently on that day. It was questioned as to what learning has been taken from the event and the impact as well as any operational impact, and questioned where is the response and learning.

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CFo stated there had been a 'lessons learned' held last Tuesday, and that the ICB had declared an incident which was EPRR managed, there were escalation calls at the time and over the weekend, these were in place until the Monday afternoon. She added that there are always lessons learned from these events and that we just need to work out a better way between digital and the operational aspect. There will be a full report conducted on this, advising they would be more than happy to share this Healthwatch and others for any learning. The threat of cyber is huge so it would be useful to hear all aspects and views/ input on this.

Uplifts, LWB stated that following the 0.9 uplift there will be further updates due and would let the LMC know as appropriate.

Matt Harvey gave a verbal update for Pharmacy
Crowdstrike also affected pharmacy, although it is fair to say that not all pharma systems had been affected, yet prescriptions were unavailable and of course this caused pressure.

In terms of the civil unrest, he gave thanks to Tom and team for all the support and guidance through the time, there is still a risk of unrest but the level of support has been great.

Mark Woodger gave a verbal update for Dental
It was advised that ministers have now met with the General Dental Committee and conversations have now started around the dental contract. Where local schemes are in place they are helping and it will be interesting to see where they are being effective. Recruitment remains a real problem and national reform may come a little too late, it is increasing apparent to be encouraged to look locally.

TKn advised that data has now started to come through on the dashboard for pathways 2 and 3 (more detail will come to SPCC at the October meeting on this), starting to see some real strong headlines coming through. MWo stated that it would be really helpful for Places to see and for us to really be able to map across those areas of greatest need, not least in terms of the DNAs to be able to tease out the reasons for example.

Fionnuala Stott gave a verbal update on Optometry
Outlined that the IT outage did cause some degree of problems but that it was manageable.

One area of concern was noted in relation to the possible 2500 extra patient contacts per day, and that they are likely to present to the optom door, it was questioned whether there will be clear signposting and guidance for patients in this event?

Additionally CUES services in Liverpool is also a big issue and concern.

In response, it was advised that there will be clear communications and messaging that during Collective Action, services will be available to meet the reasonable needs of patient care and to meet the needs of the patient between the hours of 8-5 and that this will include signposting to other appropriate services.

SPCC 24/08/B09 Local GP Network feedback

Jonathan Griffiths advised that this meeting was held every other month and reports to this Committee. It was noted that Graham Urwin attended last month. It is in a forming phase of a new network group and is working on being clear about its purpose and work plan.

It is felt sensible for the minutes / notes to be seen at this Committee (Chris Leese currently takes these) and will come here for information and discussion if indicated.

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Noted that it is key to avoid it becoming a 'talking shop' meeting, but more about pathway discussions and a step before the Clinical Effectiveness Group. It is chaired by Naomi Rankin and attendees include JGr, Rob Barnett for the LMC, all Place Clinical Directors and one other GP from each Place (although from Knowsley this is a pharmacist rather than a GP).

The next step is to create a primary care forum, which will mirror the networks for pharmacy, dentistry and eye health. It was outlined that the Committee will remember the discussions that originally there was not one from general practice and so JGr will be looking back to the TOR for those networks and then created the primary care forum in the same vein.

AIr stated that in his role as primary care partner he was really keen to hear about the forum and requested if he could join the attendance for the primary care network. JGr stated that he would look to consider this as part of the development of the TOR.

MHa added that the LPM was around having local professional networks and was not a contractor-based forum and this is about all four contractual groups being treated equally.

JGr stated that the TOR for all the groups were being reviewed and that the Committee will remember earlier discussions for the proposal of just one group however this was not deemed appropriate so will be keeping each of the four.

The verbal updates were noted.

SPCC 24/08/B10a Contracting, Commissioning and Policy Update : Community Pharmacy and Dental

Purpose of the report
The Primary Care Policy and Contracting Update provides the Committee with information and assurance in respect of key national policy and related local actions in respect of Community Pharmacy and General Dental Services.

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

Discussion
Pharmacy: Noted that Pharmacy always seems to be 'light' on BAU information, however this is attributed to information going into the pharmacy regs report and that this Committee does have sight of that report.

In terms of the Pharmacy Assurance Framework, there are ongoing assurance visits and clinical advisors attend, see report of the assurance of the work that is happening.

In terms of the suspension of services, any unplanned closures notifications that go through the group are monitored.

Dental: Responded on a number of enquiries and finalised a couple of weeks ago, now waiting on the appeal outcome.

In relation to golden handshakes, there are seven practices outlined across C&M to participate in the scheme and the team have worked hard with the policy. Noted that there are two in Liverpool and one

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in Halton (supporting dental workforce). **TKn agreed to confirm where they are for recording in the minutes.**

Foundation dental trainees are now seeing more experience within urgent and emergency care.

Assurance was provided around the dental provision for August Bank Holiday.

RPJ questioned around the bespoke model for dental undergraduate students. In response TKn advised that there was a hub and spoke model from the dental aspects and discussions ongoing. There is a meeting with LUFT in a couple of weeks, outlined that this will be highlighted in next report for the Committee for the October meeting.

MWo outlined that feedback received from dental trainees is very good and that the dental students have little experience in terms of rolling this out, it is not a replacement for trained colleagues doing this care.

The LDS is noted to not necessarily be supportive of the golden handshakes initiative due to effectiveness and recruiting.

ACTION : request at the December SPCC meeting for an update, and the view on deprivation please

In relation to the quality issue within Liverpool Place, CDo outlined that an allegation around process had been made in terms of the way quality issues have been conducted, it was advised that it was not a complaint as such, but that it does need to be investigated, this is scheduled for w/c 2nd September and will be kept separate from the quality issue.

The Committee noted the report.

SPCC 24/08/B010b Contracting, Commissioning and Policy Update : Primary Medical and Optometry

Purpose of the report

The Primary Care Policy and Contracting Update provides the Committee with information and assurance in respect of key national policy and related local actions in respect of ;

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

The Committee is asked to:

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

Discussion

The table on page 51 of the pack was highlighted, this is in relation to extended services, it is felt that this creates a postcode lottery in terms of what we have, these extended services go from the GP postcode. The CUES service (as rated red in terms of not having one in Liverpool) is noted as a concern and that LUFT are very much wanting this service, it is felt that this is the biggest issue that needs to be addressed. It was further outlined that the reason the grid looks different is that it goes back to legacy CCGs (having three) and that this is why now what we have is a patchwork. This is particularly evident for CUES.

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It was noted that there is an eye service at the Royal, but that they will see all patients, from everything from the GP to those closer to home. Also noted that some practitioners are open Sundays but not all, the CUES service is available Monday-Friday but that lots of patients are being seen on Saturdays.

It is a legacy CCG service, and in Liverpool this was one of their arguments at the time as to why they did not need CUES because they had the Royal service on their patch. At the beginning they were happy with that but it is reported that this is not their stance today.

Now looking to pilot a single point of access, whilst it's not here in the paper, this could be referrals that could be manged in primary care or monitored in primary care.

In terms of the special schools service, practitioners have had no update on this and whether the service is being continued or not, reported that they have been excessively waiting on an update on this. It is felt that sometimes the decision just needs to be made (similar to the dental provision in schools).

RPJ agreed that we had inherited the 'patchwork quilt' across all our services and across the patch, but there does need to be harmony and should be in scope for this service, would like to look at this in terms of priorities across C&M and what is needed and delivered best.

LBa advised that for Healthwatch this was not just Cheshire West and that it was a bit of both (with Cheshire East) on the grid.

The Committee noted the report.

SPCC 24/08/B11a Finance : update

Purpose of the report
To provide the System Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position related to primary care expenditure as at the end of June 2024 (M03).

The Committee is asked to:
- **Note** the combined financial summary position outlined in the financial report as at 30th June 2024
- **Note** the Additional Roles spend to date and the anticipated forecast outturn and predicted central drawdown
- **Note** the capital position

Discussion
LWB outlined that finances are broadly inline with plan, this is for Month 3.

In terms of ARRS the utilisation on the budget is closer to 96%, but there is a £1.2m issue. The team has sent out to all PCN leads to utilise as much of the money as we can, but noting that this does not include any of the GP allocation.

It was advised there was £2m against prior year but for Month 4 this was closer to £14m, adding that the methodology is quite ambitious and that it does not include the impact of collective action and assumes full delivery of QIPP. Advised that the next set of data for Month 4 is due in the next few days and this will give a more accurate position on the 14m.

Prescribing spend is volatile and complex, SLy advised that they work closely with LWB and BI (Business Intelligence) colleagues, challenge is that there has been windfalls that have helped, but there are then the out of stock issues and of course this is having a financial impact. Noted that there are some things that may come through to help, but the challenge is the delivery of the QIPP, it is a massive risk for the ICB.

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Chair advised that this clearly sits within the FIRC (Finance, Investments and Resource Committee), but that we have sight of it here for assurance and oversight.

SLy further advised that they look at where we sit nationally, and along with regional pharmacists, as an ICB we are managing our growth, we are at the top end of weighted spend but this is starting to improve and is challenging in terms of the financial position.

It was reported that the North West as a whole is a standout of the number of high cost medications and that poly-pharmacy is a whole system approach for patients benefit.

In relation to capital, JAd reported that we are awaiting on the redemption of the formal charge, outlining that this Committee agreed last time that it would go to grants and how they want to spend this.

KHi added that there was ongoing work with estates and the key schemes, so it will help if we can leverage some of that capital as agreed to support the practice extensions and premises.

It was asked as to how strategic these investments were and whether we are investing in the right areas? Additionally it is possible to get a richer picture and to build this in for the future? EMo advised that this was a discussion due to come to the Committee in October, and that the bids are around proactivity but that there is a priority matrix, as well as a timing issue.

JAd added that for spending capital on improvement grants we rely on GPs coming forward to make the requests, if proposals do come in they are looked at on priority basis for the long/ med/ short term and how it fits with the PCN plans.

ACTION : investment piece to come to October SPCC meeting.

The Committee noted the report.

SPCC 24/08/B11b Finance : Including Capital Allocation 24/25 update – Premises and Digital

The presentation contained within the papers was noted for information and formed part of the previous agenda item discussion.

Transformation

SPCC 24/08/B12 Digital Update

Purpose of the report

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

The Committee is asked to note:

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

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

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

The Committee is asked to approve:

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

The Committee is asked to note:

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

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

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

Discussion
KHi outlined that the proposal was to continue with the same model for Accubook however there will then be an element for finance teams to invoice practices themselves for the use of the SMS text services. LWB gave support to continue with the same thing, but would pick up the discussion with KHi after the meeting to understand the implications.

It was confirmed that there was no change of arrangements and that the key thing is to communicate this clearly. Additionally none of this is covered by PCARP unfortunately and there is no way to avoid the cost.

It was confirmed that communications is important and that practices do need to discuss the cost of SMS, that they should look to whether they can afford to do it and whether they should continue to keep doing.

CFo stated that they were aware of the increasing costs and was looking at it from an unwarranted cost, there is the suggestion for using the NHS app for patients or using email as options. There is a piece of work ongoing on this. Noted also that there are different values in different Places and there are different solutions in use across different Places, sadly there is no consistent picture. There are around 300 practices using Accubook.

EMo questioned whether this discussion was time critical and whether there was a need to agree today. KHi advised that it was time critical and that we are now out of contract.

The contract length was confirmed as being for nine (9) months but with a 30 day notice as part of the G-Cloud procurement.

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In terms of what is changing, it was outlined that for practices nothing was changing, except that instead of being billed by Accubook they will be charged by ICB, and that the ICB will then have to recharge on behalf of the supplier.

It is noted that that this has been discussed at digital primary care leads meetings.

It was noted that LMCs have been engaged and are aware and whilst not looking at this being an issue, everyone has been informed.

It was advised that communication is really key and that it would be very wise to communicate to all Practices. It was requested for direct comms to go out to all Practice Managers, **KHi agreed to ensure that the Digital Leads communicated this.**

In terms of laptop purchases it was reported that there is a need to ensure that primary care were sighted on this as it is a significant amount of money

CFo advised that they are in process of setting up a digital primary care strategy and this is out to consultation, she added that if anyone has not seen it and would like to then please let her know. Advised that this will come to the October SPCC meeting for information and discussion.

In relation to Paco Blinx software, there are solutions for a number of practices to use this, and any enhanced options, it is a new piece of software and is being offered for 12 months. FAQs have been issued and it has gone back to PCNs in terms of transformational, this is progressing.

50k out of the ringfenced digital.

For the remining capital money they have, they have been out to practices they are then scored and matched against resource available and now looking to approval to go. The priority list has been gone through and that this is not just priority but also those that have the continuation of the discussion when both parties were in the room.

The Committee noted and approved as requested.

Quality and Performance

SPCC 24/08/B13 Primary Care Update

Purpose of the report
Is to update the Committee on the establishment and progress of the Primary Care Quality Group.

The Committee is asked to:

- **Note** that the Primary Care Quality Group has been established and will meet on a bi-monthly basis.
- **Note** that the Primary Care Quality Group remit will encompass:
  - Primary Medical Care Services
  - Primary Dental Services
  - Primary General Ophthalmic Services
  - Community Pharmacy Services

Discussion
JGr outlined that this was chaired by himself, and that there have been two meetings so far, it is anticipated that the group will meet quarterly. The Terms of Reference will be signed off at 21st August meeting. Outlined that there is a need for a standard reporting template and this will come to SPCC, Lisa Ellis is working on the GP quality element with Places.

The primary care quality dashboard is being discussed with BI colleagues at the next meeting and to develop a primary care dashboard for the four contractor groups.

It was questioned where the reporting and escalating goes? TKn advised that it is SPCC with a line of sight to QPC (Quality and Performance Committee). Noted that the covering paper states primary care and nursing team but that this should reflect that it is a clinical directorate and not just nursing.

ACTION : TKn and JGr agreed to pick up outside of this meeting but would look to add in the NHSE element and to reflect that it is clinical directorate not just nursing

LBa enquired who the patient rep was on the group, in response TKn advised that he would happily look to Insights or asking Healthwatch to assist with the thinking.

ACTION : Noted that the SPCC meeting in October will see a summary of what has been escalated, what are the themes and what needs to be addressed.

SPCC 24/08/B14 GP Patient Survey report

Purpose of the report

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

The Committee is asked to:

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

Discussion

It was advised that this is still quite high level but that it gives an overview. The questions have now changed and so trends cannot be seen. Variation is recognised between Place areas and there is a need to understand some of the response rates.

It was noted that there is inconsistency with ease of access as an issue as PCARP is now in place and that the % is quite low for our residents.

It was noted that this is going to take some time and it is about how we change the whole narrative for the population, doing it locally and trying to bolster this with Health Scrutiny and Healthwatch etc.

In terms of timing, it was requested that this Committee would like to see and understand the inconsistences of Place but also more around what can we help with as a system more than as a one off, look to do this once. EMo questioned if this was possible by October or would the December meeting be better to give more time?

Noted that it would need to be a primary care leads discussion first.

ACTION : Whilst noting that Chris Leese was not at the meeting today, it is requested if he could look to discuss this with primary care leads first with a view to come back to this committee in October or December as best to fit.

It was also noted that we need to take a balanced view, this is an extremely worthwhile thing to do, and that we absolutely need practices to be on board with the survey, but we need to recognise that practices will be seeing their results and will be feeling bad, we need to be sensitive and to be mindful of this and how they'll be feeling. Things are really tough and we do not want to compound further.

In a positive way, Healthwatch added that they also get compliments as well as the complaints and disgruntlements. There is work ongoing to revisit a piece of work (that was originally put on hold due to

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the election being called) to do patient surveys in a town square or a shopping centre. LBa advised that this work will be done in light of recent events and how people are feeling as a whole, we need to be mindful of this and to really think what we are asking, why and how, and to look at the questionnaire to reflect what we really need from it.

JGr added a note of caution, that it is human nature that if you get something like a survey through your door and all is ok you are unlikely to complete it, but if you are feeling disgruntled then you are more likely to complete, therefore we just be mindful that it potentially drives negativity.

CLOSE OF MEETING

It was requested for any feedback of the meeting to go direct to EMo please.

Date of Next Meeting: Thursday 17 October 2024 (09:00-12:30)
Teams meeting only, not a F2F meeting

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CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD

NHS
Cheshire and Merseyside

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

Updated: 09 October 2024

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 23/09/B07	08-Sep-2023	System pressures	a) discussion at a future meeting (summary record access across Dental & GP) b) RPJ agreed to speak to digital teams regarding this	Kevin Highfield /John Llewellyn	22-Jun-2024	*Update requested from KH/ JL at August 2024* *19.10.23 - RPJ is on the case with this. CWa agreed to liaise with him for update*	ONGOING
SPCC 23/10/B07	19-Oct-2023	Risk Register	"Quality" to be put on both the SPCC and the Quality & Performance Committee so that discussion is being held and recorded	Christine Douglas		*Updates on risk to be covered off at August 2024 meeting. Quality placed as a mitigated risk with QSAG etc and the full review of SPCC risks.* *Noted to be on the agenda for todays meeting (Feb 2024)*	ONGOING
SPCC 24/02/B07i	22-Feb-2024	Risk Register	Revise and rework before Board in April	Clare Watson /Chris Leese /Hilary Southern	22-Jun-2024	*Update October 2024 : risk 1PC has been reviewed, and widened out to include Dental, Optom and Comm Pharma.*	COMPLETED
SPCC 24/04/B07ii	22-Feb-2024	Risk Register	Amend typo on 7PC	Hilary Southern	asap	*7PC is confirmed as closed now in any case*	COMPLETED
SPCC 24/02/B14	22-Feb-2024	Dental National Recovery Plan	Check with Greater Manchester for those who have not spent their dental monies	Tom Knight	17-Oct-2024	*UPDATE : Oct 2024 : GM have used dental ringfence in the past to underpin their Routine Access Quality Scheme - our Pathway 3 in C&M* *UPDATE : August 2024 : Request for TK to update at October 2024 meeting, to cover funding on Pathway 3* *Request for TK to update at August 2024 meeting in order to close this action.* *UPDATE : April 2024 - dental ringfenced was used to underpin 2023-2024*	ONGOING

NHS Cheshire and Merseyside

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

Updated: 09 October 2024

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 24/04/B05	18-Apr-2024	Strategic Framework Update	Dental underspend, need to understand why this cannot be spent. Need for a strategic plan and to elevate the strategic approach	Tom Knight	19-Dec-2024	UPDATE : August 2024 : update to come at end of year Request for TK to update at August 2024 meeting in order to close this action.	ONGOING
SPCC 24/04/B13ii	18-Apr-2024	Agreed way forward for Primary Care Quality and Performance	To look at having shared incident reporting	Chris Douglas /Clare Watson /Tom Knight /Chris Leese /Jon Griffiths	11-Jun-2024	UPDATE Oct 2024 : Paper updated, will be discussed at next Primary Care Quality Group on 23.10/24. Short paper due to SPCC on the progress of QSAG and the interface with Q&P so SPCC/Board can be assured of process. Part of Quality Update to next meeting	COMPLETED
SPCC 24/04/B13iii	18-Apr-2024	Primary Care Performance	Utilising the IPR for Primary Care at the next meeting	Chris Leese	15-Aug-2024		COMPLETED
SPCC 24/08/B07	15-Aug-2024	Committee Risk Report	Dawn Boyer to amend the St Helens quality risk to red, and escalate to Board as appropriate	Dawn Boyer	asap		NEW
SPCC 24/08/B10a	15-Aug-2024	Contracting, Commissioning and Policy update : Community Pharmacy and Dental	Tom agreed to confim where the practices are (two in Liverpool and one in Halton) in relation to golden handshakes	Tom Knight	asap	UPDATE Oct 2024 : 7 Practices are in the following areas: St Helens x 1 Liverpool x 2 Cheshire West x 2 Wirral x 1 Halton x 1	NEW
SPCC 24/08/B10a	15-Aug-2024	Contracting, Commissioning and Policy update : Community Pharmacy and Dental	Request at the December SPCC meeting for an update, and the view on deprivation	??	19-Dec-2024		NEW

4.10.2024

Cheshire & Merseyside System Primary Care Committee Forward Planner

Item	Frequency	Who	Part A / B	Feb 24	April 24	June 24	Aug 24	Oct 24	Dec 24
Committee Management									
Apologies	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes
Declarations of Interest	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes
Minutes of last meeting	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes
Action & Decision Log	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes
Questions from the public (where recv'd)	Every meeting	EM	B	yes	yes	Yes	Yes	Yes	Yes
Forward Planner	Every meeting	CL	B	yes	yes	No	Yes	Yes	Yes
Review of Terms of Reference	Yearly	EM/MC	n/a	no	no	No	No	No	No
Self-Assessment of Committee Effectiveness	Yearly	EM	n/a	no	no	No	Yes	Yes - results	No
Standing/Recurrent Core Items									
Minutes of any ExtraO Meeting	If held	EM/CL	A	No	No	No	No	TBC	TBC
Committee Risk Register	Every Other Meeting usually	HS/CL	B	Yes	No	No	Yes note Part A discussion re collective ation	Yes inc quality risk	TBC
Finance Update	Every Meeting	LWB	A	yes	Yes	Yes verbal	Yes inc SDF	Yes	Yes
PSRC Minutes/Update Minutes/Update from Pharmacy Operations Group and highlights	Every Meeting	TK	A	yes	Yes	No	Yes	Yes	Yes
Policy BAU Update – Primary Care Contracting and Commissioning 2 papers Dental/CP and Primary Medical/Optom	Every Meeting	CL/TK	B	yes	Yes	No	Yes (optom special schools/SDF	Yes	Yes
Escalation from Place Primary Care Forums	Where Place indicate	CL	A	yes, where raised	Yes, where raised	Yes, where raised	Yes where raised	Yes **x 2**	Yes where raised
Quality	Every Meeting	CD/TK	B	No	Yes general approach paper	No verbal update	Yes – update TOR/notes and dashboard	Yes if escalated	TBC
Performance	Every Meeting	CL/BI	B	No	No	No	No	Yes progress and planned dashboard	
Primary Care Quality Deep Dives	2 meetings per year	CD/KW		No	No	No	No	TBC	TBC
Update from PC Workforce Steering Group	Quarterly	JG	B	no	No (but is part of PCARP update)	No	No	Summary update	TBC
Digital Primary Care Update	Quarterly	JL	B	Yes	No	Yes See (1) Below	Yes single side summary of £ capital	Digital strategy?	Yes
System Pressures and update from local forum(s)	Every Meeting	JG/CL	B	Yes	Yes	Yes	Yes	Yes	Yes
Primary Care Estates Update	Quarterly	NA	B	No	Yes inc how we agree extra GMS space	Yes as part of wider updates	No	Yes	No
Non Core Items									
Primary Care Strategic Framework		JG	B	No	Yes	No	No	TBC	TBC
Minutes of any ExtraO Meeting		Chair/TK	A	No	No	No	No	TBC	TBC
Dental Access Improvement		TK	B	Yes	Yes	Yes	No	Yes	No

4.10.2024

Cheshire & Merseyside System Primary Care Committee Forward Planner

Item	Frequency	Who	Part A / B	Feb 24	April 24	June 24	Aug 24	Oct 24	Dec 24
Primary Care Access Recovery Improvement		CL	B	No	Yes (Board Slide deck updated	Yes/part – digital summary	Part update *part of BAU update?*	Part of BAU primary medical	Yes **separate paper** with update on patient survey
Place ARRS Spend Plans		Place Leads	B	In finance paper	In finance paper and AIP	In finance paper	Finance Paper	Finance paper	TBC
Summary – GP Patient Survey (System Level)		CL	B	No	No	No	Yes	No	As part of access improvement paper
Dental Paper – Part Year performance note		TK	A	No	No	Yes	No	Yes	No
Capital bids for agreement		KH	B		No	Yes	No	No	No
Improvement Grant Estates Bids		NA	B		No	Yes part of above	No	No	No
ADHD		LM	B		Yes verbal	Yes presentation	No	Verbal update	TBC
Dental procurements (verbal)		TK	B			Yes	No	No	Yes
AccurX Decision		KH	A					Yes	

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

Date: 17 October 2024

Committee Risk Report

Agenda Item No: SPCC 24/10/B07

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

NHS
Cheshire and Merseyside

Committee Risk Report

1. Purpose of the Report

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

2. Executive Summary

2.1 There are 31 risks covered by this report including one principal risk, three corporate risks and 27 place risks escalated in accordance with the Risk Management Strategy (scoring 8+). Of these, 7 are currently rated as extreme (15+) and 24 as high (8-12).

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

3. Ask of the Committee and Recommendations

3.1 **The Committee is asked to:**

3.1.1 **APPROVE** a risk score for (1PC) risk relating to sustainability of PC workforce – see section 9.1.3 below.

3.1.2 **NOTE** the current position in relation to all other risks escalated to this committee, identify any further risks for inclusion, and consider the level of assurance that can be provided to the Board and any further assurances required.

4. Reasons for Recommendations

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

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

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

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

5. Background

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

5.2 Risk are escalated to the committee risk register which are rated as high or above. Committees will receive an overview of all relevant risks on first identification and annually, including those not meeting the threshold for escalation, to enable oversight of the full risk profile.

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

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

5.3.2 **Committee Place Risk Distribution** (appendix two) – which indicates, for risks common across multiple (3 or more) places, how risk is distributed across each of the places and will also feed into place risk reporting. This may indicate that action is required in a particular place/s to strengthen the effectiveness of an existing control or to implement additional controls.

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

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

Implications and Comments

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

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

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

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

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

8. Link to meeting CQC ICS Themes and Quality Statements

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

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

9. Risks

9.1 Corporate Risks

9.1.1 **Overall Summary**: There are currently **three** primary care related corporate risks identified for NHS C&M – one scoring **extreme** (15+) relating to GP Collective Action, and two scoring **high** (8-12) relating to a Dental Contract risk and Sustainability of PC workforce. Copies of all risk summaries can be found at Appendix 4.

9.1.2 **NEW RISK**:
Risk 8PC relates to GP Collective Action on patient access, potentially impacting on patient care and services to varying degrees depending on the services and scale of the action (e.g. whether localised or spread out across the system). This is currently scored at 15; and was approved for addition to the SPCC Risk Register at the August Part 2 meeting.

In addition, work is underway looking at the potential impact on other healthcare services – in particular our urgent & emergency care services; to determine if there are specific additional risks associated with collective action.

9.1.3 **RISK SCORE MOVEMENT**:
Risk (1PC) Sustainability and Resilience of Primary Care **workforce** (General Practice, Community Pharmacy & General Dental Services) has been reviewed and while there remains a general ongoing pressure, there are robust mitigations in place to manage this – **therefore committee is asked to consider if the risk should remain 16, or approve a recommendation to lower impact score from 4 to 3 and reduce risk score from 16 to 12.**

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

9.2 Place-level Primary Care related risks

9.2.1 Place-level risks, scoring 8+ as below. All place-level risks are managed with Place PC forums and escalated to the ICB central team as relevant.

Date Raised	Theme	Risk	Initial Score	Current Score	Relates to SPCC Risk
Cheshire East					
01/07/22	Sustainability: Demand	Increased demand, funding and workforce pressures impacting on delivery of high-quality PC Services and resilience of practices and practice estate.	16 (4x4)	12 (4x3)	1PC
04/09/24	Estates	Primary Care Estates sustainability issues - inability to house ARRS roles/ max opps. Issues	15 (5x3)	15 (5x3)	-
26/09/24	Sustainability: Funding	Increased risk of practice failure due to the real-time drop-in GP funding in line with inflation	12 (3x4)	12 (3x4)	-
26/09/24	Access	Primary Care GP Collective Action	15 (5x3)	15 (5x3)	8PC
Cheshire West					
01/07/2022	Sustainability: Demand	Increased demand, funding and workforce pressures impacting on delivery of high-quality PC Services and resilience of practices and practice estate.	16 (4x4)	12 (4x3)	1PC
04/09/24	Estates	Primary Care Estates sustainability issues - inability to house ARRS roles/ max opps. Issues	15 (5x3)	15 (5x3)	-
26/09/24	Sustainability: Funding	Increased risk of practice failure due to the real time drop in GP funding in line with inflation	12 (3x4)	12 (3x4)	-
26/09/24	Access	Primary Care GP Collective Action	15 (5x3)	15 (5x3)	8PC
Halton					
-	-	-	-	-	-
Knowsley					
01/07/2023	Access	Changes to access arrangements not effectivity communicated and continue to be deemed not accessible by the local population	12 (3x4)	12 (3x4)	-

01/07/2023	Access	Following implementation of the PC Access Recovery Plan demand continues to increase and complexity of need grows impacting on delivery of services.	8 (2x4)	8 (2x4)	-
01/07/2023	PCNs: Maturity	Risk that failure of PCN core member practices to effectively collaborate to deliver PCN requirements and delivery outcome for patients.	12 (3x4)	12 (3x4)	-
01/07/2023	PCNs: Maturity	Individual GP Practices within PCN's remain GP practice focused, failing to develop links to wider and local system partners impacting effective Primary Care Transformation and collaboration.	8 (2x4)	8 (2x4)	-
01/07/2023	PCNs: Maturity	PCN development is inhibited due to insufficient expertise and managerial resource within PCN's.	12 (3x4)	8 (2x4)	-
01/07/2023	Sustainability: Workforce	There is a risk that when fully utilised the ARRS resource doesn't have the planned outcome its intended to achieve.	8 (2x4)	8 (2x4)	1PC
Liverpool					
18/07/2023	PCNs: Maturity	Variation in the development, coordination and maturity of the PCNs will affect the ability of PCNs to deliver at scale and/or with other partners	12 (3x4)	12 (3x4)	-
18/07/2023	Sustainability: Demand	Failure to effectively recover to a sustainable operational model for PC services post Covid, could result in significant levels of unmet demand and exacerbate health inequalities	12 (3x4)	12 (3x4)	-
18/07/2023	Sustainability: Workforce	Workforce challenges (recruitment and retention of all staffing levels), threatens the delivery model in General Practice reducing patient access to services	16 (4x4)	12 (3x4)	1PC
18/07/2023	Estates	Lack of NHS estates capacity and limited estates options across the city, risks the ability of the PCNs to deliver services collectively	16 (4x4)	12 (3x4)	-
Sefton					
03/01/2024	Estates	Risk to the ability of PCNs to deliver service specifications due to lack of estates to operate from.	12 (4x3)	9 (3x3)	-
St Helens					
01/07/2022	Estates	Risks relating to provision of Primary Care Estates. Proposed re-alignment of Primary Care Estates work activities from NHSE to ICB.	9 (3x3)	12 (4x3)	-
01/07/2022	Sustainability: Workforce (ICB PC Team)	Limited Capacity within the Place Primary Care Team to ensure effective completion of all Core workstreams, DES Monitoring and response to urgent matters as they arise.	12 (3x4)	12 (3x4)	1PC
01/07/2022	Sustainability: Financial	Financial Sustainability of St Helens Practices.	16 (4x4)	12 (3x4)	-
01/06/2024	Quality	Increased demand, funding & workforce pressures preventing delivery of high-quality PC Services may result in poor care and potential provider failure	20 (4x5)	16 (4x4)	-
01/07/2022	Sustainability: Workforce	Insufficient clinician (GPs, Practice Nurses and ANPs) capacity and capability may lead to unsafe practices and restricted access to primary care.	12 (3x4)	12 (3x4)	1PC
Warrington					
-	-	-	-	-	-
Wirral					
01/09/2022	Sustainability: Workforce	Primary Care Resilience	9 (3x3)	9 (3x3)	1PC
25/06/2024	Sustainability: Workforce	Lack of consistency of offer of Mental Health Practitioner roles across PCNs and in most deprived areas	9 (3x3)	12 (3x4)	-
25/06/2024	Sustainability: Workforce	Collective Action	9 (3x3)	9 (3x3)	8PC

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

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

9.2.3 There are three risks relating to the corporate risk **8PC "Potential Collective Action and GPs working to contract only in response to the 24/25 Contract Offer, impacting on patient care and access to services"**; scoring as follows:

Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
15	15	N/A	N/A	N/A	N/A	N/A	N/A	9

10 Finance

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

11 Communication and Engagement

11.1 No patient and public engagement has been undertaken.

12 Equality, Diversity and Inclusion

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

13 Climate Change / Sustainability

13.1 No identified impacts.

14 Next Steps and Responsible Person to take forward

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

15 Officer contact details for more information

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16 Appendices

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

Cheshire and Merseyside ICB
Primary Care Committee Meeting

Cheshire and Merseyside

Appendix One: Primary Care Committee Corporate Risk Register Summary – October 2024 (Quarter 3, 2024/25)

Risk ID	Risk Title	Senior Responsible Owner	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Previous Risk Score (LxI)	Target Score	Risk Proximity
FOR COMMITTEE REVIEW – 8+ OR SCORE CHANGE							
Primary Care (General Practice, Community Pharmacy, General Dental Service and Ophthalmic)							
1PC	Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)	Chris Lees/ Tom Knight	16	12 ↓	16	9	A
8PC	Potential Collective Action and GPs working to contract only in response to the 24/25 Contract Offer, impacting on patient care and access to services.	Chris Lees/ Tom Knight	15	15	NEW	12	B
Dental Related							
6PC	Identified dental provider contract management risk – potentially leading to loss of provider and impact on general dental provision	Luci Devenport	9	12 ↔	12	6	A

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

Appendix Two: Place Risk Distribution Summary – October 2024 (Quarter 3, 2024/25)

Risk ID	Risk Title	Current Risk Score									
		ICB Wide	Cheshire East	Cheshire West	Halton	K'sley	L'pool	Sefton	St Helens	W'ton	Wirral
FOR COMMITTEE REVIEW – 8+ OR SCORE CHANGE											
Primary Care (General Practice, Community Pharmacy, General Dental Service and Ophthalmic)											
1PC	Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)	12 ↓	12 ↔	12 ↔	N/A	4 ↓	12 ↔	N/A	12 ↔ 12 ↔	N/A	9 ↔
8PC	Potential Collective Action and GPs working to contract only in response to the 24/25 Contract Offer, impacting on patient care and access to services.	15 NEW	15	15	N/A	N/A	N/A	N/A	N/A	9	N/A
Dental Related											
6PC	Identified dental provider contract management risk – potentially leading to loss of provider and impact on general dental provision	12 ↔									

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

Cheshire and Merseyside ICB
Primary Care Committee Meeting

Cheshire and Merseyside

Appendix Three: Primary Care Committee Risk Assurance Map – October 2024 (Quarter 3, 2024/25)

Risk ID	Risk Title	Current Risk Score	Controls: Policies	Processes	Plans	Contracts	Reporting	Assurance Rating
FOR COMMITTEE REVIEW – 8+ OR SCORE CHANGE								
Primary Care (General Practice, Community Pharmacy, General Dental Service and Ophthalmic)								
1PC	Sustainability and Resilience of Primary Care workforce (General Practice, Community Pharmacy & General Dental Services)	12 ↔						Significant
8PC	Potential Collective Action and GPs working to contract only in response to the 24/25 Contract Offer, impacting on patient care and access to services.	15 **NEW**						Significant
Dental Related								
6PC	Identified dental provider contract management risk – potentially leading to loss of provider and impact on general dental provision	12 ↔						Reasonable

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

Cheshire and Merseyside ICB
Primary Care Committee Meeting

Cheshire and Merseyside

Appendix Four: Primary Care Committee Risk Summaries – October 2024 (Quarter 3, 2024/25)

FOR COMMITTEE APPROVAL – NEW RISK/ SCORE MOVEMENT

ID No: 8PC	Risk Title: Potential Collective Action and GPs working to contract only in response to the 24/25 Contract Offer, impacting on patient care and 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	5	**15**	
Current Risk Score	3	5	**15 NEW**	
Target Risk Score	3	4	**12**	

Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
15	15	N/A	N/A	N/A	N/A	N/A	9	N/A

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
System Level – Clare Watson, Assistant Chief Executive	Christopher Leese, Associate Director of Primary Care	Assistant Chief Executive/ Primary Care	System Primary Care Committee

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Primary Care/ Quality/ Performance	B – within this financial year	Corporate and Place	Manage/ Mitigate *(removal will depend on factors nationally)*

Date Raised	Last Updated	Next Update Due
June 2024	Oct 2024	Dec 2024

Risk Description
Following the release of the national contract terms related to finance, there are national and local pressures from some GPs to take collective action in relation to concentrating only on delivering core essential services as per contractual agreements. This would impact on patient care and services to varying degrees depending on the services and scale of the action (e.g. whether localised or spread out across

the system). The universality of the action isn't clear at present with responses and feedback being worked through. This may impact on other providers including secondary care and community pharmacists, as well as patients.

September Update: Initial score proposed in August was 15 and remains 15 (possible (3) likelihood by a catastrophic (5) impact) on inclusion into SPCC Corporate Risk Register. There are several practices who have indicated that they will be taking a form of this action, and this is currently being managed at place level: with the EPRR team managing the total operational picture of the impact on the system and providing twice weekly escalation to NHSE of a summary of issues from places. EPRR team can provide further information as required and are currently looking at the potential impact on other healthcare services – in particular our urgent & emergency care services; to determine if there are specific additional risks associated with collective action. As at 30/09 there has been no formal notification of a serious system, or practice, operational impact yet. This is being closely monitored and will be assessed over time. The ICB is in continuous dialogue with NHSE re: any national actions to mitigate this action.

Linked Operational Risks	Sustainability of General Practice Workforce Place related risks

Current Controls		**Rating**
Policies	Region have issued supporting documentation and template for system readiness and assessment	G
Processes	Escalation systems in place – place and corporate Escalation and reporting in place ICB to Region Informal temperature check-ins with Region ICB EPRR process in place ICB corporate meetings with all LMCS – regular agenda item	G
Plans	A regional temperature check/status template was completed for Region	G
Contracts		
Reporting	System Primary Care Committee regular update/Standing agenda item Place Primary Care Forums EPRR / System Control Centre Regional ICB Check-ins now in place	G

Gaps in control

- 24/25 Contract offer is a nationally-led process

Actions planned	**Owner**	**Timescale**	**Progress Update**
Further ICB / Regional Reporting	JG/CL	In progress	
Place/Corporate regular check ins – initially fortnightly primary care leads	CL	Ongoing	Places developing place-level risk as appropriate – some places have had practices indicate they will be taking some form of action; other places this is still in discussion.

Place individual actions/plans (see Place level risk/plans)	Place PC Leads	Ongoing	Place level risk reporting varies in maturity across the nine places – as above.

Assurances		
Planned	**Actual**	**Rating**
Inter ICB readiness Assurance – more formal EPRR type readiness	Considered but not in place at this stage depending on how things progress	**Partial**

Gaps in assurance
As above

Actions planned	**Owner**	**Timescale**	**Progress Update**
Maintain continuous dialogue with NHSE re: national steer.	EPRR Team/ CL	Ongoing	

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

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

Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
12 ↔	12 ↔	N/A	4 ↓	12 ↔	N/A	12 ↔ 12 ↔	N/A	9 ↔

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

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

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

Risk Description
Resilience and sustainability of Primary Care in terms of demand, workforce pressure and external factors such as industrial action, peaks in public concern such as (A Strep). Previously a legacy CCG risk across all 9 CCGs; this has been further expanded to include similar pressures across Community Pharmacy and General Dental Service provision. This is a national issue (more than a risk) around contractual performance being reduced as GPs, dental practices and Pharmacies struggle to recruit suitably qualified and experienced staff. Workforce pressures are impacting on opening hours and access to services. Note individual examples of place-based practice resilience and operational concerns are captured on local place risk registers, but the combined issue across C&M is captured on the overall corporate ICB risk register so that there can be assurances in respect of the overall resilience and sustainability of primary care. This cross references with BAF risk P6 and People's Board risk around workforce sustainability. **September 2024**: Although Primary Care workforce remains challenged, across our nine places there is variation in the driving forces behind this risk e.g. some are related to workforce (GP turnover, succession planning etc), others are related to provision of estate e.g. to house the new ARRS roles. Overall controls and mitigations across the places are robust; although there remains an ongoing pressure in general across Community Pharmacy, Dental and General Practice, with a lack of key trained primary professional staff, in particular GPs, Pharmacists and Dentists (in the NHS family). Work continues alongside our primary care partners to respond to national asks/ targets and local demand/ pressures, and all places have robust local oversight & reporting arrangements in place. Urgent care process in place for dental treatment for vulnerable patients; and mitigating wider national issue relating to the dental services contract with some flexible arrangements and negotiation of financial values. Recommend to committee score is **reduced** to 12 (remaining a likely (4) likelihood, but reduced impact to moderate (3) – to reflect mitigations in place and business as usual management across 9 places, and central/ national support/steer. **General Practice:** Overall positive uptake of ARRS across the nine places, helping bolster the primary care workforce with alternative roles; and as at September, salaried GPs have now been added to ARRS roles, with guidance released, due to take effect from 01/10. **Community Pharmacy:** The reported numbers of total workforce have increased 4% from 2022 (using FTE); with the largest increase in trained medicines counter assistants (39%), pre-registration trainee pharmacy technicians (33%) and pharmacy delivery drivers (26%). The number of all pharmacists reported (as headcount) continues to be in the region of 27,000 (27,487). However, despite workforce numbers increasing, Community Pharmacy England has recently released a national report confirming financial pressures are putting community pharmacies at risk of closure, threatening patient care and access to services across England, with increased workload & demand on community pharmacies. Work is underway to scope the risks relating to this. **Dental:** Still awaiting the results of the national dental survey in primary care which is due to be published by NHSE imminently. This survey is completed by practices and the data collected by NHSBA who then report to NHSE for publication.; however, ICB Workforce Steering Group monitors figures and can confirm 4 additional Dental Foundation Trainees (DFTs) have been allocated to dental practices across C&M. As part of the local Dental Improvement Plan providing urgent care and completion of treatment. National work is underway looking at how we incentivise our newly qualified dentists to stay once they complete their training. At a local level we have been encouraging the use of alternative roles – Dental Nurses, Therapists and Hygienists, and have seen steady growth in activity; although dental nurse uptake, nationally, remains quite low. Dental Improvement Plan has specific workforce focus.

Current Controls		Rating
Policies	• National Stock takes and Guidance in relation to Primary Care • Delivery Plan for recovering access to Primary Care https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/ • Dental Improvement Action Plan • Delivering Operational Resilience across the NHS Winter 2023	G
Processes	• System Primary Care Committee – escalation to/ from • Managed operationally at place level through place governance (escalation to SPCC as needed). • Working with National Team and DoH on workforce issues and support. • Primary Care Workforce Steering Group reporting • Access Improvement Plan Templates submission 20/10 highlighting what place actions are being undertaken	G
Plans	• Primary Care Strategic Framework – ICB level and Place level, place workforce plans • Clinical Strategy • Workforce/ People plans via People Board inc Primary Care Workforce Strategy • ICB engagement with HEE and Liverpool Dental School • Dental Improvement Plan & Dental Foundation Trainee programme • GP retention plan (submitted May 2023) • ICB Access Recovery plan approved by ICB Board (October)	G
Contracts	• GMS PMS APMS GDS PDS Contracts updated • Local Enhanced/Quality Contracts/ Directed Enhanced Services • Community Pharmacy Contracts	G
Reporting	• Primary Care Workforce Steering Group/ • Community Pharmacy National Workforce Development Group • NHSE National Teams (looking at wider workforce issues across Primary Care) • Place reporting to place primary care structures/ forums - Access Improvement Plan Templates submission • Place reporting to System Primary Care Committee through reporting template already agreed noting a clearer risk principal escalation process is to be developed • System Primary Care Committee reporting through to Northwest Regional Structures • Reporting to PSRC Committee and through community pharmacy commissioning Team	G

Gaps in control
• Reporting between People Board and SPCC to be developed • Consistent single set of data to be reported to People Board/ SPCC

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

Assurances		
Planned	**Actual**	**Rating**
Closing BI data gaps for Workforce (Ongoing)	Regular updates at SPCC on System Pressures	**Significant**
Dental Improvement Plan in place – however impact on workforce to be determined.	First meeting of PC workforce steering group held May 2023	
Salaried GP Guidance (ARRS role) due to take effect 01/10/24	Primary Care Access Recovery Improvement Plan approved by ICB Board in November	
	Review of Place risks to establish position/ scoring – SPCC risk summary updated to reflect distribution of risk across places and collaborative actions to mitigate	

Gaps in assurance

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

- Some BI data gaps remain

Actions planned	Owner	Timescale	Progress Update
Working with National Team and DH on workforce issues and support.	CL/ TK/ JJ	Ongoing	
Working locally with LPCs and contractors to understand & quantify issues and where required managing risk via contractual compliance routes/ local arbitration processes.	CL/ TK/ JJ	Ongoing	
Tracking the C&M risk against national and regional closure rates for comparison.	CL/ TK/ JJ	Ongoing	

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

<table>
<tr><td>ID No: 6PC</td><td colspan="8">Risk Title: Identified dental provider contract management risk – potentially leading to loss of provider and impact on dental provision</td></tr>
<tr><td></td><td>Likelihood</td><td>Impact</td><td>Risk Score</td><td colspan="5">Trend</td></tr>
<tr><td>Initial Risk Score [assess on 5x5 scale, this is the score before any controls are applied]</td><td>3</td><td>3</td><td>9</td><td colspan="5" rowspan="3">Chart (y-axis 0–14; x-axis 23/24: EOY, 24/25: Q1, 24/25: Q2, 24/25: Q3, 24/25: Q4; legend: Current, Target)</td></tr>
<tr><td>Current Risk Score</td><td>3</td><td>3</td><td>12 ↔</td></tr>
<tr><td>Risk Appetite/Target Risk Score</td><td>2</td><td>3</td><td>6</td></tr>
<tr><td>Cheshire East</td><td>Cheshire West</td><td>Halton</td><td>Knowsley</td><td>Liverpool</td><td>Sefton</td><td>St Helens</td><td>Warrington</td><td>Wirral</td></tr>
<tr><td colspan="9">N/A – Dental remains a centrally managed service</td></tr>
</table>

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

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequalities (access/outcomes/ experience).	Quality, contracting, transformation, commissioning.	A – within the next quarter	Corporate	Manage

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

Risk Description

Identified Dental Provider Group hold a number of GDS contracts across C&M in various guises i.e. in partnership, sole provider. Five (5) of these contracts have been under remedial action since 1 March 2022 due to no NHS dental provision being available during core hours. Legal advice has been followed; due to the size of the repayment figure (debt) for year 2022/23 and no assurances that contractual targets can be met for the next financial year the legal advice is to breach each contract as the remedial notice has not been rectified and arrange to meet with the provider (without prejudice) with a view to requesting a one-off payment of the money owed or we move to terminate. Continuing with each of these 5 contracts will result in an increasing accumulation of debt into this financial year.

September 2024: Risk **remains** 12 = 4 (likely) x 3 (moderate). No change, remain awaiting the outcome of the Primary Care Appeals (PCA) procedure (re: appeal from the provider against the termination notices served by the ICB as the Commissioner).

Current Controls		Rating
Policies	• NHS England Dental Policy book 2018	G
Processes	• Legal advice has been followed throughout	G
Plans	• Awaiting Primary Care Appeals (PCA) outcome	A
Contracts	• Multiple – managed by Contracts Team	G
Reporting	• System Primary Care Committee	G

Gaps in control

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

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

Assurances

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

Gaps in assurance

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

Actions planned	Owner	Timescale	Progress Update
As above			

FOR COMMITTEE INFO ONLY – NHS C&M BAF RISK RELATING TO PRIMARY CARE

ID No: P6	Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population
Risk Description (max 100 words)	The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions, exacerbating existing inequalities in access to care and health outcomes. This risk relates to the potential inability of the ICB to ensure that local plans are effective in delivering against national targets for recovery of primary care access, which may result in poorer outcomes and inequity for patients and loss of stakeholder trust and confidence in the ICB.

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

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

Date Raised	Last Updated	Next Update Due
10/05/23	02/10/24	15/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	5	4	3			4	31/03/25	The aim is to reduce to a moderate level of risk over the 2024-26 lifetime of access recovery / improvement plans.
Impact	4	4	4			3		
Risk Score	20	16	12			12		

Rationale for score & progress in quarter (max 300 words)	There is potential for significant reduction in health outcomes and/or life expectancy, significant increase in health inequality gap in deprived areas or socially excluded groups, adverse public reaction and significant impact on trust and confidence of stakeholders (impact 4). Current controls are effective in reducing the likelihood to likely (4). Ongoing delivery of Primary Care Access Recovery and Dental Improvement Plans is on target and expected to moderate the potential impact from 4 to 3 during 2024-25 achieving the target risk score of 12 by year-end. From a Primary Medical perspective, the ongoing collective action by GP practices could drive up the score by the end of Q2 if patients are becoming impacted. There will be Place variation with the scoring. In addition, there is also a potential impact on community pharmacies due to the collective action which will also be monitored and could impact the score by end of Q2. A new risk for the Collective Action has been drafted and discussed at the System Primary Care Committee who have oversight

Current Key Controls		Rating
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, National Stocktakes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, National Dental Recovery Plan 2024	G
Processes	System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework.	A
Plans	Primary Care Strategic Framework version 1, Developing Primary Care Access Recovery Plan, System Development Funding Plan, Dental Improvement Plan, ICS Operational Plan, Place Level Access Improvement Plans x 9.	A
Contracts	GMS PMS APMS Contracts, Local Enhanced/Quality Contracts, Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS&PDS Contracts	G
Reporting	System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board. Place Primary Care forums. Local Dental improvement plan delivery board	G

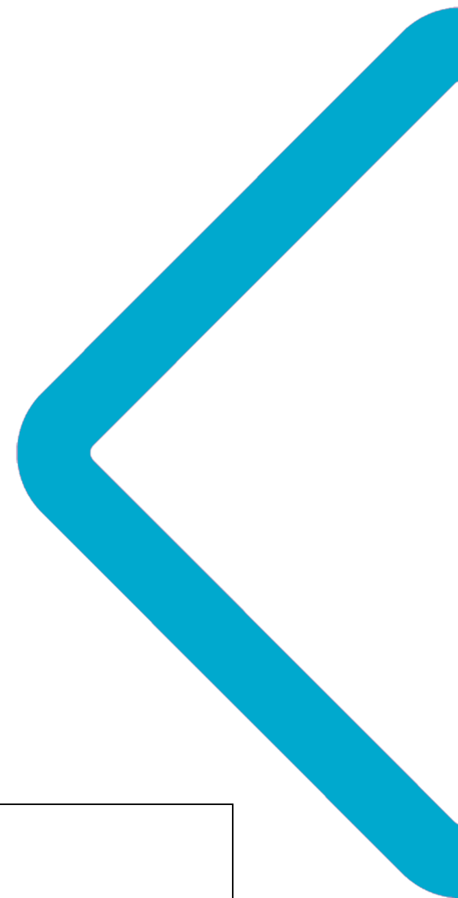
Gaps in control
Primary Care Strategic Framework version 2 to be completed & formally signed off. Ongoing successful delivery of the access recovery / improvement plans required over a 2-3 year period to close gap, specifically dental workforce and funding for primary medical baselines as reported by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

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Complete & secure approval to Primary Care Access Recovery Plan Y2			Chris Leese	30/11/24	On Track
Delivery of Access Recovery and Improvement Plans			Corporate & Place Primary Care Leads	2024-26	On Track
Delivery of Dental Improvement Plan 2024-26			Tom Knight	2024-26	On Track
Collective action EPRR process in place			Chris Leese	2024-26	On Track

Cheshire and Merseyside

NHS Cheshire and Merseyside System Primary Care Committee

Date: 19th October 2023



Primary Care Commissioning, Contracting and Policy Update

Agenda Item No	SPCC 24/10/09a
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

NHS
Cheshire and Merseyside

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Primary Care Commissioning, Contracting and Policy Update

<table>
<tr><td rowspan="2">Executive Summary</td><td colspan="5">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 now 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</td></tr>
<tr></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>x</td><td></td><td>x</td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">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</td></tr>
<tr><td>Key risks</td><td colspan="5">Risk registers for all four contractor groups are the subject of separate ongoing paper(s) presented to the Committee</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 colspan="2">Estate</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td colspan="2">x</td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td colspan="2">x</td></tr>
<tr><td>Route to this meeting</td><td colspan="5">None</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">Will be managed in accordance with the conflict details and by the management of the Chair of the meeting</td></tr>
<tr><td>Patient and Public Engagement</td><td colspan="5">None for this report, but for relevant actions for contract issues under national policy will have patient and public engagement expectations.</td></tr>
</table>

Cheshire and Merseyside ICB
System Primary Care Committee

Equality, Diversity and Inclusion	None for this report, but for relevant actions under national policy will have expectations for Equality, Diversity and Inclusion.
Health inequalities	None for this report, but for relevant actions under national policy will have expectations for health inequalities.
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 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 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
	344	48

1.2 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

1.3 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.

1.4 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.

1.5 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 228 mandatory (High Street) services and 58 additional (domiciliary) providers operating within Cheshire and Merseyside ICB.

2.0 Primary Medical Services (General Practice) Update

3.0 Dental Update

3.1 The latest Friends and Family Test (FFT) data is available and is shown below for Cheshire and Merseyside:

3.2 FFT gives patients the opportunity to submit feedback to providers of NHS funded care or treatment, using a simple question which them about their experience of the service.

3.3 NHS dental services have been required to make the opportunity to provide feedback through the FFT available to their patients since 1 April 2015 and submit data to NHS England each month. Further information can be found on the FFT webpage: http://www.england.nhs.uk/ourwork/pe/fft/

3.4 The FFT does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and the variation in local populations. This means it is not possible to compare like with like.

Cheshire and Merseyside ICB
System Primary Care Committee

3.5 There are other robust mechanisms for that, such as national patient surveys and outcome measures. The FFT can help mark progress over time for organisations and still provides patients with useful data to inform choice, alongside other information.

ICB name	Patients treated May 2023 to April 2024	Total Responses	Percentage Positive	Percentage Negative
England	**20,163,617**	**69,620**	**97%**	**1%**
CHESHIRE AND MERSEYSIDE ICB	1,079,065	4,668	97%	1%

Breakdown of Responses England and C+M ICB					
Very Good	**Good**	**Neither Good nor Poor**	Poor	Very Poor	Don't Know
57,911	**9,489**	**1,117**	**346**	**387**	**370**
4044	483	68	16	21	36

3.6 Data is submitted directly by NHS dental services to the Business Service Authorities Dental Portal. A cut of data is taken after the submission deadline and sent to NHS England for publication. Beyond ensuring that only valid Location IDs are published, the monthly data undergoes no further validation centrally. What is submitted by the deadline is simply published.

3.7 At the recent Dental Operational Group Temitayo Roberts, Freedom to Speak up Lead attended the meeting to provide a presentation regarding the role of the Freedom to Speak up Guardian and Freedom to Speak up Ambassador roles.

3.8 Members discussed the possibility of the LDC taking on the role of Freedom to Speak up Guardian for dental practices across primary care. It was agreed that this would be discussed and explored further with LDC colleagues.

Cheshire and Merseyside ICB
System Primary Care Committee

4.0 Community Pharmacy Update

4.1 Winter Planning

4.2 Several pharmacies are formally directed to open over the Christmas and New Year bank holiday period as part of the Pharmacy Rota arrangements in accordance with the NHS Pharmaceutical Services Regulations.

4.3 We liaise with the LPC's across the area to ensure that each area is adequately covered. Several additional pharmacies are signed up to a service level agreement to open. All these pharmacies are contractually obliged to open. It is highly likely that pharmacies located within supermarkets or pharmacies located on retail parks will choose to open, despite not being contractually obliged to do so.

4.4 Three contractors are signed up as antiviral stockholding sites and are therefore also obliged to open on Bank Holidays with arrangements to courier stock where required. These branches are identified on the DoS system. The formal rota process of directing Contractors is completed in accordance with the timetable set out in the Pharmacy Manual.

4.5 For Christmas, all directions were sent out by the end of September. Directions for Christmas are subject to an appeals process, the window of which closes at the end of October.

4.6 The Rota for Christmas will be cascaded early December and DOS teams will be notified accordingly.

4.7 Each Place will also be notified. This enables them to manage the local media Comms as well and meet print deadlines for the press releases related to the winter 'stay well' information drive.

4.8 Minor Ailments Service Liverpool.

4.9 Historically, the commissioning of Minor Ailments Services sat with CCGs/Place. The only exception to this within C&M was Liverpool as the then newly formed CCG refused to take on the service and instead the budget remained with NHS England, and it was commissioned as a Pharmaceutical Enhanced Service.

4.10 The consultation fee paid to contractors has never increased since the service was put in place in 2013. A service level agreement extension was signed by the pharmacies in early 2023 which was designed to allow time for Pharmacy commissioning to become operational within the ICB and for the outcome of the minor aliments harmonisation work to be agreed. The harmonisation project failed to progress, and the contract extension has now expired.

4.11 Liverpool LPC, on behalf of their contractors, have requested an uplift in the fee as the service is now becoming unviable to operate. They are requesting an increase of 66p per consultation. Based on current activity this would equate to approximately £53k additional annual spend.

4.12 Discussions with the LPC Chief Officer have been ongoing for many months and the LPC is aware financial constraints within the ICB. At the most recent meeting of the LPC the committee declared their stance to be unchanged, they require an uplift for their members if they are to support the contract. going forward.

4.13 If an uplift remains non-negotiable the committee will write out to their members advising them that the committee does not support the details of the contract. Members may or may not choose to follow the advice of the LPC.

4.14 Currently, the Minor Ailments Service across Liverpool handles in the region of 80,000 consultations a year and therefore, any withdrawal from the service will likely impact demand on General Practice.

5.0 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 contractorss

Officer contact details for more information

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NHS
Cheshire and Merseyside

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

October 2024

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

Agenda Item No: SPCC 10/10/B09b

Responsible Director: Clare Watson

1. Purpose of the Report

1.1 The Primary Care Policy and Contracting Update provides the Committee with information and assurance in respect of key national policy and related local actions in respect of ;

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

This paper contains ;

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

2. Ask of the Committee and Recommendations

The Committee is asked to ;

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

3. Background

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

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

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

	Number of GP Practices by contract	PCNs	GMS	PMS	APMS	Dispensing	Single Handed
Cheshire West	43	9	35	4	4	3	1
East Cheshire	36	9	21	14	1	5	2
Halton	14	2	1	13	0	0	0
Warrington	26	5	8	18	0	1	0
Liverpool	83	8	77	1	5	0	20
Knowsley	23	3	8	15	0	0	6
Sefton	40	2	23	11	6	0	3
St Helens	29	4	21	7	1	0	10
Wirral	45	5	28	14	3	0	3
Total	339	47	222	97	20	9	45

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

3.5 Management of **General Ophthalmic Services contracts** is underpinned via the National Policy Book for Eye Health NHS England » Policy Book for Eye Health . Provision of General Ophthalmic Services (GOS) including sight testing and dispensing is agreed by contract and there are 2 types of contracts: Mandatory Services contracts, which are contracts allowing provision of GOS in a fixed premises and Additional Services (domiciliary) contracts, which allow provision of GOS to a patient in their home address if a patients cannot attend a fixed premises unaccompanied. There are currently 220 mandatory (High Street) services and 60 additional (domiciliary) providers operating within Cheshire and Merseyside ICB. GOS contracting is managed solely at system level via the General Ophthalmic Services Operations Group, which reports to this Committee. Further contract information can be found here https://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic/gos-contract-management

4. Primary Medical Services Update

4.1 NHS England published an updated Network Contract Directed Enhanced Service (DES) specification 2024/25 and Part B guidance: non-clinical, which took effect from Tuesday 1 October 2024. The updated specification includes **the addition of general medical practitioners (GMPs)** as reimbursable roles (from 1 October 2024) within a new, ring-fenced section of the Additional Roles Reimbursement Scheme (ARRS) in 2024/25 specifically for newly qualified GMPs.The amendments are highlighted in yellow the relevant documents, links given below

Network Contract Directed Enhanced Service (DES) specification 2024/25

NHS England » Network Contract DES 2024/25: part B guidance: non-clinical

4.2 The Committee has previously updates on the Delivery plan for recovering access to primary care. This Policy is currently in it's second year and it remains an ICB priority, with NHS England requesting monthly updates on key areas. The latest update on these report areas is given in **Appendix 1**

4.3 As part of the above workstream, the ICB has been working direct with the NHS England (national) and the assigned training provider in respect of the General Practice Improvement Programme. Practices can express interest to join and the ICB manage the application process.22 practices were accepted onto the first three intakes and the last cohort just accepted number 7 practices. Arrangement for this nationally funded programme for 25/26 are currently awaited.

4.4 NHS England have confirmed to the ICB that it remains a requirement for an update on the ICB's Access Improvement Plan to go to the Board in the Autumn and is therefore scheduled for November's Board meeting. This update should include information relating to 24/25 Access Improvement Guidance previously released as well as confirmation of areas such spend outcomes for related budgets in 23/24 and the subsequent impact on access. Each Place has been asked to resubmit an updated Place level improvement plan which will be combined with a system level narrative. The GP Patient Survey follow on work discussed at this Committee last time, will be included. This plan will come to this Committee in December.

4.5 As part of the Access Improvement work, each Trust was asked to complete a **Primary/Secondary care interface** return for NHS England covering the status of the following areas ;

- Onward referrals
- Complete care fit notes and onward referral
- Call and recall
- Clear points of contact

The outputs from this will form part of the Access Improvement Plans outlined in 4.4. This remains an area of focus nationally and is included in the report in Appendix 1.

5. General Ophthalmic Services

5.1 The new national GOS contract variation for mandatory and additional services was relesed and distributed, these are currently being returned by providers. Operationally, service provision remains consistent and no service issues have been raised. A national update regarding pre visit notifications for domiciliary providers was shared with ICBs. Self- assessment checks as part of BAU are

progressing and actions from this are being reported through the Optometry operations group.

5.2 Discussions are still underway to identify resources to lead the CVD Project for which funding was secured externally. No further information has been released in respect of the special schools project but Adult LD, homeless and travelling communities GOS projects, which transferred over from NHS England, have continued.

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

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

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

7. Link to meeting CQC ICS Themes and Quality Statements

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

8. Risks

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

9. Finance

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

10. Communication and Engagement

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

11. Equality, Diversity and Inclusion

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

12. Next Steps and Responsible Person to take forward

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13. Officer contact details for more information

Christopher Leese, Associate Director Of Primary Care
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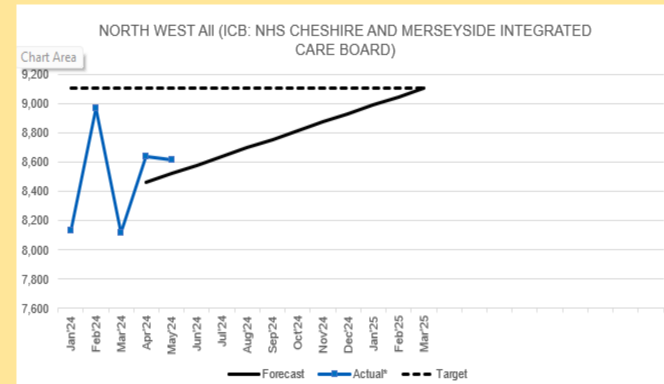
Appendix 1 Monthly Assurance Update – Primary Medical Access Recovery/Improvement (August Update submitted in September)

PCARP Programme Priority	National Programme Commitment	ICB Latest Position	Delivery Update *(Key Achievements, Risks, Mitigations to return activity on track, etc)*
Increase the use of **NHS App** and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions	Enable patients in over 90% of practices to ~see their records and practice messages ~book appointments ~order repeat prescriptions using the NHS App by March 2024. *Data relating to repeat prescriptions will be shared with PCNs alongside working with General Practice teams and PPG to understand how barriers can be overcome and increase adoption can be obtained*	94% of C&M practices offer patients the ability to view detailed coded records 72% of practices compliant with GMS PMS APMS Contract - **+3% on last submission** (12th August 2024)	NHS Digital advised that there was an issue when extracting and uploading NHS App Data over the last 4 weeks which led to a temporary loss in information. This is likely to be the reason for the drop in performance. IT Delivery Services across Cheshire & Merseyside are working with practices identified as high users of the 104 code to work through solutions to ensure patients are able to view their detail coded records where is it considered safe for them to do so.
		945,319 record views - July 2024 -11.09% change on prior month	NHS Digital advised that there was an issue when extracting and uploading NHS App Data over the last 4 weeks which led to a temporary loss in information. This is likely to be the reason for the drop in performance. As well as supporting practices who are high users of the 104 code, IT Delivery Services across Cheshire & Merseyside are also working with practices to promote the use of the NHS App. This is a challenge in some areas of Cheshire & Merseyside where other online services apps have been embedded for a number of years. Digital Inclusions campaigns across Cheshire & Merseyside also actively promote the use of the NHS App over other online service providers.
			NHS Digital advised that there was an issue when extracting and uploading NHS App Data over the last 4 weeks which led to a temporary loss in information. This is likely to be the reason for the drop in performance. IT Delivery Services across Cheshire & Merseyside are working with practices to support the transition to paperless presciption ordering along side the continued promotion of the NHS App. The later is a challenge in some areas of Cheshire & Merseyside where other online services apps have been embedded for a number of years. Digital Inclusions campaigns accross Chehsire & Merseyside also actively promote the use of the NHS App over other online service providers.

		161,511 repeat prescriptions ordered - Ju;y 2024 -28% chnage on prior month	
Continue to expand **Self-Referrals** to appropriate services	Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023		This is being led direct by provider collaborative colleagues and some further work is underway in terms of overall ICB leadsership but in terms of numbers good overall progress being made.

Baseline:	**8,407**	(Baseline average referrals January to March 2024) for all services
Goal:	**9,109**	15k increase in mothly referrals distributed across the 7 regions
Monthly:	**58.5**	(Increase in self-referrals from baseline needed per month to achieve target by March 2025)

	Jan'24 2024 1	Feb'24 2024 2	Mar'24 2024 3	Apr'24 2024 4	May'24 2024 5	Jun'24 2024 6	Jul'24 2024 7	Aug'24 2024 8	Sep'24 2024 9	Oct'24 2024 10	Nov'24 2024 11
Forecast	#N/A	#N/A	#N/A	8,465	8,524	8,582	8,641	8,699	8,758	8,816	8,875
Actual*	**8,130**	**8,971**	**8,119**	8,637	8,618	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Target	9,109	9,109	9,109	9,109	9,109	9,109	9,109	9,109	9,109	9,109	9,109



Expand uptake of **Pharmacy First services** ***The trajectory for these commitments will be reviewed in September 2025 using data from the first 9 months of service delivery.***	Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.	1. During **July 2024** there were **16,274 BP consultations** compared to 12,344 in June – **31.8% increase**. National growth was 11.5% 2. **ABPM** made up **7.3%** of total consultations (1,184) an **increase 4.1%** on June. National growth was -2.5% 3. **Clinic BP consultations** made up **92.7%** (15,090) of total consultations, an **increase of 34.6%** compared to June. National growth was 12.1% 4.C&M have delivered a **total of 122,686 BP consultations** since Sept 23 (available data) or **6.2% of the national delivery** 5. **506 (93.0%)** C&M Pharmacies have **opted in to provide the BP** service. National opt in % is 91.1%	1. Working with stakeholders to ensure a support network across the ICB to actively promote, support and work collectively to increase access to services – stakeholders include ICB leads, ICB CPCL, CP Contract Leads, LPC, LPN Trusts, UEC leads, IT/Digital leads, Analytics, ICB Pharmacy Leads and Primary Care Leads and Place based MEDS Optimisation leads and primary care leads and ICB and Regional Comms teams. 2. Work with individual CP providers regarding service delivery and consistency / continuity of service provision with key deliverables agreed to deliver in line with a quality agenda 3. Work with local service providers who refer into services to understand barriers or concerns and have a plan in place to support and resolve where these occur based on individual services and promotion of learning and best practice across the wider system. 4. Create a training matrix / directory to support new adopters coming online with services. 5. Work with stakeholders where opportunity for new referral routes / patient pathways can be established to explore possibility of developing these for patient benefit and PCARP support – e.g. UECs 6. PCARP ICB workstream - lead senior leader has PCARP in their portfolio and specifically (though not exclusively) CP services, to progress ensuring High Level engagement within ICB. 7. Developing an employment model, work plan and operational deployment plan for PCN Community pharmacy Engagement leads who will progress and support PCARP and CP Service delivery at place and PCN level with additional engagement and networking. 8. Engagement with Comms Team regarding possible workstream around Pharmacy 1st to link in with any National / Regional promotions and how we can develop local messages targeting specific groups e.g. parents / schools etc to drive awareness. 9. • Development of dashboard based on national data to ensure that we promote success and further development of the service delivery by sharing excellence and allowing targeting of influence and input in areas not demonstrating growth. The dashboard development will allow information to flow at Place and PCN level for targeted support and will ensure data is presented in a manageable and understandable format (as currently the National data sets do not allow this at a level suitable for ICB communication or working groups) 10. • Work plan around LLPSE established – whilst not directly PCARP related feeds in to associates quality and service delivery agenda. Currently waiting on publishing of national approved particulars to inform regulatory expectations. (due end July)

		1. During **July 2024** there were **1,277 Oral contraceptive consultations** compared to 947 in June – **34.8% increase**. National growth was 23.4% 2. Of **July** contraception consultations **17.7% (226)** were for **initiation of supply**. National growth 15.7% 3. C&M have delivered a **total of 6,201** since Nov 23 (available data), or **5.0% of National delivery** 4. 398 **(73.2%)** C&M Pharmacies have **opted in to provide OC service**. National opt in is 70.0%	
	Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions.	1. During **July 2024** there were **8,855 clinical pathways delivered**, an **increase of 4.8%** on June. National growth was 6.0%. 2. Since the launch of Pharmacy first C&M have **delivered 50,968 clinical pathway consultations or 5.4% of National delivery**. 3. **526 (96.7%)** C&M Pharmacies have **opted in** to provide Pharmacy First Service. National opt in is 96.5%	

Complete implementation of **better digital telephony**	Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.	72.2%, 125/173 Practices who are part of the funded programme are live	Go live dates for the remaining Phase 1 Analogue practices have been rescheduled into Q2 . The remaining Phase 2 practices all have anticipated go live dates for Q2 and 5 have moved into Q3. Many go live dates are being rescheduled due to practices requiring landlord authorisation for CBT works to be carried out. This process requires liaison with BT, which considerably slows down the process. The situation is being monitored by the ICB and with relevant IT Providers.
Complete implementation of **better digital telephony**		2.00%	DPN released on CQRS - not clear of the impact of collective action on the signing of this but even though some practices have declared payment will not be made until signed. ICB internal target remains full MGPA declaration by end of December 24
Complete implementation of highly usable and accessible **online journeys for patients**	Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.	13.00%	ICB internal target is full MGPA declaration by end of December 24
Complete implementation of **faster care navigation**, assessment, and response		11.00%	iCB internal target is full MGPA declaration by end of December 24
National transformation/improvement support for general practice and systems	To scale the learning from GPIP and strengthen locally owned delivery of transformation support in partnership with ICBs. To provide an online support offer alongside flexible, hands-on support to a proportion of practices as part of the transition to a system-owned delivery model.	22 practices currently in the 3 phases	Phase 4 currently being promoted. ICB strategic lead meets with Provider of GPIP regularly. Provider has attended place pc leads. Webinars in place up to phase 4 close.

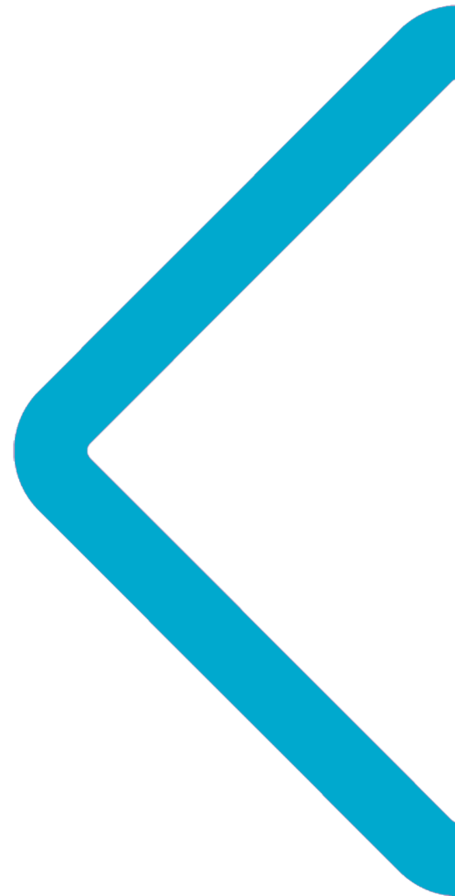
Cheshire and Merseyside

Make further progress on the four **Primary Care Secondary Care Interface AoRMC** recommendations	Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.	Autumn baseline tool has been released.	The local Primary, Secondary Interface Groups are all working across their local systems and will be completing the NHSE assessment forms expected in September. This will then inform future areas to focus on. Collective action implications still not clear.
Make **online registration** available in all practices by October 2024	The commitment for 2,000 practices to be using this service was met in November 2023, one month ahead of schedule. More than 1 million patients have used a national online service to register with a GP since its launch 18 months ago. In 2024/25, we will roll this out to all practices by 31 December 2024	64.7% of C&M practices enrolled for GP Online Registation 225 of 343 practices enrolled **+1 practice** since last reporting submission (30th August 2024)	Continue to promote and remind as contract requirement for October work ongoing Working with NHSE team to support promotion, working with Digital Place Leads & IT Providers

Cheshire and Merseyside

Primary Care Finance Update

NHS Cheshire and Merseyside Primary Care Committee (System Level)



Date: 17th October 2024

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS
Cheshire and Merseyside

Date of meeting:	17th October 2024
Agenda Item No:	SPCC 24/10/B10
Report title:	**24/25 Primary Care Finance Update**
Report Author & Contact Details:	Lorraine Weekes-Bailey, Senior Finance Manager - Primary Care John Adams, Head of Primary Care Finance
Report approved by:	John Adams

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

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

Executive Summary and key points for discussion

The report provides the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position related to primary care expenditure as at the end of September 2024 (M06).

The report covers seven areas of spend: -

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

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

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

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

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

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

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

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

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

Primary Care Finance Update

1. Introduction and Background

1.1. The report provides the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB) with a detailed overview of the financial position in relation to primary care expenditure anticipated for 2023/24 as at 30th September 2024.

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

1.3. The financial positions for September 2024 (M06) are based on the historical recurrent expenditure at each Place plus in-year amendments, including any uplifts for national assumptions.

2. Financial Position

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

Table 1a

Primary Care Position Summary - Month 06 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	167,495	166,612	884	334,991	334,526	465
QOF	19,661	19,815	(154)	39,322	39,492	(170)
Premises Reimbursements	27,188	27,900	(713)	54,375	55,192	(818)
Other Premises	371	322	49	743	679	63
Direct Enhanced Schemes	2,293	2,293	0	4,586	4,606	(20)
Primary Care Network	26,657	27,669	(1,012)	53,314	54,353	(1,040)
Additional Roles Reimbursement Scheme	33,716	33,716	0	42,237	42,237	(0)
Fees	5,222	4,951	271	10,444	9,945	499
Other - GP Services	666	691	(25)	1,332	1,351	(19)
DELEGATED PRIMARY CARE TOTAL	**283,269**	**283,969**	**(700)**	**541,343**	**542,381**	**(1,038)**
Local Primary Care						
GP Local Enhanced Service Specification	16,332	16,279	53	32,539	32,442	97
Local Enhanced Services	8,147	8,265	(119)	17,240	17,362	(122)
Commissioning Schemes	1,047	1,021	25	2,038	1,986	52
Out Of Hours	14,777	14,348	429	29,530	29,102	428
GP IT	9,086	8,953	133	18,840	18,429	410
GP Investment	66	60	6	299	287	11
Primary Care SDF	1,435	1,159	276	3,561	3,561	0
Primary Care Other	741	739	2	1,531	1,553	(22)
QIPP	(804)	(330)	(474)	(1,609)	(660)	(949)
PC Local Pay Costs	231	243	(12)	462	405	56
LOCAL PRIMARY CARE TOTAL	**51,057**	**50,738**	**319**	**104,431**	**104,467**	**(37)**
Prescribing						
Central Drugs	9,001	8,797	204	18,001	17,798	204
Medicines Management - Clinical	1,044	885	160	2,079	2,370	(291)
Oxygen	231	205	27	3,239	3,151	88
Pay Costs Prescribing	5,067	4,463	604	10,134	8,876	1,258
Prescribing BSA	244,616	251,633	(7,017)	485,039	501,205	(16,165)
Prescribing Other	6,033	7,333	(1,300)	10,878	10,878	0
PRESCRIBING TOTAL	**265,993**	**273,315**	**(7,322)**	**529,371**	**544,278**	**(14,907)**
Delegated Pharmacy Optoms Dental and Other						
Delegated Community Dental	6,491	6,433	58	12,983	12,977	6
Delegated Ophthalmic	13,386	13,480	(94)	26,772	27,127	(355)
Delegated Pharmacy	37,940	39,798	(1,859)	70,689	70,689	0
Delegated Primary Dental	67,442	66,450	993	138,989	136,991	1,997
Delegated Property Costs	731	262	469	1,462	544	918
Delegated Secondary Dental	21,701	20,653	1,048	42,854	40,806	2,048
PHARMACY, OPTOMS, DENTAL & OTHER TOTAL	**147,691**	**147,076**	**615**	**293,748**	**289,134**	**4,614**
TOTAL	**748,010**	**755,098**	**(7,089)**	**1,468,893**	**1,480,260**	**(11,367)**

3. Delegated Primary Care - Medical

3.1. The Delegated Primary Care Medical financial position as at Month 6, is approximately £1.038m overspent based on the current data and payments.

3.2. **Core Contracts-** The Core Contracts are currently forecast to underspend by £0.465m. The quarter 1 and 2 list size were considerably lower than planned, this resulting in an underspend year to date of £0.884m. The forecast projected, takes into account estimated list size growth in quarters 3 and 4, the is an anticipated list size growth is anticipated to be much higher than that of quarters 1 and 2.

3.3. **Quality Outcomes Framework- (QOF)**- The Delegated Medical Primary Care budget shows an overspend of £170,000 within the QOF service line. This is due to year-end achievement costs of 2023/24 being higher than anticipated.

3.4. **Premises Reimbursements-** The Premises show an anticipated forecast overspend of £0.818m. The District Valuation Services (DVS) had experienced a backlog of rent review cases that now seems to be resolved but has culminated in some of the increase in month 6. In addition, the unexpected arrival in May 2024 of the new NHS Premises Directions, and time for the DVS and ICB rent review team to fully understand the impact of these were an additional consequence of the sudden increase, and rent reviews again were delayed whilst this work was undertaken. The team is now up to date with current rent reviews.

3.5. **Primary Care Networks-**The forecast outturn is projected to be £1.040m. This is due to the actual costs incurred at year end, being much higher than projected.

3.6. **Fees-** The forecast within "Fees" is anticipated to be approximately £0.5m underspent. This is mainly due to the "Dispensing Professional Fees" that were incurred, being lower than anticipated, based on our year end projections.

4. Local Primary Care

4.1. **Local Primary Care**- There is a forecast overall is broadly in line with budget. However, there is some variation is some areas "Budget v Forecast".

4.2. **Out of Hours-** There is currently a forecast underspend of £0.428m. This is due to the planned activity within the Acute Visiting Service Contract in Sefton place also being budgeted within the Community Service Contract.

4.3. **GP IT**-There is a projected forecast underspend of £0.410m. This is due to costs incurred being lower than budgeted for some software licenses and VAT that has been able to be recovered.

4.4. **QIPP**- Across many budgets a level of QIPP was identified to be achieved. Currently Places are anticipating £0.949m of QIPP not to be achieved.

5. Prescribing

5.1. The Prescribing financial forecast is an overspend of £16.165m. This incorporates prior year pressures of £1.2m.

5.2. We have now received Prescribing data from April through to July. Based on this data we have looked at various methods to forecast the spend and its volatility.

5.3. There are several factors that have influenced this increase in the projected forecast. We have experienced significant cost pressures and growth in items in our Top 20 drugs and also large NCSO pressures.

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

6. Delegated Pharmacy

6.1. The year-to-date position shows a pressure of £1.8m, the current forecast is to break even in 2024/25.
In addition to an increase of 2.8% in the number of prescriptions being issued each prescribing day, take-up of New Advanced Services such as Hypertension Finding, Contraception and the New Medicines Service is also rising. This has created a pressure of £1.8m in the year to date.
However, based on the advice of NHSE, the forecast is still to break even at the end of the year. NHSE is discussing current fee rates, the £2.5bn national contract remuneration cap, and proposals for new contract rates with representatives of the profession. They have asked ICBs to show a break-even position in anticipation of either (1) a reduction to current fee rates later in the year to bring total remuneration within the current national contract cap, or (2) increases to the contract remuneration cap and ICB allocations. The ICB has recorded this as a risk.

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

7. Delegated Optometry

7.1. Activity in Optometry services has risen steadily over the last year and payments for spectacle vouchers have increased by 7%. The current 24/25 forecast is an overspend of £0.35m.

8. Delegated Other Costs

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

8.1. The unallocated reserve is forecast to underspend by £0.9m. The underspend was identified by the ICB as a mitigation of pressures in the wider ICB plan and supports the overall ICB financial position.

9. Delegated Dental

9.1. At month 6 dental services are reported as being underspent.

9.2. The BSA provided the ICB with 2023/24 performance figures for primary care dental contracts. Commissioners have discussed these with the contractors and agreed under/over-performance for the year and any associated financial claw-back/payment.

9.3. The performance to date against primary care contracts and the impact of contract hand-backs suggest that there will be an underspend of £1m on core contracts.

9.4. Indications are that the primary care dental investment plan will underspend by almost £1m, mainly because pathways 4 & 5 have been paused as part of the ICB recovery programme. The remaining investment plan is still the largest ever undertaken in Cheshire & Merseyside.

Dental Investment Programme Costs

		Plan 2024/25 (£'000s)	2024/5 Forecast (£'000s)	2024/5 YTD (£'000s)	Notes
PATHWAY 1 - Urgent Care	Vulnerable patients (Cont offset)	1,969	1,966	983	
	Urgent Patients (1.8 UDA top-up)	1,193	1,193	597	Activty tbc
	Subtotal	**3,162**	**3,159**	**1,579**	
PATHWAY 2 - Urgent Care Plus	£650 Sessional Payment	1,010	1,447	751	Check with Commissioner
	22 UDA Sessional Payment	1,177	1,908	954	
	DFT - 22 UDA Sessional Payment	1,301	*1,322*	661	
	Subtotal	**3,488**	**4,678**	**2,366**	
PATHWAY 3 - Quality Access Scheme	Contract Offset	3,882	3,499	1,750	
	National Access Scheme	1,200	1,200	600	BSA data being validated
	Over-Performance above contract	1,000	0	0	
	Subtotal	**6,082**	**4,699**	**2,350**	
PATHWAY 4 - Advanced Child Care	Referral Fee	**200**	**0**	**0**	Scheme paused
PATHWAY 5	Frail & Vulnerable Adults (Sessional Fee)	**420**	**0**	**0**	Scheme paused
Pathway 6 - DENTAL ACCESS AND WORKFORCE DEVELOPMENT CENTRES (x 1 proof of concept PDS agreement)	Sessional Fee	676	608	270	Almost up to the 20 sessions per week target
	Additional UDAs	324	353	176	Activity tbc
	Subtotal	**1,000**	**961**	**447**	
Set Minimum UDA rate of £28	19 contracts	**141**	**141**	**71**	Included in budgets
Advice Triage Helpline	Additional Funding	**468**	**468**	**234**	
Oral Health Promotion	Child Tooth Brushing Initiative	**550**	**550**	**275**	
Total		**15,511**	**14,656**	**7,321**	

9.5. Secondary care dental services are forecast to underspend by £2m. Other national allocations have fully funded the cost of 24/5 contract uplifts and £0.5m remains from the withdrawal by Southport & Ormskirk Hospitals from the delivery of orthodontic services.

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

10. Additional Roles Reimbursement Scheme

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

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

10.3 NHS England recognise this shortfall and are looking into a methodology to mitigate any risk to the ICB. However, based on the current projections and the revised PCN DES criteria, the current forecast outturn as at month 6 is £66,142,083.

10.4 Table 2a illustrates the budgets, actuals and forecast at Place level. We are working with PCN's to ensure the forecasting is as accurate as possible.

10.5 Please note this allocation does not include the GP ARRS funding that will be allocated in October 2024.

Table 2a

Place	ICB Held Budget	Available Drawdown	Funding Gap in ICB Allocation	Total	FOT	Variance	%age Utilisation
Cheshire East	£6,069,470	£3,572,830	£181,246	£9,823,546	£9,516,481	£307,065	97%
Cheshire West	£5,788,303	£3,407,320	£172,850	£9,368,473	£9,252,112	£116,361	99%
Halton	£2,112,009	£1,243,247	£63,069	£3,418,325	£3,418,325	-£0	100%
Knowsley	£2,766,934	£1,628,772	£82,626	£4,478,332	£4,422,330	£56,002	99%
Liverpool	£9,125,151	£5,371,575	£272,495	£14,769,221	£14,218,450	£550,770	96%
Sefton	£4,386,495	£2,582,137	£130,989	£7,099,622	£7,099,622	£0	100%
St Helens	£3,260,748	£1,919,459	£97,372	£5,277,580	£5,270,697	£6,883	100%
Warrington	£3,280,511	£1,931,093	£97,963	£5,309,567	£4,812,541	£497,026	91%
Wirral	£5,128,981	£3,019,206	£153,162	£8,301,349	£8,131,525	£169,824	98%
Total	£41,918,603	£24,675,639	£1,251,773	£67,846,015	£66,142,083	£1,703,931	97%

11. Capital

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

Table 3

Cheshire & Merseyside ICB Primary Care Capital Position - Month 06 2024/25

Description	Cheshire & Mersey Planned £'000s	Cheshire & Mersey Received £'000s	Comments
Capital Resources			
BAU allocation	4,698	4,698	
BAU allocation transferred from Provider CDEL			
Redemption of Legal Charge	474	474	Knutsford War Memorial Hospital
IFRS 16 - schemes funded centrally	1,818	-583	Drawn down when cost incurred. Nat team to confirm funds. Ringfenced for IFRS16.
Total Expected Capital Resource	**6,990**	**4,589**	

Description	Cheshire & Mersey Approved /Planned £'000s	Cheshire & Mersey Spent £'000s	Comments
Approved Expenditure			
GP Premises Improvement Grants			
Multi-year schemes approved in 2023/24	66	66	
Schemes awaiting NHSE approval in 2024/25	902		Submitted for Regional Director of Finance approval
Schemes approved in 2024/25	800		Approved by SPCC June 2024, and by Regional Director of Finance July 2024
Subtotal Improvement Grants	**1,768**	**66**	
GPIT			
Approved NW Region			
Subtotal GPIT	**0**	**0**	
IFRS 16 - Schemes funded Centrally			
Disposal of The Department, Lewis's (Liverpool)	-343	-583	National team to confirm funding
New Lease, Old Mkt Hse (Wirral)	361		Expected March 2025. National team to confirm funding
New Lease, Wyvern Hse, Winsford (CW)	33		National team to confirm funding
Lease extension 5yrs, Ellis Centre	94		National team to confirm funding
New Lease, Lakeside (Warrington)	1,673		National team to confirm funding
Subtotal IFRS 16 - centrally funded	**1,818**	**-583**	
Total Approved Expenditure	**3,586**	**-517**	
Planned Expenditure Under Development			
GP Premises Improvement Grants	16		Plan approved by SPCC June 2024, PIDs pending
GPIT	3,388		Plan approved by SPCC June 2024, PIDs under development
IFRS 16 - Schemes not funded Centrally	0		
Subtotal Planned Additional Expenditure	**3,404**	**0**	
Total Approved and Planned Expenditure	**6,990**	**-517**	
Capital Resource (Surplus)/Deficit	**0**	**-5,106**	

11.2 £0.800m of GP Premises Improvement Grant (IG) projects that were approved by this committee in June are under way. A further £0.902m approved in August are with the Regional Director of Finance for final sign-off.

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

11.4 IFRS16 schemes are accounting adjustments for leases. This is managed locally by the ICB Corporate team and nationally by NHS England. If any late lease adjustments are not able to be funded nationally, they will become a pressure on the Primary Care Capital allocation.

12.Recommendations

The Primary Care Committee is asked to:

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

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

12.3 Note the capital position.

13. Officer contact details for more information

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Meeting of the System Primary Care Committee

of NHS Cheshire and Merseyside

17th October 2024

Digital Primary Care Sub-Strategy

Agenda Item No	SPCC 24/10/11
Report Author & Contact Details **Firstname.surname@ cheshire and merseyside.nhs.uk**	Tom Micklewright t.micklewright@nhs.net Dan Jones Dan.jones@nhs.net
Report Approved by (Sponsoring Director)	John Llewellyn, Chief Digital & Information Officer, C&M ICB
Responsible Officer to take actions forward.	Cathy Fox, Associate Director of Digital Operations, C&M ICB

System Primary Care Committee

Executive Summary	The purpose of this paper is to provide the System Primary Care Committee with an overview of the process that has been undertaken to develop a digital primary care sub-strategy and to request approval of the draft sub-strategy following its endorsement at Digital Primary Care Board on 9th October 2024.

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

Recommendation	**The Committee is asked to approve:** • The draft Digital Primary Care sub-strategy, which has previously been reviewed and endorsed by Digital Primary Care Board. **The Committee is asked to note:** • Following approval of the sub-strategy, an 'easy read' version will be developed for the wider public • A more detailed Year 1 Implementation Plan will be developed with patient and public input following approval of the sub-strategy. The Implementation Plan will be aligned with allocated funding and will be updated in line with any future funding allocations and associated resourcing plans. Further annual plans will be developed with patient input and be subject to regular review to account for any changes in national or local strategy.
Key issues	**The Committee is asked to note:** • The key risks associated with delivery of the strategy are to be noted, namely the availability of long-term sustainable funding to invest in digital to support primary care transformation, and the availability of appropriate resource to support delivery of the proposed programmes of work. Previous uncertainty around funding has had an impact on the confidence levels of primary care around the achievability of the strategic priorities outlined in the sub-strategy.
Key risks	

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

Route to this meeting	This paper was developed by key officers within the ICB Digital team alongside the ICB Digital Primary Care Advisors, with oversight from the ICB Digital Senior Management Team. Widespread stakeholder engagement has been undertaken through Places and PCNs via the Digital Primary Care Board – further details of which can be found in Section 3 of this document.
Management of Conflicts of Interest	Tom Micklewright is also the Medical Director for ORCHA, which supplies services into Cheshire and Merseyside ICB
Next Steps	There are several key workstreams to be progressed during the second quarter of this financial year. Resources are being reviewed to ensure key priorities are adequately supported.
Appendices	Appendix A – Draft Primary Care Digital Sub-Strategy 0v16

Glossary of Terms	**Explanation or clarification of abbreviations used in this paper**
NHSE	NHS England
ICS	Integrated Care System
ICB	Integrated Care Board
C&M	Cheshire and Merseyside
PCN	Primary Care Network

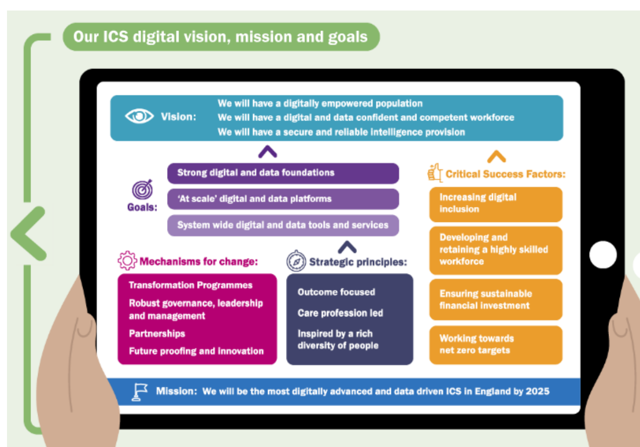
Digital Primary Care Sub-Strategy

1. Executive Summary

The purpose of this paper is to provide the System Primary Care Committee with an overview of the process that has been undertaken to develop a digital primary care sub-strategy and to request approval of the draft sub- strategy following its endorsement at Digital Primary Care Board on 9th October 2024.

2. Introduction/Background

- The Cheshire and Merseyside ICS Digital and Data Strategy was endorsed by the ICB Board in October 2022 and contains 3 strategic goals and over 30 strategic commitments phased over 3 years. The strategic commitments are a mix of national requirements / targets and local ambition.



- To underpin the overall strategy, a series of sub-strategies have been developed (or are in the process of being developed) to flesh out in more detail how digital and data supports specific elements of the strategy (e.g. maternity, mental health, community health). **This digital primary care sub-strategy is therefore one of this series of sub-strategies that is aligned to the overall ICS Digital and Data Strategy but also to the drivers for change and priorities for the focus areas under consideration, which in this case is primary care**
- The process to refresh the overarching ICS Digital and Data strategy from March 2025 onwards has begun, based on a common digital and data architecture to support C&M into the future, aligning with proposed national developments ('One Digital'). The sub-strategies that have been developed, or are in the process of being developed, will form a core part of the refreshed system wide strategy.

3. Process of developing the sub-strategy

- The strategy was initially developed by the ICB digital team in conjunction with the ICB Digital Primary Care Clinical leads through an initial set of strategy development workshops. The output of this was an initial draft strategy 'storyboard' which was then iterated with input from other members of the ICB digital team involved in primary care activities.
- Core elements of the draft strategy storyboard were presented for initial feedback from Digital Primary Care Board (DPCB) members at its meeting on 10th July 2024. This meeting also confirmed the stakeholders to be involved in wider socialisation of the whole draft strategy (see below) and the governance process to be followed to enable the strategy to be formally approved by the ICB.

Agreed Stakeholders for Strategy Socialisation

ICB	Place	Other
• Medical Director and immediate team • Primary care leadership team inc. clinical advisors • Representatives from primary care contracted services	• Clinical directors • Digital leads • Primary care leads • PCN and transformation leads • Patients (via existing Place / PCN forums where they exist)	• Primary care IT service providers • Secondary care representatives involved in interface groups • C&M CIOs • C&M Clinical Informatics Advisory Group (CIAG)

- The first draft strategy was sent out for comment to the above stakeholders on 12th July 2024 and feedback was received both in written form by email and verbally through the Digital Primary Care Board at its meeting on 13th August 2024 (as well as at other forums such as the C&M Clinical Informatics Advisory Group). A significant amount of feedback was received from the across the system and it should be noted that all the stakeholders noted above, including local representative committees, had the opportunity to comment on this version
- An updated version of the draft strategy was sent out in advance of the Digital Primary Care Board meeting on 11th September and discussed at the meeting itself. Some further feedback was received (both at the meeting and subsequently) about the changes made from the previous version, and these were incorporated into a final draft for endorsement by Digital Primary Care Board

- The final draft version was circulated in advance and presented to the Digital Primary Care Board on 9th October where the strategy was endorsed for approval by System Primary Care Committee
- Regarding patient engagement in developing the strategy, as noted above, Place Digital leads were asked to engage with their Place / PCN Patient Participation Groups (PPGs) as part of the initial phase of stakeholder engagement on the strategy. There was limited patient feedback from this engagement, and to undertake more robust and systematic engagement in the draft strategy would require a significant amount of time and resource to deliver in the context of a rapidly changing digital and primary care landscape. Having discussed this matter with the Associate Medical Director for Primary Care in the ICB, it has been agreed to make an explicit commitment to:
    - Develop an 'easy read' version of the final approved strategy for public consumption (to include a simple synopsis of the strategy and a 'plain English' simplified version of the whole document)
    - Engage with patients and the public on annual implementation plans (using the ICBs 'tried and tested' engagement approach of techniques such as focus groups and surveys with the ICB Community Voices group, PCN Patient Participation Groups (PPGs), local Healthwatch groups and social media) to ensure that patients have a clear involvement in what we prioritise to deliver, when we deliver it and how we go about it across the ICB.

  This commitment to having a greater level of patient involvement in the implementation plans and priorities going forward provides more appropriate ways for a wider, more diverse group of patients to have a say on what's most important for them in terms of what is delivered over the next 12 months from a digital perspective (and then revisit again on a rolling 12 month basis with patients).

4. Recommendations

The Committee is asked to approve:

- The draft Digital Primary Care sub-strategy, which has previously been reviewed and endorsed by Digital Primary Care Board.

The Committee is asked to note:

- Following approval of the sub-strategy, an 'easy read' version will be developed for the wider public
- A more detailed Year 1 Implementation Plan will be developed with patient and public input following approval of the sub-strategy. The Implementation Plan will be aligned with allocated funding and will be updated in line with any future funding

allocations and associated resourcing plans. Further annual plans will be developed with patient input and be subject to regular review to account for any changes in national or local strategy.

5. Officer contact details for more information

Cathy Fox, Associate Director of Operations, C&M ICB

APPENDIX A – Final Draft Primary Care Digital Sub-Strategy

Included as an attachment to the papers.

DRAFT FOR APPROVAL

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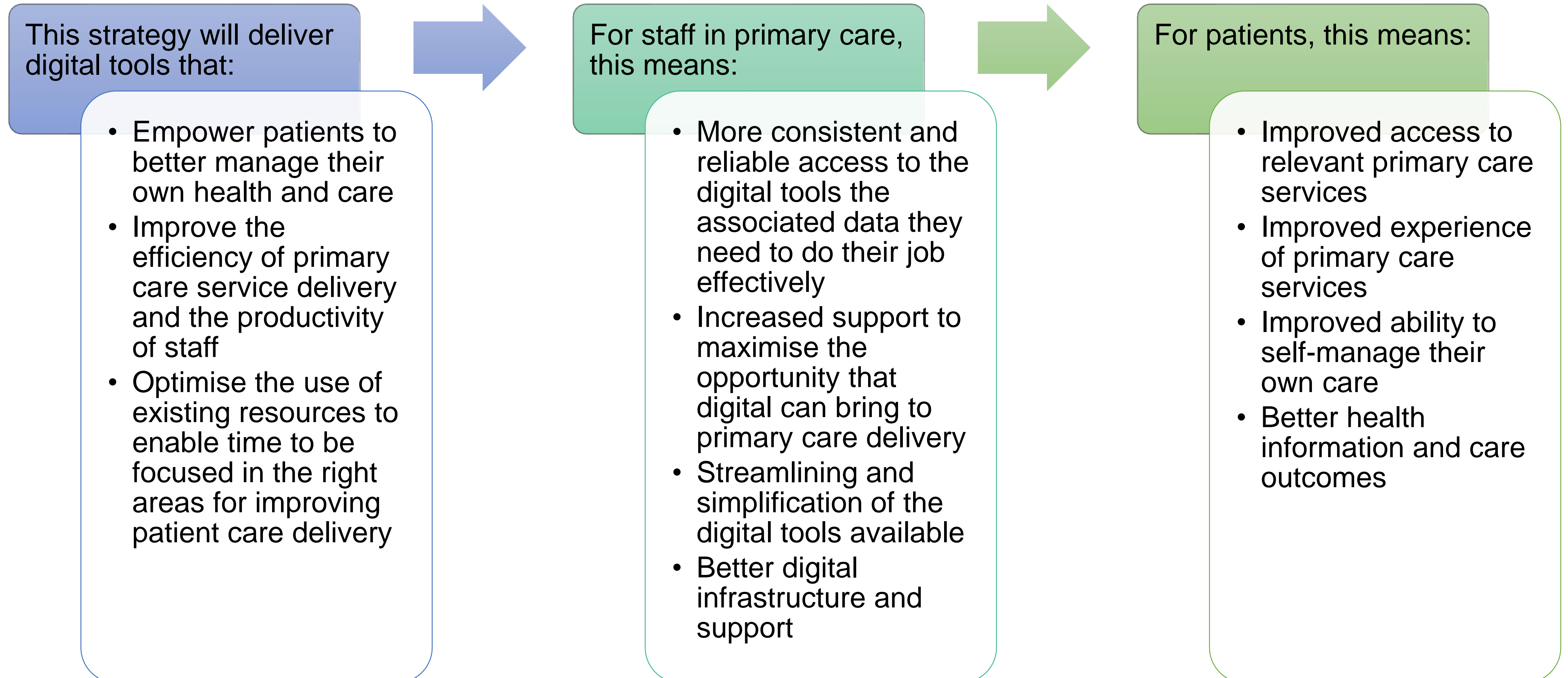
ICB Digital Primary Care Sub-Strategy: 2024 - 2027

OCTOBER 2024 – DRAFT 0v16

FINAL DRAFT FOR APPROVAL BY SYSTEM PRIMARY CARE COMMITTEE

Summary



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Illustrative Stories – What this means for staff & patients

Pharmacist

- Samira is a community pharmacist who is consulting with a woman who wants to start the contraceptive pill. Samira logs into her computer system and is able to **view the patient's full GP medical record through the Cheshire and Merseyside Shared Care Record**. Samira sees that the patient has previously had a deep vein thrombosis (DVT). Samira discusses the risks of various options before starting a progesterone only contraceptive pill and **sending a digital summary of the consultation back to the GP**.

Patient

- Chris is a 65-year-old man who has been discharged from hospital after an exacerbation of his COPD. Chris was shown how he could **view his hospital results, treatment plan and follow up appointments through the NHS app** without needing to liaise with the hospital or needing to see his GP. Three days after his discharge, Chris feels his breathing still isn't right. He **submits an online request to his GP surgery via the NHS App** and is booked into see his GP that same day. The GP assesses him and decides to recommend **a digital pulmonary rehabilitation app and refer him to the Respiratory Remote Monitoring** unit for closer monitoring whilst he recovers.

GP

- Alison is a GP Partner and Clinical Director of her PCN. She is meeting her PCN colleagues to plan their activity for the month, **using neighbourhood health data to risk stratify their patients and plan demand, capacity and ARRS deployment** for that quarter. When she returns to her practice, **AI RPA tools have pre-processed the letters and test results for her patients, actioning, coding and filing those that are low risk and flagging higher risk results** for her to review. As she then starts to consult, she **works through a mix of AI-triaged online, telephone and face to face appointments, seamlessly accessing patient data from primary, secondary and tertiary providers as needed with a digital co-pilot summarising her consultations and generating her referrals** for her.

Administrator

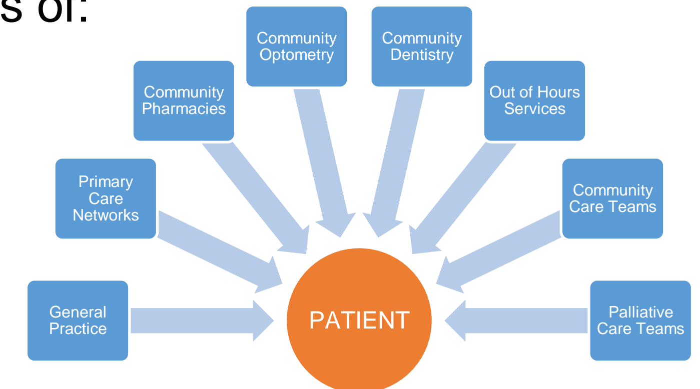
- Ali is a Care Navigator in a GP Surgery. She is answering a call from a patient seeking help with her mental health. Ali **advises the patient of a digital self-referral pathway for the primary care mental health team.** Ali also signposts the patient to the **Cheshire and Merseyside health app library**, where the patient can search for **approved digital self-help tools to support their mental health**. When the patient tells her "I don't know how to use that digital stuff", Ali empathetically offers her a **digital support appointment with the PCN Social Prescriber, to help develop her digital literacy** and offer her financial support if required.

Background

Primary care in Cheshire and Merseyside (C&M) Integrated Care Board (ICB) is formed of a wide range of primary care services (GP practices, community pharmacies, community optometrists and dentists) and has previously had a wide range of investment and variation in adoption of digital tools and services due to the formation of the ICB from the 9 previous Clinical Commissioning Group (CCGs)

The primary care landscape in Cheshire and Merseyside currently consists of:

- 349 GP practices spread across 47 Primary Care Networks (PCNs) in 9 Places
- 559 community pharmacies
- 286 community optometrists
- 313 NHS funded dentists.



In terms of core digital systems and services in primary care:

- 328 of our GP practices use EMIS Web, while 21 practices use TPP SystmOne (exclusively in Warrington). Primary care contracted services use a variety of locally and nationally funded digital systems with some integration to core NHS systems (such as the Spine and Summary Care Record) where relevant and funded
- Our primary care IT support services are provided by three IT service providers on a Place based footprint:
  - Informatics Merseyside (IM) - Liverpool & Sefton Places
  - Mid Mersey Digital Alliance (MMDA) - St Helens, Knowsley & Halton Places
  - Mids and Lancs CSU (MLCSU) - Warrington, Cheshire East, Cheshire West & Wirral Places.

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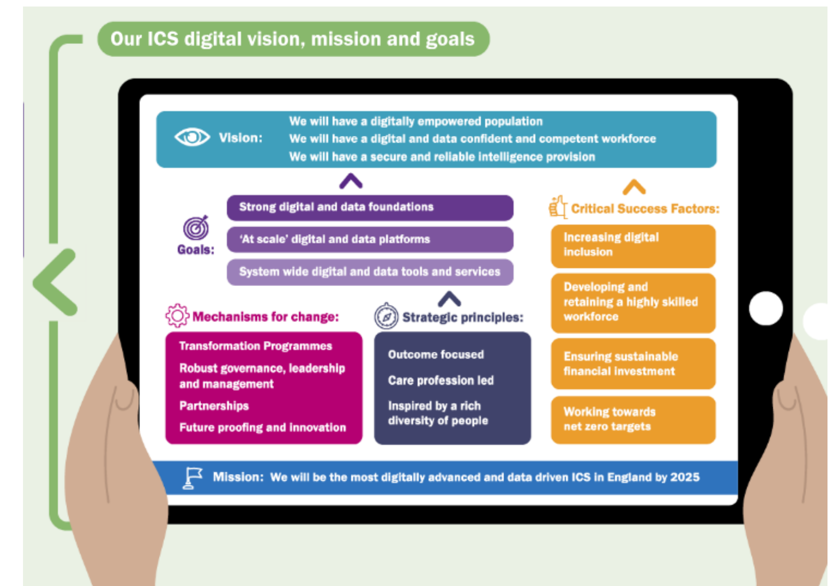
C&M wide developments in Digital

C&M ICS has an agreed digital and data strategy within which this Primary Care Digital sub-strategy sits and aligns to

The Cheshire and Merseyside Integrated Care System (ICS) Digital and Data Strategy contains 3 strategic goals and over 30 strategic commitments phased over 3 years. The strategic commitments are a mix of national requirements / targets and local ambition. They support three key themes:

- 'Levelling up' systems and infrastructure
- Putting intelligence into action
- Improving outcomes and reducing health inequalities for people and populations due to digital and data investment.

Primary care is referenced throughout the strategy, especially in relation to the three strategic goals of strong foundations, 'at scale' platforms and system wide tools and services, and this sub-strategy is designed to build on the ICS wide strategy and provide more 'breadth and depth' to the strategic commitments for primary care across the C&M system primarily from a digital perspective.



C&M wide digital developments in Primary Care

C&M has a long-standing history of digital developments at scale across primary care for the benefit of primary care staff and their patients

Previous Digital First Primary Care (DFPC) programme and developments ‘at scale’ through Service Development Funding (SDF) include:

- An offer to implement PATCHS online/video consultation (OC/VC) platform in general practice across C&M to widen access to general practice in many areas
- Adoption of the Ardens clinical decision support and workflow optimisation tool to highlight safer practice and improve patient searches
- Rollout of the ORCHA platform for Social Prescribers to share with patients to help with self-managing their care through the use of accredited apps
- A variety of digital inclusion schemes including providing support for patients to utilise the NHS app, providing equipment and enabling online access for the most digitally excluded groups (through centralised IT kit recycling schemes), and increasing digital skills for patient and their carers
- A variety of digital initiatives at Place / PCN level to support ‘levelling up’ on systems, infrastructure and skills development in line with requirements set out nationally by NHS England.

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Progress against PCARP Ambitions

The Primary Care Access Recovery Plan (PCARP) has also brought additional funding and focus into areas such as digital telephony. We are now in the second year of the Plan which sees a different focus for digital enablers, a summary of which are detailed below (information correct at end of June 2024):

Empowering Patients by using the NHS App

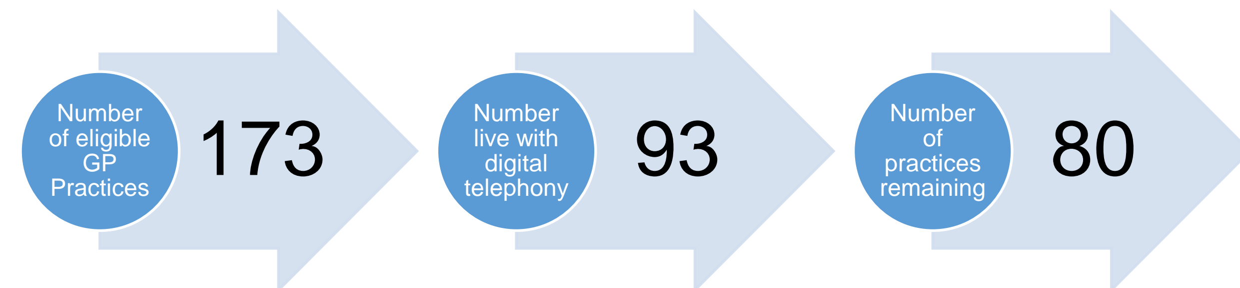
	Target set by NHS England			
	Number of times patients accessed the NHS App to view their records		Number of repeat prescription requests via the NHS App	
	As of June 2024	Target by March 2025	As of June 2024	Target by March 2025
Cheshire and Merseyside	1,062,777 Per month	626,000 per month	223,219 Per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

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

Cutting Bureaucracy: Register with a GP Surgery Online

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

Implementing Modern General Practice: Digital Telephony



This investment has contributed towards improvements in access. For example, during March 2024, practices delivered over 1.2 million patient appointments – which is nearly 250,000 more than in the same period pre-pandemic. Nearly 830,000 of these appointments were held face to face, and almost 400,000 consultations were also remotely delivered by telephone, online or video, with many patients now choosing this option when it was clinically appropriate and more convenient for them do so

Digital Strategic Principles

In developing this strategy, a number of underlying strategic principles have been agreed to support system wide strategic development across primary care

- Better meeting the needs of our patients and better supporting staff delivering primary care services in a consistent manner across C&M are the primary objectives of investing in digital
- The strategy involves all aspects of primary care even though much of the focus is currently on general practice due to funding flows
- There is as much a need to focus on 'getting the basics right' in terms of equipment, connectivity and skills, as there is on digital enabled transformation
- Digital developments must not increase the 'digital divide' across our diverse communities
- Digital needs to reduce health inequality in care and improve accessibility for staff and patients
- The strategy promotes collaborative working within and across PCNs and the ICB (recognising general practice choice), and with other health and care providers in the system, primarily on a Place-based footprint
- Collect high quality clinical data once and use it appropriately many times through approve data sharing agreements
- The roles and responsibilities of the ICB, Place, PCNs, Practices and IT Service Providers in delivering the strategy will be worked through in detailed implementation planning on a priority-by-priority basis
- Specific plans may change but the direction of travel set out in our vision and ambition will remain. Our implementation plans will be developed with patient and public input and reviewed annually to account for the need to remain adaptable
- Digital systems will only be replaced and/or 'at scale' solutions implemented following consultation and agreement with the key stakeholders impacted by that solution, and the availability of appropriate evidence to support the proposed change
- An increased transparency around funding sources and resource availability will underpin future collaborative working between the ICB, Places, PCNs and IT service providers
- Some things will be outside of the control of stakeholders across the ICB to deliver, but the ICB will use its influence regionally and nationally to drive change in such areas where necessary
- Digital developments support and align with delivery of the ICS Digital Green Plan objectives wherever possible

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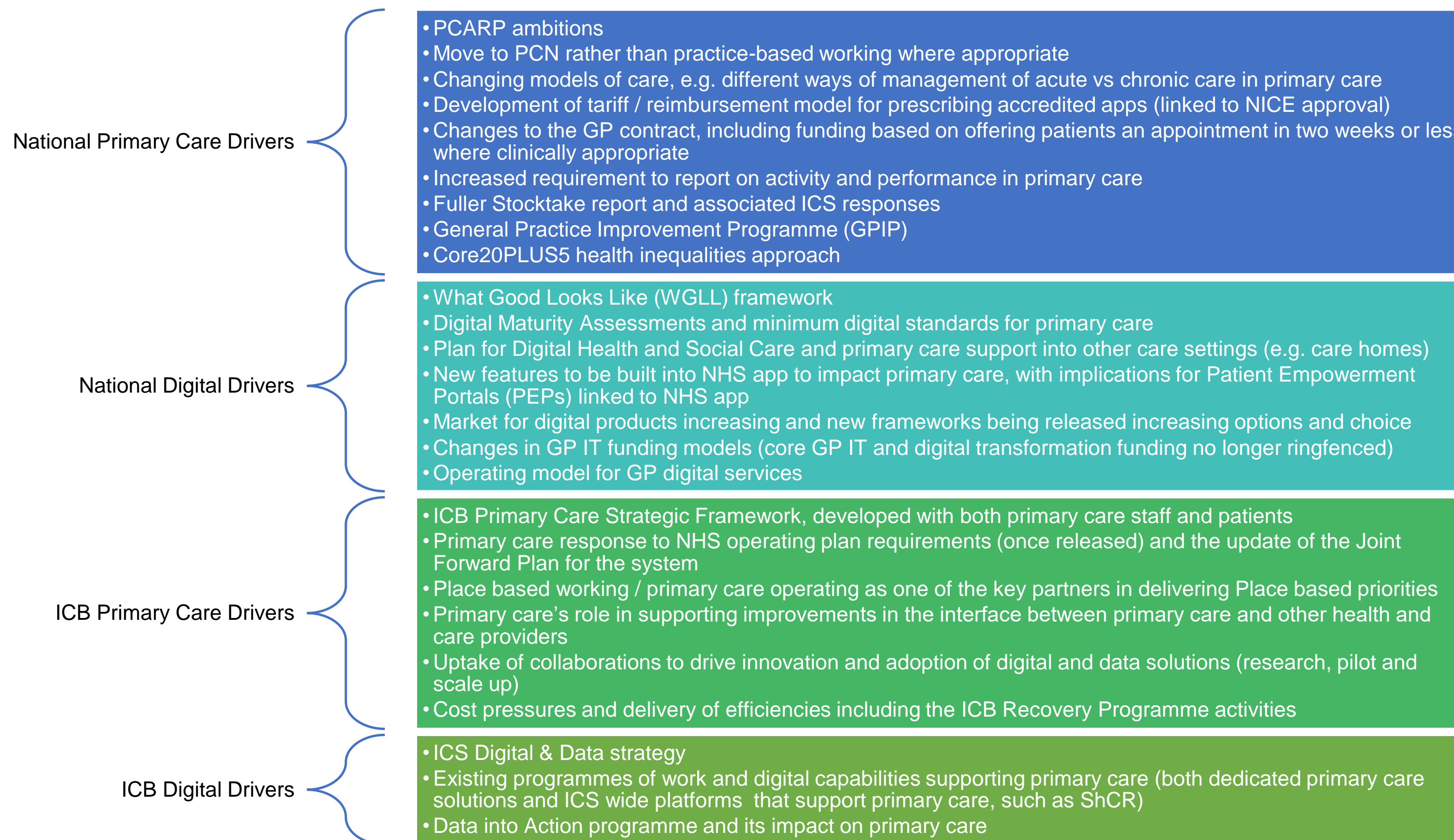
Drivers for Change - Future Direction of Travel for Primary Care

The digital strategy for primary care needs to not only align with our overall ICS Digital and Data Strategy but support the future needs of primary care as outlined in national and local strategy documentation



We are therefore developing this strategy now to primarily ensure:

- Improvements in support for primary care, which will lead to improve patient outcomes and clinical excellence
- Alignment with PCARP ambitions
- Appropriate reference to wider primary care developments outside of general practice
- Alignment into the refreshed ICS wide Digital and Data Strategy (in development in parallel)
- Support for the ICB Recovery Programme and associated transformation activities.

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Key Primary Care 'Use Cases' for Digital Transformation

Although the primary care digital strategy supports the wide range of drivers outlined previously, the following key areas have been identified as the focus for digitally enabled primary care transformation (aligned to the key themes of PCARP and underpinned by solid foundations of core infrastructure, systems and skills).

Empowering Patients

Uptake, usage and availability of standardised information and services on the NHS app

Implementing Modern General Practice

Implement digital tools to support triage of requests and prioritisation of appointments within two weeks or less

Building Capacity

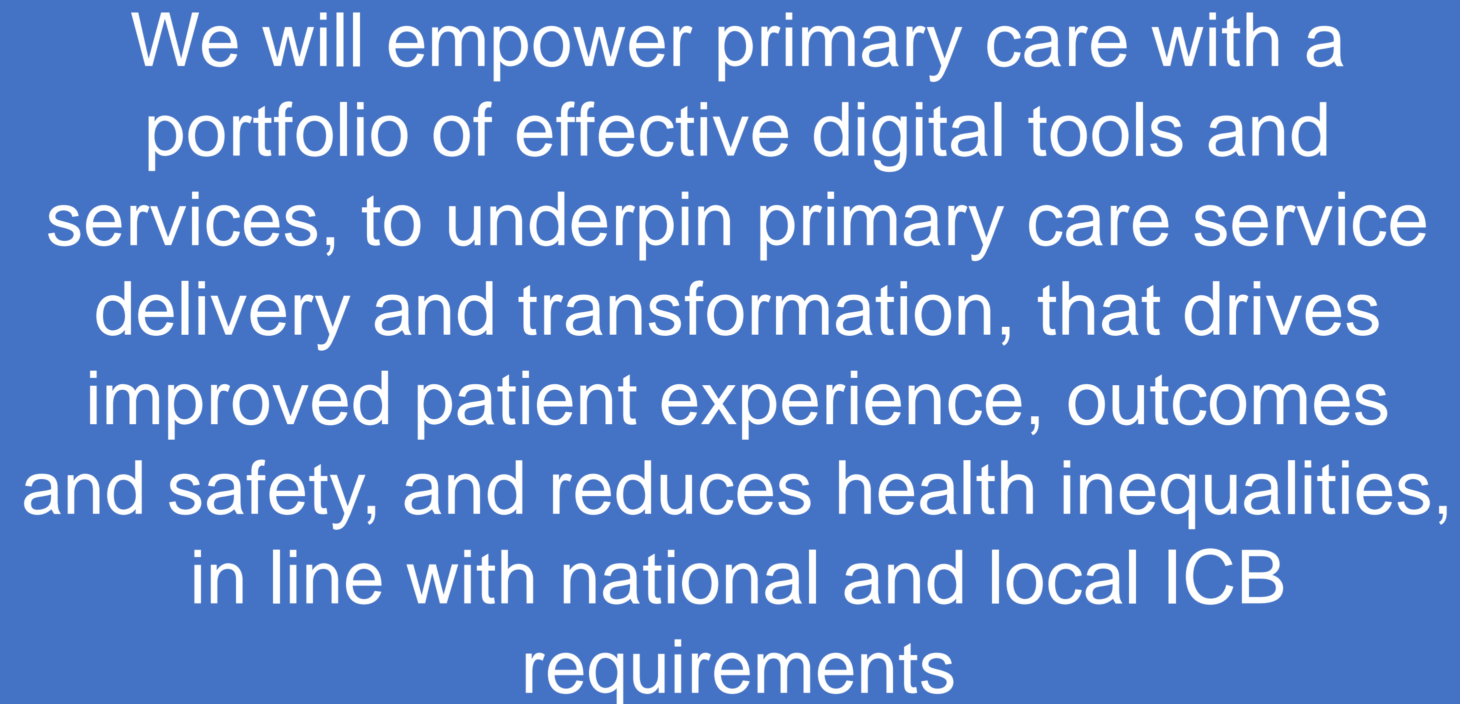
Utilise existing digital solutions to maximise existing capacity, and adoption of new solutions to build capacity

Cutting Bureaucracy and Improving Efficiency

Improving the efficiency of primary care processes through digital solutions

GETTING THE BASICS RIGHT – RIGHT SYSTEMS, INFRASTRUCTURE, RIGHT SKILLS ETC.

Our Vision for Digital in Primary Care



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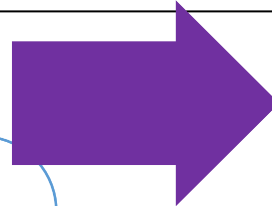
Digital Objectives – 'Getting the Basics Right'

Being able to transform primary care through digital fundamentally relies on their being a solid foundation of reliable, fit for purpose core systems and infrastructure, and staff having the skills to maximise the opportunities that digital provides them to transform the way they work and stepwise improve patient experience and outcomes



Our Ambition

- Staff have access to reliable, fit for purpose, secure and safe software solutions to support patient care
- Staff have access to 'fit for purpose' digital devices to support their working practices (including flexible working)
- Reliable, robust and fast network connectivity through a modern, secure 'cloud first' infrastructure
- Staff have access to timely and responsive digital support services when required
- All PCNs are signposted to existing standardised, high quality digital and data related training and specialist support including Information Governance (IG), clinical coding, clinical safety and data quality
- PCN Digital Transformation Leads, Shared IT providers and Place Digital Leads are all networked to share learning in digital transformation and to support the delivery of the ICB sub-strategy

Our Priorities

- Undertake clinical safety and cyber security audits, (and where needed up-to-date assessments), of all core digital solutions in use across primary care
- Undertake data quality audit to ensure data consistency
- Undertake a staff survey across primary care IT to understand where the biggest issues with core systems and infrastructure lie, and develop an action plan to address the issues raised
- Undertake a 'technical debt' infrastructure assessment and develop a prioritised infrastructure capital investment plan to address areas of most significant clinical risk across primary care services
- In line with work taking place across the ICB for Corporate IT services, develop and implement a plan to ensure primary care staff working across Cheshire and Merseyside have a consistent, high-quality experience when needing support
- Develop an accessible directory of digital and data related training and promote across primary care
- Develop a culture and appropriate forums for sharing learning across Places and IT service providers

Digital Objectives - Empowering Patients

The NHS app, supported by Patient Empowerment Portals (PEPs) deployed by NHS providers and shared care records (ShCRs) in place across health and care services, will drive patients' ability to make their own decisions about their care

Our Ambition

- To fully adopt NHS App as the single digital 'front door' to digital services across the C&M system
- To maximise the uptake and usage of NHS App across the C&M population
- To standardise the information and services available to patients through NHS App across C&M to address the current variation and disparity of access
- To enable access to a broader range of digitally based standardised information (including accredited physical and mental health apps) to support self-care of chronic conditions
- To support the expansion of relevant, prioritised self-referral pathways using a standard platform for self-referrals that integrates with other digital tools and processes for managing primary care demand at scale
- To provide other digital tools and services to support access to standardised services and information where appropriate, ensuring these are user friendly and co-designed with patients where possible
- To equitably empower patients and take positive steps to ensure health inequalities are not worsened

Our Priorities

- Proactively support local and national campaigns to drive uptake and usage of NHS App by the public, using digital inclusion initiatives to support uptake by harder to reach groups
- Standardise the information available to patients through NHS app across PCNs (in the first instance) and ultimately across the ICB
- Standardise the primary care based services available to patients via NHS app by PCN and then across the ICB, with an initial focus on selective appointment booking and cancellation, and two-way communication with patients (e.g. patient / clinician messaging)
- Provide access to a library of digital based standardised information and accredited physical and mental health apps which have a good evidence base, have been approved by the relevant C&M clinical network and are integrated into standardised patient pathways
- Create digital self-referral pathways for patients using a standard platform (where agreed and prioritised)
- Work with local authorities and VCFSE organisations to develop digital literacy and reduce digital exclusion amongst C&M citizens
- Ensure a non-digital alternative to access services to avoid exclusion and exacerbation of health inequalities

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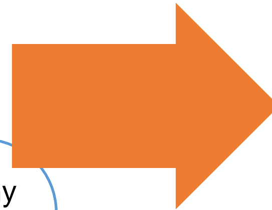
Digital Objectives - Implementing Modern General Practice

As well as supporting the rollout and adoption of cloud-based telephony, there is a need to focus on ensuring appropriate triage of appointment requests and patients seeing the right person in primary care within two weeks of the appointment request (should the patient want this)

Our Ambition

- To ensure all practices fully adopt cloud-based telephony and maximise the efficiencies and benefits this enables
- To adopt and optimise digital tools to support patients seeing the most appropriate healthcare professional within two weeks of request where clinically appropriate
- To adopt digital solutions that enable delivery of primary care services at scale and support potential future new models of care delivery

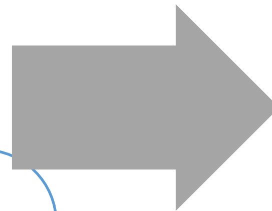


Our Priorities

- Optimise the usage of cloud-based telephony in General Practice and work alongside estates colleagues to develop a set of ‘best practice’ guidelines for GP practices to adopt to make the most of the opportunities arising from cloud-based telephony implementation
- Provision of support to enable practices and PCNs to optimise the use of new systems and tools deployed as part of digital investments and implement new ways of working, including order comms and results reporting (pathology and radiology), document management, online consultation requests, provision of OC/VC consultations, workflow triage (including use of chatbots and other AI technologies) and delivery of patient communications via SMS and/or app messaging
- Support PCNs to work collaboratively with the ICB and each other to enable the ICB to procure ‘fit for purpose’ solutions at scale to support delivery of primary care objectives
- Support PCNs with the effective management of primary care IT suppliers to drive improvement and innovation in software solutions

Digital Objectives - Building Capacity

Supporting staff in primary care to work in more flexible and agile ways to meet both the personal and professional demands of an increasingly diverse health and care professional workforce can be facilitated with digital tools



Our Ambition

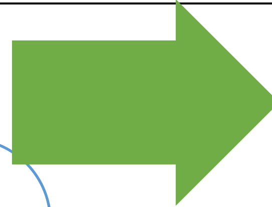
- Utilise digital tools to best effect to support primary care workforce challenges
- Support staff to be more confident and competent with the using of digital tools and services

Our Priorities

- Embed digitally supported intermediate care solutions, such as virtual wards and ambient monitoring, to support patients most at risk of an unplanned admission, across all places
- Embed remote monitoring into further long-term condition management pathways and processes and integrate more fully with primary care digital systems
- Work with PCNs to better manage and utilise data assets to risk stratify patients, match capacity to demand, improve preventative health care and reduce health inequality in their communities
- Support primary care staff with appropriate digital skill development programmes

Digital Objectives - Cutting Bureaucracy & Improving Efficiency

There are significant opportunities to improve the efficiency of primary care processes using digital tools and services to provide more time for ‘value adding’ patient contact



Our Ambition

- To transform the interface process and simplify handover between primary care and other health and care providers (e.g. secondary, community, mental health, social care and other providers including care homes), and between the different providers of primary care (e.g. general practice, community pharmacy, community ophthalmology and dentistry) using digital tools and services
- To standardise, simplify and digitise all written communications between primary care and other health and care providers
- To make administrative processes more efficient using appropriate digital technologies to automate workflow

Our Priorities

- Improve the interoperability of systems across the interface between primary care and other health and care providers to support the greater visibility of appropriate information in interface meetings and processes, and the development of integrated neighbourhood teams, utilising core Electronic Patient Record (EPR) systems and shared care records where appropriate
- Enable greater visibility of health and care records to primary care beyond the host Place of the health and care provider
- Develop and regularly update a digital Directory of Services to help navigate the range of wide range of services available for information, advice and guidance, or referral
- Replace paper letters with standardised electronic communication between other health and care providers and primary care, and ensure all referral and discharge information is recorded and transmitted electronically between care settings in a standardised and simplified way using ‘fit for purpose’ templates agreed by clinical teams
- Define how Robotic Process Automation (RPA) and generative Artificial Intelligence (AI) can deliver process efficiencies across high volume administrative and clinical processes in primary care, and implement where appropriate
- Rollout interface between e-prescribing systems in hospitals and the Electronic Prescription Service (EPS) so prescription information from multiple care settings is available in primary care
- Integrate e-fit note information in other health and care systems into the primary care record

Other Digital Objectives

Although the four themes of PCARP and 'getting the basics right' provide the primary basis for the core objectives of the Digital Primary Care sub-strategy, there are a number of other themes that digital will enable and support.

Research and Innovation

- Evaluate the patient and system benefit to the use of physical and mental health apps and digital based information at scale
- Support the development of a digital innovation ecosystem in primary care to develop, adopt, evaluate and scale 'bottom up' digital innovations and other innovations that would benefit primary care across C&M
- Undertake regular horizon scanning of the digital health and care market, identifying potential products to evaluate 'at scale' using a standard approach to 'at scale' pilots

Data into Action

- Processes and tools are put in place to ensure data sharing, management and assurance are appropriately governed
- Staff have access to high quality, consistent data and intelligence to plan services, better manage capacity and enhance patient care delivery (including population health management)
- Develop primary care 'use cases' to maximise the opportunity to transform primary care through population health based insight from the C&M integrated longitudinal data assets

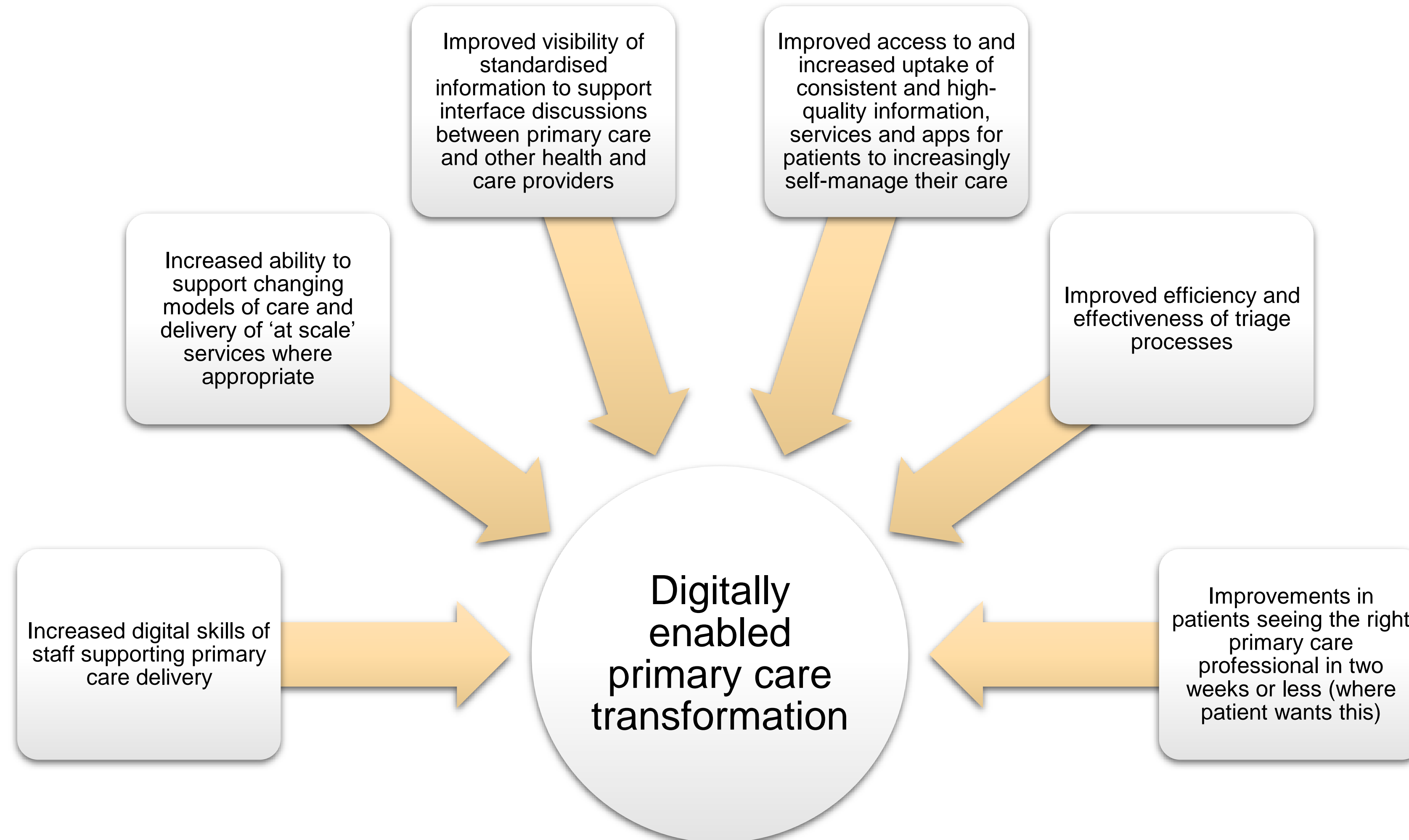
Digital for Primary Care Contractors

This strategy covers the broad range of Primary Care services (and not just general practice), including contractors in pharmacy, optometry and dentistry. However, the level of involvement of digital in supporting these contractors is heavily dependent on both funding sources and digital service need. We commit to building out and providing access to our 'at scale' digital solutions (such as Shared Care Records) to these contractors as funding and resourcing comes available, as well as supporting and engaging these contractors with core digital services such as cyber incident management

	Current Position & Key Requirements	Funding Sources
Community Pharmacy	• Community Pharmacists are responsible for providing and managing their own stock management systems. • In order to support the roll out of Pharmacy First, Community Pharmacists have access to a solution called 'PharmOutcomes' to record details of patient consultations. • Community pharmacy system suppliers are working on solutions to send a consultation summaries back to Primary Care EPRs (EMIS, TPP etc.) . Community Pharmacists will have access to GP patient records via GP Connect integration • There is a requirement to implement a referral mechanism solution between GP Practices and Pharmacies to support patients to access to community pharmacy services.	Funding opportunities for Pharmacy are currently being considered through PCARP and other routes
Community Optometry	• There are multiple practice management systems in use within Optometry services. The electronic eyecare referral system (Opera) allows referrals from Optometrists to other settings of care. Around 88% of ophthalmic providers use the system and most optometry practice management systems (PMS) are able to link to Opera, making it quick and efficient to use. In terms of connectivity with wider clinical systems, the Opera system also has access to the NHS spine and optometrists can see the Summary Care record. • Having appropriate access to the C&M ShCR solution would potentially improve clinical safety and reduce clinical risk if used in routine practice.	There is no national funding available for practice based digital solutions or services
Dentistry	• Dentists are able to choose and purchase their own clinical systems and will prescribe on their own patient record in real time. • Dentists do have access to NHS systems e.g. the Spine, Summary Care Record (SCR) however this is not universal across the ICB. Dentists will refer to Oral Medicine or Surgery services if required using an on-line platform. • Due to limited interaction between dental services and general practice, there is no pressing need for digital solutions, however having appropriate access to the C&M ShCR solution would improve clinical safety and reduce clinical risk if used in routine dental practice.	No funding for national solutions or services

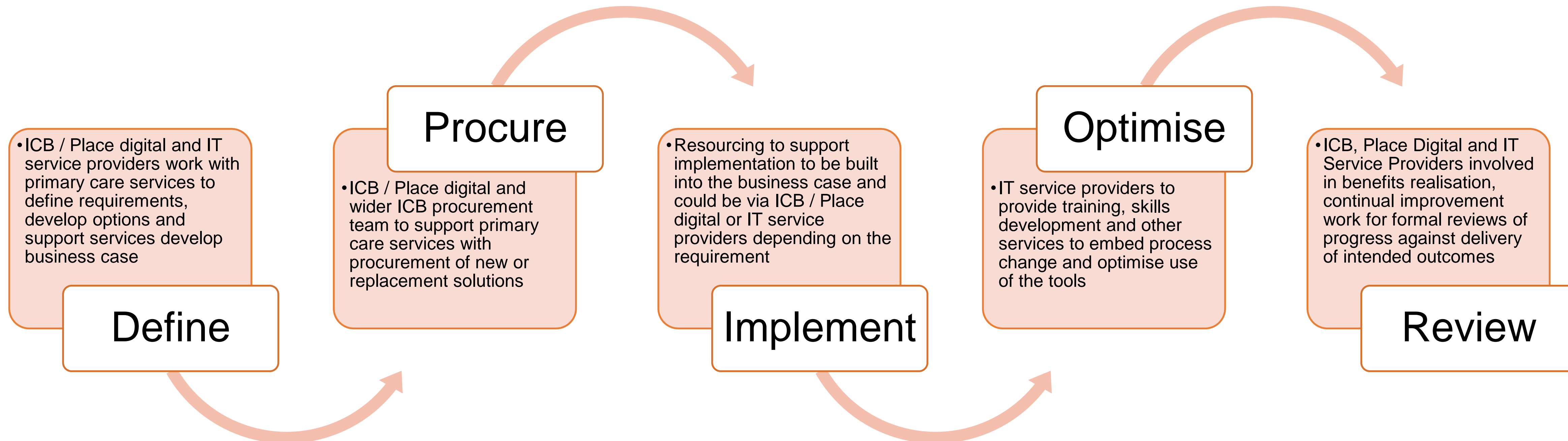
Digital Primary Care Strategy Outcomes

The objectives outlined previously are focused on achieving key outcomes that underpin the transformation of primary care service delivery across Cheshire and Merseyside



Delivering the required strategy outcomes

There are a number of key stakeholders involved in delivering this strategy. Although the ICB and Place digital teams have a strong role to play in either leading delivery of the individual digital priorities or supporting another part of the primary care system with their delivery programme, the primary care IT service providers also have responsibility to enable delivery of the required outcomes, including enabling change, in a consistent manner. Roles and responsibilities in delivering the strategy will be worked through in detailed implementation planning on a priority-by-priority basis



Strategic Delivery Roadmap

The journey to achieve the primary care digital vision and objectives will take some time but will be prioritised to ensure maximum positive impact on primary care at pace, taking into account the short-term needs of the ICB Recovery Programme and the long-term requirements of the PCARP programme. Further details of the Roadmap by objective area can be found in Appendix 2. Detailed delivery plans will be developed with patient and public input and an annual review of priorities will take place to ensure any changes in priorities in year are reflected in the following years delivery plan

March 2025

- Benchmarking and audits to understand risks and opportunities across infrastructure and workforce
- Establish fora to share best practice and support the adoption of new solutions, including RPA, Generative AI, apps and digital self-referral
- Optimise use of the NHS App across primary and secondary care
- Optimise the use of currently procured solutions, including OC/VC and cloud-based telephony
- Support procurement and supplier management in the absence of relevant frameworks
- Pilot at-scale solutions in agreement with Places
  Support the expansion of digital intermediate care
- Define the digital requirements for high priority digital interface solutions

March 2026

- Deliver a digital infrastructure plan following data collection
- Integrate digital tools into new models of care through the Clinical Networks
- Implement high impact digital self-referral
- models
- Embed population health management into PCN operational practice
- Digital workforce development
- Coordinated approach to Directory of Service development across the ICS

March 2027

- Implement additional ‘at scale’ digital platforms and optimise usage to get greatest benefit from adoption
- Extend and expand existing digital platforms to meet emerging requirements
- Horizon scan for potential new digital solutions to support primary care in other ICBs and across the primary care supplier market

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Key Risks and Mitigations

Achieving the vision and objectives of this strategy has significant risks in delivery and will require ICB leadership and management support at senior levels to maximise the opportunities for success

RISK	MITIGATION
Not enough focus on the whole breadth of the primary care agenda	Ensure involvement of a wide range of stakeholders from across primary care in delivery planning and governance
Local choice vs. standardisation of tools and services across PCNs / Places / ICB	ICB to work in partnership with PCNs and Places to understand opportunities for 'at scale' working, procurement etc. where appropriate and agreed
Lack of resources to support change, optimisation and business as usual operations	Understand requirement to support overall transformation agenda. Include change resources in programme business cases and ensure underlying digital support services are available on an on-going basis to respond in a timely manner
Lack of appropriate, ringfenced sustainable investment for digital primary care transformation	Develop business cases for investment. Work with Places and PCNs to ensure investment is prioritised into highest impact areas. Identify sustainable sources of funding to ensure innovation can be adopted and sustained
Lack of digital funding for primary care contracted services	Work with contracted service leads and NHSE North West to identify possible funding sources to improve digital maturity and connectivity
Lack of buy-in from primary care stakeholders	Proactive engagement programme via Places and IT Service Providers to support delivery of strategic roadmap priorities. Review of stakeholders engaged to ensure that all relevant parties have been appropriately engaged
Lack of support for proposed digital solutions by patients	Detailed annual implementation and delivery plans developed with patient and public input
Too many digital solutions being adopted / too much change for primary care to deal with	Formal review and approval of proposed delivery plans through ICB governance

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Summary

This primary care digital sub-strategy outlines a bold vision and a set of ambitious strategic objectives to support primary care transformation over the next three years

- The strategic objectives are underpinned by a series of ambitions and priorities which have been developed in consultation with stakeholders from across the system
- The strategic roadmaps associated with each of the overarching objectives outline how implementation of those priorities will be phased over the duration of this strategy. More detailed delivery plans will be developed annually with patient input and approved and monitored through appropriate ICB programme governance. These will include further clarify on the role of the ICB digital team, Place and Primary Care IT service providers in the achievement of those annual delivery plans
- The key risks associated with delivery of the strategy have been outlined, as well as the associated mitigating actions, and there is recognition that availability of funding and appropriate resources to deliver the priorities, and the need for stakeholder buy-in to intended outcomes, will be particularly critical to ensuring successful achievement of this strategy
- Delivery of the strategy will significantly transform patient experience and outcomes for patients in Cheshire and Merseyside, as well as reduce health inequalities for the wider population. It will not only underpin delivery of the national and ICS primary care objectives, but also support the wider digitally enabled transformation of our health and care system for the benefit of the whole population.

Appendix 1 – Overview of the Primary Care Access Recovery Plan (PCARP)

PCARP Overview

The **Primary Care Access Recovery Plan (PCARP)**, published by NHS England, is all about making life easier for patients when it comes to accessing primary care. It consists of the following four themes / pillars:

1 **Empowering Patients:**
  - **Improving Information and NHS App Functionality** to provide better information and functionality.
  - **Increasing Self-Directed Care:** Encouraging patients to take charge of their health by providing tools and resources for self-care.

2 **Implementing Modern General Practice Access:**
  - **Better Digital Telephony:** Practices are moving toward digital telephony systems, which means more efficient phone lines for patients.
  - **Simpler Online Requests:** Streamlining online appointment requests and other interactions.
  - **Faster Navigation, Assessment, and Response:** Speeding up the process from the moment a patient steps into the virtual or physical waiting room to when you get the care you need.

3 **Building Capacity:**
  - **Larger Multidisciplinary Teams:** More healthcare professionals working together including doctors, nurses, pharmacists, and others - to meet patient needs.
  - **More New Doctors,** welcoming fresh faces into the primary care world
  - **Retention and Return of Experienced GPs:** Keeping experienced GPs in work and enticing those who took a break to come back.
  - **Higher Priority for Primary Care in Housing Developments:** as good health starts where we live.

3 **Cutting Bureaucracy:**
  - **Improving the Primary-Secondary Care Interface:** Making sure communication between primary and secondary care is smooth.
  - **Building on the Bureaucracy Busting Concordat** to reduce unnecessary red tape.

Appendix 2 – Strategic Delivery Roadmap by Digital Objective

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Strategic Delivery Roadmap

	By March 25	By March 26	By March 27
Getting the Basics Right	• Undertake cyber security audits across all core digital solutions in primary care • Based on audit outcomes, identify systems where up to date cyber security assessments are required and commission assessments based on highest levels of identified risk. Confirm assessment plan for future financial years • Develop an action plan to address highest levels or identified cyber risk and manage through established governance arrangements • Undertake data quality audit and develop action plan to improve data consistency • Complete primary care IT staff survey and develop a summary report of recommendations for action, including in year 'quick wins' • Complete 'technical debt' assessment across primary care infrastructure • Develop prioritised infrastructure investment plan and identify sources of funding. Deliver against 'in year' commitments • Implement recommendations around IT service support arising from the ICB Corporate and Primary Care IT services review • Develop an online directory of digital and data related training resources with easy access to approved training where available • Establish relevant forums across Primary Care to share learning on specific areas of agreed focus	• Undertake clinical safety audit, outstanding assessments where required and develop associated action plans • Refresh cyber security audit to identify any new core digital solutions implemented in primary care in year • Commission cyber security assessments in line with agreed plan • Monitor and update cyber action plans as assessments are completed • Refresh data quality audit and action plan • Continue to address actions arising from the primary care IT staff survey in line with agreed action plan • Continue to invest in digital infrastructure in line with agreed infrastructure investment plan • Continue to implement recommendations around IT service support arising from the ICB Corporate and Primary Care IT services review • Refresh online directory of digital and data related training • Identify gaps in required digital and data training • Maintain existing and expand with agreed new shared learning forums across primary care	• Refresh clinical safety and cyber security audit to identify any new core digital solutions implemented in primary care in year • Commission clinical safety and/or cyber security assessments in line with agreed plan • Monitor and update clinical safety and cyber action plans as assessments are completed • Refresh data quality audit and action plan • Refresh primary care IT staff survey and develop new action plan based on results • Continue to invest in digital infrastructure in line with agreed infrastructure investment plan and refresh investment plan based on refreshed 'technical debt' assessment • Refresh online directory of digital and data related training • Put in place digital and data training to fill gaps where funding available • Maintain existing and expand with agreed new shared learning forums across primary care

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Strategic Delivery Roadmap

	By March 25	By March 26	By March 27
Empowering Patients	• Increase number of record views and repeat prescriptions ordered through NHS app • Increase uptake of NHS app through partnership working with local colleges, councils and VCFSE organisations, using QR codes and social media where appropriate • Promote uptake of NHS app in community pharmacy • Work with PEPs adopted across C&M to surface as much information as possible in a consistent manner through NHS App • Promote uptake of other digital tools and services to patients(e.g. OC/VC) • Share good practice models and templates for selective appointment booking and cancellation and two-way patient communications (e.g. patient / clinician messaging) through NHS app, and encourage use of this functionality in practices • Develop a consistent offer of digital based information and apps for patients, promoting approved sources and apps into general practice and sharing good practice across the system • Share good practice in digital self-referral pathways across C&M and encourage adoption where agreed and appropriate • Undertake an Equality Impact Assessment for digital solutions	• Development of a consistent model of patient record access and repeat prescription ordering across PCNs and then C&M more broadly, encouraging the 'phasing out' of local practice portals in favour of NHS app • Enhance the digital inclusion heatmap to support on-going targeted NHS app uptake campaigns into the 'hard to reach' groups • Develop standard model for C&M practices for selective appointment booking and cancellation and two-way communications through NHS app (to be customised by practice to meet local population need where appropriate) • Support integration of approved sources of digital based standardised information and apps into models of care through Clinical Networks and support increased uptake in social prescribing pathways • Develop a small number of high impact 'at scale' digital self-referral management models for potential widespread adoption and investigate implementation of a standard platform for referral management	• Support implementation of a standard model for selective appointment booking and cancellation and two-way communication with patients through NHS app across C&M, with an initial focus on increasing the uptake of online appt booking for high volume and routine services • Promote and support enhancements in NHS app functionality for increased patient benefit • Review and update approved sources of digital based standardised information and apps, and commission new approved sources and apps where gaps exist • Support implementation of standardised digital self-referral pathways where agreed and appropriate, and identify other potential pathways that would benefit from a standardised, 'at scale' approach

Strategic Delivery Roadmap

	By March 25	By March 26	By March 27
Implementing Modern General Practice	• Complete rollout of Cloud Based Telephony and optimise usage. Share best practice as it arises • Support practices to get the best out of solutions that have already been funded / provided and help them to integrate into local processes (e.g. OC/VC, document management) • Support practices and PCNs with the identification of appropriate chatbots to support patient access to primary care services • Support practices with supplier management and procurement until new framework is available • Investigate potential new 'at scale' primary care solutions to be offered across C&M, using real-world examples from elsewhere and implementing 'at scale' pilots where appropriate	• Build shared models for Cloud Based Telephony usage at PCN level and support service redesign to get the best out of 'at scale' deployment • Through IT service providers, continue to optimise Cloud Based Telephony and other ICB provided solutions, and build into BAU processes • Support sharing of good practice of implementation of digital tools across PCNs and C&M more broadly (e.g. order comms and results reporting) • Expand new 'at scale' solutions where appropriate and funding / resourcing is available • Horizon scan for potential new digital solutions for primary care in other ICBs and across the primary care supplier market, and support business case, procurement, implementation and optimisation where agreed	• Continue to horizon scan for potential new digital solutions for primary care in other ICBs and across the primary care supplier market, and support business case, procurement, implementation and optimisation where agreed

Strategic Delivery Roadmap

	By March 25	By March 26	By March 27
Building Capacity	• Work with partners to introduce digitally supported intermediate care solutions in line with prioritised requirements and available funding, building on existing work in virtual wards • Review remote monitoring / telehealth / ambient monitoring provision and identify where it can be expanded in future (either within existing LTCs that have remote monitoring support already, or into new LTC areas) • Share best practice between PCNs on utilisation and management of data assets • Baseline digital skill development programmes across primary care and set out the required minimum standards of digital skills required for different job roles in primary care	• Work with partners to further embed digitally supported intermediate care solutions • Work with the remote monitoring team to develop and receive approval for a business case to expand LTC management through telehealth intervention • Support PCNs with better utilisation and management of data assets and help embed into operational practice • Put in place required digital skill development programmes to meet minimum requirements by job role	• Work with partners to optimise use of digitally supported intermediate care solutions • Work with remote monitoring team to rollout and optimise remote monitoring support as per agreed business case • ‘Scale up’ tools and services for utilisation and management of data assets across the ICB where appropriate

DRAFT FOR APPROVAL

NHS Cheshire and Merseyside

Strategic Delivery Roadmap

	By March 25	By March 26	By March 27
Cutting Bureaucracy and Improving Efficiency	• Define highest priority requirements for any future primary / other settings of care interface solution(s) through engagement • Support development and implementation of tactical primary / other settings of care interface solutions and alignment of existing ICB 'at scale' solutions into this work (e.g. Shared Care Records, increase system interoperability) • Further develop alignment of acute trust PEPs and C&M ShCR with primary care providers to make hospitals records more accessible in primary care services • Baseline existing Directory of Service developments (including Joint Health and Wellbeing Live Well sites) and define future requirements and approach. Share good practice and optimise existing developments • Understand the 'hotspots' for paper referrals and discharges between acute and primary care, and put in place targeted support to address these areas where resource is available • Share good practice developments through a Community of Practice for RPA and Generative AI and align with ICB wide governance and support around AI ethics, clinical safety and data security. Identify opportunities for 'at scale' offerings and develop a blueprint for such solutions	• Develop business case, procure and implement strategic primary / other settings of care interface solution(s) • Implement agreed approach to coordinated Directory of Service development across health and care settings • Develop ShCR and other 'at scale' solutions to standardise processes and reduce the levels of paper referral and discharges to a minimum between acute and primary care. Identify key 'use cases' for other care settings • Develop and implement 'at scale' RPA and Generative AI programmes to address common application areas such as filing of normal results, coding, document processing, routine prescription signing etc.	• Optimise and drive benefit from strategic primary / other settings of care interface solution(s) • Expand Directory of Service development to include other care sectors including MH and VCFSE • Extend 'at scale' solution support to standardise processes completely remove paper referrals and discharges between primary care and other care settings outside of acute • Optimise existing 'at scale' RPA and Generative AI development and identify new opportunities for use of 'at scale' tools

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

October 2024

Primary Care Workforce Update

Agenda Item No: SPCC 24/10/B12

Responsible Director: Clare Watson

1. Purpose of the Report

1.1 The purpose of the report is to provide a summary of workforce related issues in primary care, noting that further details for primary medical workforce will be available at place level.

2. Ask of the Committee and Recommendations

1.2 The Committee are asked to ***discuss*** and ***note*** the update which is for assurance purposes

3. Background

3.1 The statutory committee of the ICB for workforce issues is the People Board – however it is recognised that there needs to be a separate update and reporting to the System Primary Care Committee, for primary care workforce and related issues. It is also acknowledged that for primary medical, many operational issues are managed at place, addressing local challenges. The availability of data across the ICB for all four contractor groups is mixed

3.2 The challenges and ambitions for community pharmacy and primary medical in relation to workforce are also detailed in the Primary Care Strategic Framework cm-integrated-care-board-primary-care-strategic-framework.pdf (cheshireandmerseyside.nhs.uk). Actions relating to the national workforce strategy/plan are managed through the People Board but clearly primary care related actions need to link to this Committee. The Cheshire and Merseyside Training Hub, commissioned by NHS England, is a key support to delivering some of these ambitions and an update on their work is given in section 9.

4. General Workforce Primary Care Update (People Board)

4.1 The C&M People Board (CMPB) received a paper and associated data pack on the Primary Care Workforce, covering General Practice & PCN staffing; alongside updates on Optometry; Pharmacy & Dentistry. Contained within the pack was a summary of the Long-Term Workforce Plan Trajectories for Medical & Dental Professions (including GPs and Dentistry) and other wider multi professional team roles. CMPB Members discussed some of the key issues and challenges as outlined below.

Fig.1: Long Term Workforce Plan – Medical & Dental (Modelled) Projection Figures

NHS
Cheshire and Merseyside

Long Term Workforce Plan – M&D Figures

NHS Cheshire and Merseyside

Professional / Staff Group		Training intake					Plan
		Baseline (2022)	2025	2026	2027	2028	2031
Medical	Medical school places***	7,500	8,200	8,700	9,350	10,000	15,000
	GP trainee places***	4,000	4,500	4,750	5,000	5,000	6,000
Advanced care practitioners	Advanced Care Practitioners	3,433	4,132	4,502	4,806	5,000	6,371
Dentistry	Dentists	809	809	850	900	1,000	1,133
	Dental hygienists and therapists	370	456	456	466	475	518
Medical associate practitioners	Anaesthesia associates	120	236	243	249	254	280
	Physician associates	1,297	1,370	1,395	1,416	1,433	1,522

Nationally modelled figures, from Long Term Workforce Plan Annex C - 'Table 1: Increase required in education and training by profession' and are for all-England.

Key ambition to double to the number of medical school training places by 31/32.

Professional / Staff Group		C&M Proxy Share					
		2022	2025	2026	2027	2028	2031
Medical	Medical school places***	331	362	377	412	441	661
	GP trainee places***	177	199	206	221	220	264
Advanced care practitioners	Advanced Care Practitioners	152	182	195	212	220	281
Dentistry	Dentists	36	36	37	40	44	50
	Dental hygienists and therapists	16	20	20	21	21	23
Medical associate practitioners	Anaesthesia associates	5	10	11	11	11	12
	Physician associates	57	60	60	62	63	67

Locally modelled, **proxy** figure for Cheshire & Merseyside in terms of a local ambition, based on population projections i.e. C&Ms percentage of the all-England target.

Work is underway to understand the C&M baseline & map the distance to the growth ambition by 31/32.

2018 Population Projections

Year	C&M	England	C&M % of Eng Total
2022	2,530,150	57,282,107	4.42%
2025	2,561,515	58,060,237	4.41%
2026	2,571,478	59,297,245	4.34%
2027	2,581,253	58,527,722	4.41%
2028	2,590,756	58,751,650	4.41%
2031	2,617,551	59,389,103	4.41%

Professional / Staff Group		Apprenticeship total based on % target		
		2022	2028	2031
Medical	Medical school places***	0	40	86
	GP trainee places***	N/A		
Advanced care practitioners	Advanced Care Practitioners	N/A		
Dentistry	Dentists	N/A		
	Dental hygienists and therapists			
Medical associate practitioners	Anaesthesia associates	N/A		
	Physician associates			

Locally modelled C&M **proxy** Medical Apprenticeship figures, based on the percentage Apprenticeship targets set out on p.40 of the National LTWP & C&M Population Projections as a % of the England total.

Currently in the North West, the University of Central Lancashire (UCLAN) is approved for delivery from September-2023 (further details available on the next slide).

Source: ONS Projections (2018) - via eProduct

C&M population is the total of the nine local authority areas that make up the ICS area - Cheshire East, Cheshire West & Chester, Halton, Knowsley, Liverpool, Sefton, St. Helens, Warrington, Wirral

Fig 2. Long Term Workforce Plan – Wider Multi-Professional Team Roles (Modelled) Projection Figures)

Long Term Workforce Plan – Wider Multi-Professional Team Roles

NHS Cheshire and Merseyside

Professional group / Staff Group		Training intake					Plan
		Baseline (2022)	2025	2026	2027	2028	2031
Nursing and midwifery	Nursing – adult branch	19,805	21,429	22,949	25,478	27,901	37,959
	Nursing associates	5,000	5,660	6,211	6,665	7,000	10,500
	Registered school nurses	335	370	370	401	427	662
Advanced care practitioners***	Advanced care practitioners	3,433	4,132	4,502	4,806	5,000	6,371
Allied healthcare professionals***	Prosthetists and orthotists	57	89	89	89	89	89
	Dietitians	587	776	776	776	776	776
	Occupational therapists	2,610	2,788	2,788	2,875	2,966	3,500
	Operating department practitioners	1,242	1,058	1,058	1,088	1,119	1,242
	Orthoptics	120	167	167	167	167	167
	Paramedics	3,440	3,437	3,437	3,503	3,573	4,070
	Physiotherapists	3,652	4,050	4,050	4,050	4,050	4,050
	Podiatrists	375	408	408	442	479	668
	Radiographers (diagnostic)	1,648	1,778	1,778	1,844	1,937	2,300
	Radiographers (therapeutic)	370	475	475	475	475	475
	Speech and language therapists	817	1,193	1,193	1,193	1,193	1,193
	Art, music and drama therapists	158	165	165	170	176	292
Pharmacy	Pharmacists	3,339	3,339	3,849	4,098	4,307	4,970
Dentistry	Dentists	809	809	850	900	1,000	1,133
	Dental hygienists and therapists	370	456	456	466	475	518

Nationally modelled figures, from Long Term Workforce Plan Annex C - 'Table 1: Increase required in education and training by profession' and are for all-England.

Key ambition is to expand training places for all professions until 2031/32.

For General Practice / Primary Care and in particular ARRS roles – further advanced training or qualifications to become a First Contact Practitioner (FCP) are not modelled here

Professional group / Staff Group		C&M Proxy Share						Apprenticeship total based on % target		
		2022	2025	2026	2027	2028	2031	2022	2028	2031
Nursing and midwifery	Nursing – adult branch	875	945	995	1,124	1,230	1,673	119	353	665
	Nursing associates	221	250	269	294	309	463	66	154	231
	Registered school nurses	15	16	16	18	19	29	N/A		
Advanced care practitioners***	Advanced care practitioners	152	182	195	212	220	281	N/A		
Allied healthcare professionals***	Prosthetists and orthotists	3	4	4	4	4	4	40	165	290
	Dietitians	26	34	34	34	34	34			
	Occupational therapists	115	123	121	127	131	154			
	Operating department practitioners	55	47	46	48	49	55			
	Orthoptics	5	7	7	7	7	7			
	Paramedics	152	152	149	154	158	179			
	Physiotherapists	161	179	176	179	179	179			
	Podiatrists	17	18	18	19	21	29			
	Radiographers (diagnostic)	73	78	77	81	85	101			
	Radiographers (therapeutic)	16	21	21	21	21	21			
	Speech and language therapists	36	53	52	53	53	53			
	Art, music and drama therapists	7	7	7	7	8	13			
Pharmacy	Pharmacists	147	147	167	181	190	219	N/A		
Dentistry	Dentists	36	36	37	40	44	50	N/A		
	Dental hygienists and therapists	16	20	20	21	21	23			

Locally modelled C&M **proxy** Apprenticeship figures, based on the percentage Apprenticeship targets set out on p.40 of the National LTWP & C&M Population Projections as a % of the England total.

Anecdotally, students joining health & care related courses are seeing a slow decline and attrition rates (for some courses) are rising – which presents an additional risk to any newly qualified supply. Retention in General Practice / Primary Care and new ways of working is key to maintain the current workforce supply & environment to grow/change.

4.2 The current issues and challenges in C&M General Practice were identified as being:

- Less GPs in areas of deprivation – with ongoing recruitment & retention challenges
- Workload is increasing / changing with an increased shift to digital / telephony-based triage & signposting.
- More GPs are leaving or reducing working hours
- Capacity – both in physical estate and supervision capacity to accommodate new workforce and learners

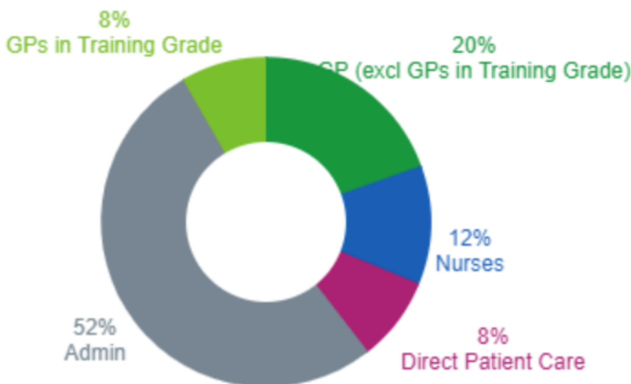
- General Practice (Registered) Nursing is seeing a slight downward trend and not growing in line with other Direct Patient Contact / ARRS funded roles.

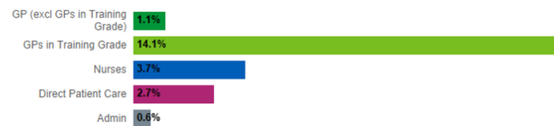
4.3 In the context of the data shared around the Long-Term Workforce Plan and the training pipeline, was noted at People Board that number of students who are undertaking their nurse training is reduced against previous trends, which means there is a risk there will be lower training output to expand / replace and fill the General Practice Nursing posts. Our higher educational partners, as key stakeholders & members of the People Board, are working hard to try and increase the numbers of people into nurse training, with innovative recruitment campaigns and support packages for students, and an increase focus on entry level apprenticeship routes – to allow trainees to work, learn & earn.

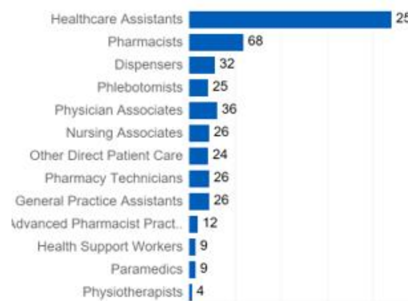
4.4 General Practice Workforce August 2024

GP (excl GPs in Training Gr..	GPs in Training Grade	Nurses	Direct Patient Care	Admin	Grand Total
1,367	577	812	579	3,643	6,978

% of staff type in 31/08/2024







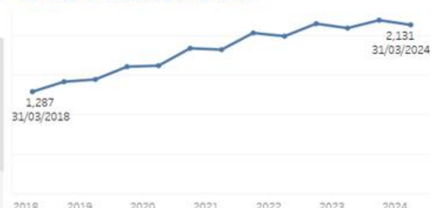
Trainees - Historic and Current Figures

PGME Office: Health Education England North West

NHS Health Education England

Placement Type - Over Time - *As Trainees can have more than one placement in a year the sum of columns in this table can total more than 100%*

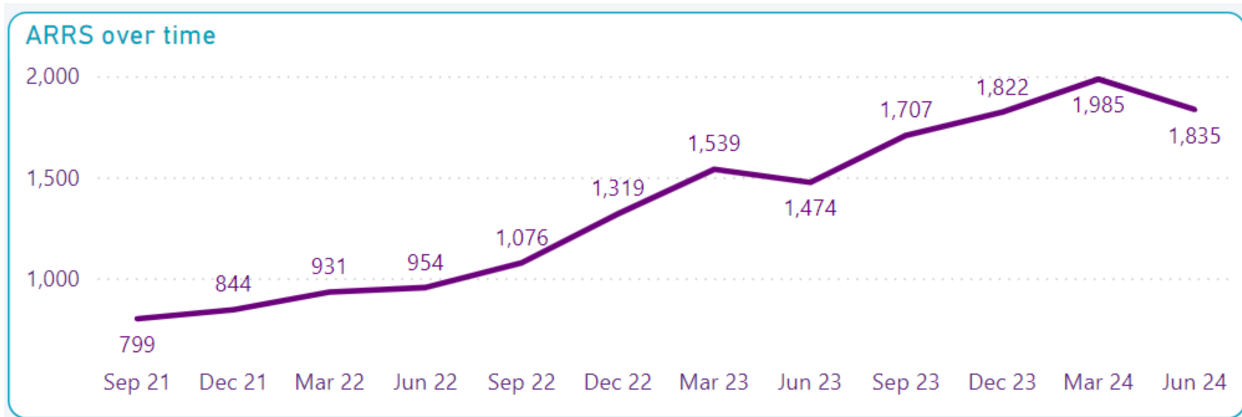
	2018	2019	2020	2021	2022	2023	2024
In Post	94.43%	92.76%	93.63%	91.96%	90.99%	90.75%	83.81%
Parental Leave	9.44%	9.14%	7.54%	7.70%	8.19%	7.22%	6.01%
In Post - Extension	3.81%	5.33%	5.84%	6.53%	6.73%	7.78%	5.49%
OOPE	0.18%	0.16%	0.15%		0.04%	0.04%	
OOPT					0.08%		
OOPR	0.06%	0.05%	0.05%	0.04%			
OOPC	1.51%	0.98%	1.02%	0.99%	0.82%	0.75%	0.70%
Long-term sick	1.39%	2.50%	3.16%	2.64%	3.14%	2.86%	2.63%
In Post - Acting Up				0.04%			0.05%
Phased Return	0.24%	0.33%	0.44%	0.52%	0.24%	0.52%	0.66%



5. Primary Medical

5.1 Additional Roles Reimbursement Scheme (ARRS)

The chart below provides the number of ARRS Whole Time Equivalent (WTE) for Cheshire and Merseyside ICB.



Breaking down this performance shows that:

- Compared to 'Baseline' numbers, 1,556 additional WTEs have been employed
- ARRS roles at the end of 2023/24 stood at 1,985 WTE
- Latest ARRS WTE numbers (June 2024) shows a reduction compared to 2023/24 at 1835 WTEs

5.2 Primary Care Staffing levels – by Place

The table below provides a **breakdown by Place** for the different role categories looking at WTE and WTE per 100,000 population as at July 2024.

	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Total
Appointments	200,445	179,556	56,299	81,690	262,109	119,554	90,482	108,164	202,205	1,300,504
List Size	428,256	390,724	136,467	173,101	590,097	288,594	202,991	230,121	345,355	2,785,706
Appt per 1,000	468.05	459.55	412.55	471.92	444.18	414.26	445.74	470.03	585.50	466.85
GP FTE	290.13	238.74	79.84	94.38	450.12	153.95	114.46	122.70	273.01	1,817.33
GP FTE per 100k pop.	67.85	61.20	58.56	54.61	76.27	53.39	56.43	53.38	79.14	65.30
DPC FTE	114.22	105.74	35.21	27.69	76.50	51.69	39.71	39.21	64.25	554.23
DPC FTE per 100k pop.	26.71	27.11	25.83	16.02	12.96	17.92	19.58	17.06	18.63	19.91
Nurses FTE	124.23	116.05	43.26	41.44	149.83	68.17	59.65	56.03	113.19	771.84
Nurse FTE per 100k pop.	29.05	29.75	31.73	23.98	25.39	23.64	29.41	24.37	32.81	27.73
Admin FTE	539.55	518.34	207.92	228.52	737.10	355.22	242.78	264.55	501.48	3,595.46
Admin FTE per 100k pop.	126.18	132.88	152.51	132.22	124.90	123.19	119.69	115.09	145.37	129.19

For the colour / shading in the cells, the darker the blue/green, the higher the figure, the greyer, the lower, so Wirral has the highest GP FTE per 100k. population in C&M, and Warrington the lowest.

In summary, there are (as at July 24):

- 1,817 GP WTEs
- 554 Direct Patient Care WTEs
- 771 Nurse WTEs

For the equivalent information for July 2023

- 1,763 GP WTEs Jul-23 vs. 1,817 Jul-24 - an increase
- 537 Direct Patient Care WTEs Jul-23 vs. 554 Jul-24 - an increase
- 751 Nurse WTEs Jul-23 vs. 771 - an increase

5.3 There are currently 44 GPs on the **National GP retention scheme** for Cheshire and Merseyside, noting the scheme has been paused by NHS England for new intakes for 3 months, which lifts in October.

5.4 Actions in relation to primary medical workforce will also be picked up at Place level as part of the Place level Access Improvement Plans, which are being presented to Board in November - and this Committee in December. Workforce numbers are no longer part of the Primary Care Access Improvement Plan monthly return (the return is reproduced in the Primary Medical Services Contracting update elsewhere on the agenda) but remain a key enabler for that workstream.

6. General Dental

6.1 4 additional Dental Foundation Trainees (DFTs) have been allocated to dental practices across Cheshire and Merseyside. As part of the local Dental Improvement Plan the DFTs are providing urgent care and completion of treatment. This will give them valuable experience in the treatment of urgent care conditions

6.2 Working with NHS England NW we will also see the annual allocation of DTFs across Cheshire and Merseyside in October.

6.3 Commissioners have been awaiting the results of the national dental survey in primary care which is due to be published by NHS England imminently. This survey is competed by practices and the data collected by NHSBA who then report to NHSE for publication. A full analysis will be provided for the next committee; linked to the Long Term Workforce Plan trajectories and Multi-Professional Training Plan submission to NHSE.

7. Community Pharmacy

7.1 Although the ICB do not have access to data specific to C&M , the national survey data 2023 results have been recently published – see link for further information Presentation template (hee.nhs.uk) The next survey will be undertaken in Autumn 2024.

A summary of the survey findings are listed below:

The number of all pharmacists reported (as headcount) continues to be in the region of 27,000 (27,487	Overall increase to 1,494 (37% or 407 FTE) in the number of Independent Prescribers.
Pharmacy technician figures show reduction from 6,544 in 2022 to 5,436.	Growth (21% or 419 FTE) in the number pharmacy technicians working in an accuracy checking role
The highest 2023 reported vacancy rates: Accuracy checkers 27% (down from 37%) Pharmacists 18% (up from	The reported numbers of total workforce have increased 4% from

16%) Trainee DAs 18% (up from 17%) Trainee MCA 18% (down from 24%	2022, using FTE. The largest increases are trained medicines counter assistants (39%), pre-registration trainee pharmacy technicians (33%) and pharmacy delivery drivers (26%).
FTE figures indicate an expansion in locum pharmacists* (11%). The submitted data implies locum pharmacists are working fewer hours compared to employed pharmacists. For all pharmacists, participation is similar to 2022.	Trainee roles increased, reported as FTE: Pre-registration trainee pharmacy technicians (33%), Foundation trainee pharmacists (20%). The growth in foundation pharmacists warrants further exploration.

8. Optometry

8.1 The LOC led Optometry workforce project is progressing and key updates from Q1 and actions for Q2 Programme report for 24/25 are given below ;

Quarter 1

- Engaged workforce through survey and follow up communications
- Scoping for expressions of interest in IP qualifications, Glaucoma OSCE, Medical Retina, Foreign Body Removal, Tonometry Workshops
- IP Clinical Network established with 34 active IP qualified Optoms
- Online meeting with all IP Optoms in clinical network
- Delivered 2 x Glaucoma OSCE – 30 Optoms qualified
- Delivered Foreign Body CPD – 20 Optoms qualified
- 12 Optoms enrolled on IP Qualification from March 2024
- Further engagement and scoping for September cohort of IP qualification

Quarter 2

- Continue engagement with optoms and rescope interest in higher qualifications
- Arrange IP clinical network enagagement event f2f
- Support cohort of optoms on the IP course preparing for exams

9. Cheshire and Merseyside Training Hub

9.1 GP workforce:

- GP retention survey completed in Cheshire East, St Helens, Halton, Liverpool and Wirral
- GP Retention survey common themes for opportunities:
  - Joy at work
  - Culture in the workplace
  - Management of work pressure
  - Inclusivity

  - GP Retention future engagement asks – networking and GP Career Conversations.
  - Local offers developed in Places through Place level funding to support GP retention as above.
  - 148 GPs currently on Fellowship programme, supported by 25 GP Mentors

9.2 Nursing workforce:

- Cheshire and Merseyside Nurse workforce plan developed, from student to Advanced level nursing roles
- Local workforce planning for Nurses:
  - Nurse retention survey completed across Cheshire
  - Plans to complete nurse survey in St Helens, Sefton, Knowsley, Halton
  - Nurse Cadet placement pilot in St Helens
  - PCN Lead Nurse funding available through CMTH – progressing this opportunity in South Sefton, St Helens, Halton, West Cheshire
- 56 Nurses on fellowship programme
- New cohort commenced on Nurse Preceptorship programme – 25 nurses

9.3 Practice Managers:

- 108 places delivered in 23/24 on PM development. Second cohort of training commissioned for PMs in 24/25 on the following programmes:
  - Level 5 PM Development for new managers – 36 places
  - Level 7 Leadership Training for aspiring senior leaders– 36 places
  - Aura Programme for PMs in role to support inspiration and joy at work – 24 places
- 7 Practice Manager Advisors in post aligned to Places to support new to practice, existing and aspiring managers

9.4 Other focus areas:

- CMTH EDI Strategy created – resource available and training offer in development for primary care
- Learning environments:
  - Progressing quality assurance of all learning environments with Primary Care School
  - Expansion of Pharmacy Students in GP
  - Development of placements for Foundation Year Pharmacists
- CPD training provision for nurses and AHPs – details available on website
- Social care preceptorship pilot underway
- ACP capacity and development
- Care Navigation – local training provision on frontline staff resilience and bespoke to PCN needs.
- Quality Improvement Incentives: 18 projects funded across C&M
- Primary Care toolkits:
  - Networking

- Joy at Work

9.5 The Training Hub have provided a larger report which is available for members, some of the details above will be picked up in place level access improvement plans for access and workforce/place operational forums.

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

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

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

11. Link to meeting CQC ICS Themes and Quality Statements

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

12. Risks

Supports the mitigation following BAF risks - P1, P4, P5, P6, P8, P9 – Workforce Planning

13. Finance

There are no additional finance risks or asks associated with this paper outside of those in the finance update (for example in relation to ARRS additional roles)

14. Communication and Engagement

No external formal consultation or further engagement is required in respect of this paper.

15. Equality, Diversity and Inclusion

As part of the strategy work and related workstreams.

16. Next Steps and Responsible Person to take forward

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

17. Officer contact details for more information

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

NHS
Cheshire and Merseyside

DENTAL ACCESS IMPROVEMENT PLAN PERFORMANCE REPORT OCTOBER 2024

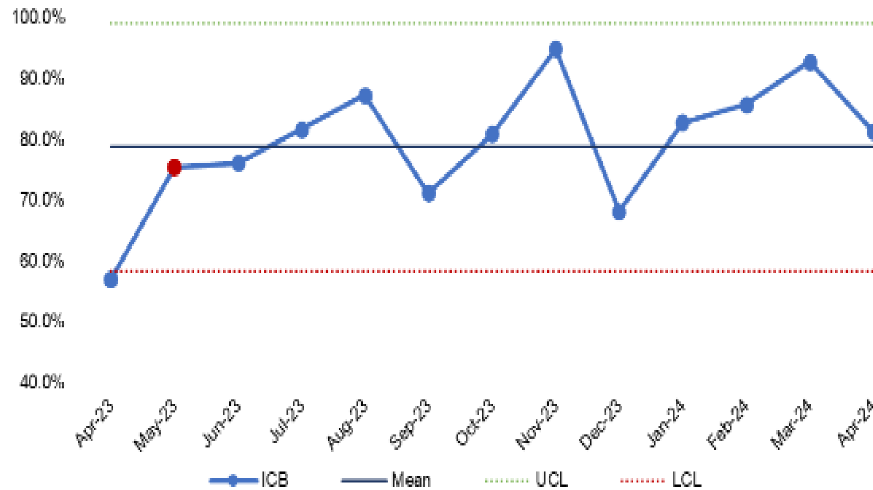
Increasing capacity, improving access and addressing oral health inequalities

NHS Operational Plan – ICB Performance Snapshot

Cheshire and Merseyside

E.D.24: Units of dental activity delivered.

Units of dental activity delivered as a proportion of all units of dental activity contracted			
Latest ICB Performance (Apr-24)	**81.3%**	National Ranking	**28/42**
ICB Trend (Apr-24)			



New Patient Premium BSA Data March – Sep 2024 Cheshire and Merseyside. 155 Practices are signed up.

Adults/Children	Number of FP17s Processed with NPP Tariff (number of patients seen where NPP credits were awarded)
Adults	25,776
Children	16,615

E.D.22: Percentage of resident population seen by an NHS dentist – adult
E.D.23: Percentage of resident population seen by an NHS dentist – children

Planning Line	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Planned number of unique patients seen by an NHS dentist – child	315,377	319,125	323,122	327,916
Actual number of unique patients seen by an NHS dentist – child	323,089			
Variance unique patients seen by an NHS dentist – child	7,712			
% Variance unique patients seen by an NHS dentist - child	2.4%			
Planned number of unique patients seen by an NHS dentist - adult	948,475	959,745	971,767	986,184
Actual number of unique patients seen by an NHS dentist - adult	1,062,902			
Variance unique patients seen by an NHS dentist – adult	114,427			
% Variance unique patients seen by an NHS dentist - adult	12.1%			

NOTE:
The data is presented as the numbers of patients seen in a 24 month rolling time period for adults and 12 month period for children

A person seen more than once in the rolling 12/24 month period is only counted once

NICE guidelines recommend that children should be seen at least once every 12 months and adults every 24 months

Data source:
https://future.nhs.uk/DENTISTRY/view?objectID=39246768

Go to National SMT Packs
Latest excel and filter

PATHWAY 1 URGENT CARE & ACCESS FOR VULNERABLE INDIVIDUALS Period 22/4/24 – 22/9/24

Cheshire and Merseyside

Network of practices formerly referred to as Urgent Care Centres was agreed in June 2023 up to 31 March 2025.

Practices provide Urgent Care appointments for those patients unable to access regular care, in addition to the commissioned service, which are available via the local Dental Helpline.

Headlines April 24-Sept 24:

- **9315** patients have been seen on the Urgent Care pathway
- **91** Patients have been referred by Clatterbridge
- **109** LAC children have successfully been seen (meeting LA requirements for this cohort)
- **23** practices are signed up to deliver service spread across all PLACES

Practices provide support to defined vulnerable e-referral patient pathways including:

- Looked After Children - recently expanded provision to Care Leavers and children attending Alder Hey with dental trauma who do not have a primary care dentist.
- Clatterbridge breast cancer patients

Practices take self-referred patients who identify as 'vulnerable' e.g.

- Dementia or other concerns in older patient/ especially if might not be able to communicate their symptoms
- Patients needing a joint replacement or cardiac surgery
- Patients starting on a new medication e.g. Bisohosphonates
- Patients who have had radiotherapy or have severe symptoms with dry mouth so at high risk of developing decay
- Any patients who are edentulous (have no natural teeth left) and have lost their false teeth so struggle to eat
- Any patients who suffer high levels of dental anxiety and need regular smaller interventions to alleviate the need for referral to specialist sedation services.

PAUSED Work undertaken with Clatterbridge to extend the cancer pathway to other priority cancer patients and also to cardiac patients. This will include the pathways being added to the e referral management system. This has not yet progressed as funding is required for the e-referral management system.

PATHWAY 2 URGENT CARE PLUS
Period 07/04/24 – 22/9/24

Cheshire and Merseyside

HEADLINES

- 1,412 additional sessions delivered 07/4/24 and 22/9/24 against a plan of 1515
- Total of 4,721 patients seen

  Adults – 4,343
  Children - 378
- 2074 needed follow up
- 447 extractions (subject to review)
- 599 DNA's (subject to review)
- 76 practices signed up to deliver scheme (22 with DFTs in situ)

Pathway 2 summary

Metric	07/04/24 - 22/09/24	07/04/24 - 21/07/24	Change Jul-Sep
Number of additional sessions delivered	1412	338	1075
Number of additional sessions planned/commissioned for the week	1515	381	1134
Number of adult patients seen	4343	916	3427
Number of adult patients who needed a follow-up COT following an urgent appointment	1909	492	1417
Number of child patients seen	378	64	314
Number of child patients who needed a follow-up COT following an urgent appointment	165	33	132
Number of endodontic procedures	132 (DFT only)	97	35
Number of extractions	447 (DFT only)	289	158
Number of Fail to Attends/late patient cancellations	599	152	447
Number of patients appropriate for the pathway	4377	843	3534
Number of patients booked into the additional sessions	TBC	1006	3913
Number of patients who had their COT completed	2191	332	1859

PATHWAY 3 ROUTINE ACCESS
Period 07/04/24 – 22/9/24

Cheshire and Merseyside

Pathway 3 summary

Metric	07/04/24 - 22/09/24	07/04/24 - 28/07/24	Change Jul-Sep
If you selected Care or Residential Settings, please give the number of patients booked from this group	42	30	12
If you selected Centres for Homeless People, please give the number of patients booked from this setting	20	12	8
If you selected Charities or groups that work with those with additional needs e.g. Learning Disabilities, Autism, please give the number of patients booked from this group	34	20	14
If you selected Family Hubs, please give the number of patients booked from this setting	326	170	156
If you selected Other, please give the number of patients booked from this group	421	239	182
Number of adult patients requiring Band 1 treatment	3340	1643	1697
Number of adult patients requiring Band 2 treatment	3618	1921	1697
Number of adult patients requiring Band 3 treatment	773	418	355
Number of child patients booked	4666	2237	2429
Number of child patients requiring Band 1 treatment	3551	1731	1820
Number of child patients requiring Band 2 treatment	780	338	442
Number of child patients requiring Band 3 treatment	22	12	10
Number of contacts made (with the setting/group)	0	0	0
Number of Fail to Attends/late patient cancellations	1284	652	632
Number of patients booked from Family Hubs	0	0	0
Number of patients referred into secondary care services	175	84	91
Number of patients referred to Paediatric CDS	68	39	29
Number of patients referred to Special Care CDS	23	9	14
Number of patients referred to Tier 2 MOS	99	61	38
Total number of new patients booked	12950	6856	6094

HEADLINES

- 53 practices signed up to deliver scheme
- Total number of new patients booked 12,950

Including:

- Number of children booked 4666 (32.6%)
- 9.5% DNA rate
- 52 patients booked from Care or Residential setting
- 496 patients booked from Family Hubs

(Data is for 42 providers not the 53 due to reporting issue and will increase)

PATHWAY 4 CHILDREN

NHS Cheshire and Merseyside

Project currently paused

- The ACCDP practices were operational in Liverpool, Sefton, Knowsley and Halton
- Referrals from CDS services where the child doesn't meet the criteria for specialist dental service but require more time than a routine primary care appointment. These areas experience the highest level of dental disease burden within the greatest number of children within C&M hence selection.
- An evaluation of the service was undertaken in collaboration with NHSE Dental Public Health and the Paediatric Managed clinical network. Evaluation outcomes have not been actioned as yet.
- Mitigation in place regarding access for children as demonstrated in performance figures for Pathway 3

Impact if current pause is continued

- Service not currently offered in original areas of need
- No further roll out to second group of areas with greatest need
- Maintain focus for management stabilisation and restoration where possible to reduce need for GA
- Training for practices and development of the service e-referral criteria is required to allow non dental professionals to refer e.g. family hubs, GPs, Health Visitors

PATHWAY 5 ACCESS FOR "CARED FOR" FRAIL & VULNERABLE ADULTS

Cheshire and Merseyside

Collaboration with a multiorganizational project plan (LDN, Special Care MCN, LA and NSHE DPH, WT&E)

Actions completed prior to pause:

- Expressions of Interest received for inclusion in the scheme - initially to link dental practices with care homes to support/facilitate oral health plans, signpost to training for care home staff, facilitate appointment at a practice where required and support end of life care has been undertaken.
- Commissioned the National Epidemiology Programme in Care Homes, this will provide baseline information of the situation in Cheshire & Merseyside.
- WT&E North West, recommissioned the development of dementia friendly training tools, and NSHE DPH evaluate the practice outputs to support the pathway in C&M. Training was due to start in Jan 25.
- All LA leads with responsibility for care homes have met to review their input into the programme, to ensure their care homes had necessary mouthcare matters training resources and enable delivery in the areas of most need.
- University of Liverpool Masters project agreed to evaluate the practice and patient outcomes/outputs

Practices not yet recruited therefore access for residents in care homes may be unpredictable and has no quality specific quality measures.

Intended OUTCOMES – to ensure compliance with NICE and CQC guidance-- enable care home residents to access care at primary care dental practices, at a level that supported their additional needs consent and funding requirements, transport issues etc --- as well as ensuring all residents had an oral health assessment on admission, whilst extending the use of skill mix in dental practices and training provided to ensure that practices weree able to meet the KPIs aligned to the project and renumeration methodology

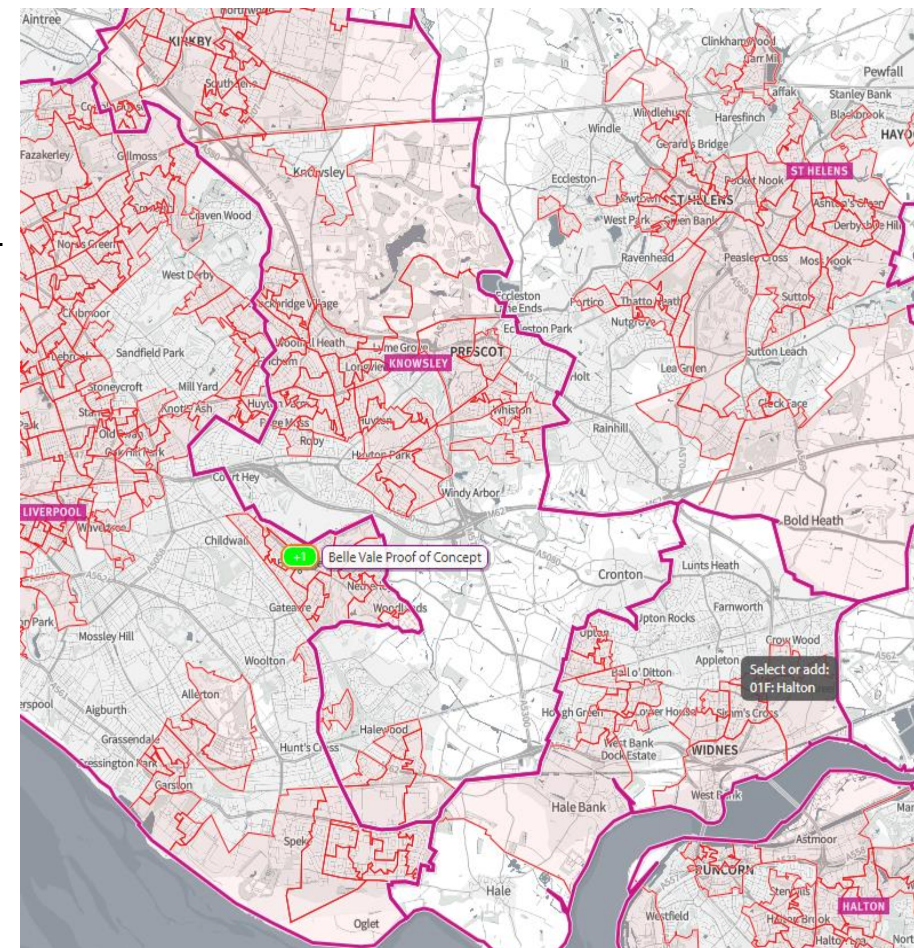
PATHWAY 6 PROOF OF CONCEPT
Period 07/04/24 – 22/9/24

Provider using vacant premises following a relocation and agreed to undertake the project as a 'Proof of Concept' providing an attractive contract that looks to recruit and retain NHS dentists and related professional staff – so dental nurses/therapists etc.

Practice located in Liverpool close to Knowsley and transport links to Sefton and St Helens. A second practice is also being utilised close by.

Features:

- Specific pathways in place for access up to a maximum of 20 per week
- Based on outcomes not UDA activity
- Fail to attends reflective of patient groups, mostly brought to appointments
- Offer career development opportunities by way of post graduate skills development across a multi-disciplinary team.
- Train nurses locally to complete Oral Health Education course
- Will provide Urgent Care/Urgent Care Plus
- Act as a proof of concept and will inform our future model for PDS



Vulnerable patients offered substantive care and ongoing routine care, delivered using skill mix, including:

- Children
- Nursing & Expectant mothers
- Referrals from Social Care/hospital
- Provider works primarily with Liverpool Beyond Team Midwifery Team. Recently linked with 3 care homes,
- Refugee referrals and Knowsley Drug and Alcohol Team for new mothers.

Performance headlines: 304 sessions delivered. 2,621 patients referred in total:

Children Aged 0-3	Children Aged 0-10	Children Aged 11-16	Nursing Mothers	Expectant Mothers	Patients from Social Care/Hospital	FTAs/late cancellations
645	469	485	365	249	23	385

HEALTHWATCH FEEDBACK and INSIGHT

NHS
Cheshire and Merseyside

Pathway 1 - We feel that the continuation of the UDC work is vital – the only thing that stops more people from needing to pull their own teeth out etc and that we signpost to it every day.

Pathway 2 – We love the UDC+ work and really appreciate the work of the team when we have people we are extremely concerned over. We think that UDC+ is ultimately a better way to go, providing more than a temporary fix and allowing some people with more complex needs that might spill over to other parts of the NHS to access definitive treatment.

Pathway 3 – In Liverpool we have really valued the Belle Vale Proof of Concept and the success of that shows how large the need is and the value of liaison with the children's workforce to support access to this group. We would welcome much more work of this type and with other priority groups – the budget is the limiting factor.

Pathway 4 (PAUSED) – We all hear from care homes about the dental difficulties their residents experience. It was always going to be the most difficult pathway but we are really sorry that it is on hold. The need is huge. It feels wrong for dental care to be the hardest to resolve health issue for people which such high levels of care needs. None of us want to think of our frailest residents living with ongoing dental pain on top of their other challenges.

NHS
Cheshire and Merseyside

PHASE 1 COMPLETED

- Overarching comms plan to support the C&M dental recovery plan
- Map key stakeholders and comms channels to support programme
- Deliver phase 1 - announce launch of plan
- Develop & issue an MPs & Cllrs briefing/update
- Brief all C&M Healthwatches
- Brief all Place Collaboratives (Partners)

PHASE 2 – DEVELOPING/PARTIALLY COMPLETED

- Deliver phase 2 - 'You said we did' - Develop/agree the narrative to highlight progress made to date (with key stats/evidence)
- Develop & issue an MP/political update for new MPs (post general election)
- Develop & issue an MP/political update for new MPs (post general election)
- Identify some patient case studies / stories with Healthwatch & LCC

SUMMARY - INVESTMENT PLAN - Year to date

Cheshire and Merseyside

		Plan 2024/25 (£'000s)	2024/5 Forecast (£'000s)	2024/5 YTD (£'000s)
PATHWAY 1 - Urgent Care	**Vulnerable patients (Cont offset)**	1,969	1,966	983
	Urgent Patients (1.8 UDA top-up)	1,193	1,193	597
	Subtotal	**3,162**	**3,159**	**1,579**
PATHWAY 2 - Urgent Care Plus	**£650 Sessional Payment**	1,010	1,447	751
	22 UDA Sessional Payment	1,177	1,908	954
	DFT - 22 UDA Sessional Payment	1,301	*1,322*	661
	Subtotal	**3,488**	**4,678**	**2,366**
PATHWAY 3 - Quality Access Scheme	**Contract Offset**	3,882	3,499	1,750
	National Access Scheme	1,200	1,200	600
	Over-Performance above contract	1,000	0	0
	Subtotal	**6,082**	**4,699**	**2,350**
PATHWAY 4 - Advanced Child Care	**Referral Fee**	**200**	**0**	**0**
PATHWAY 5	**Frail & Vulnerable Adults (Sessional Fee)**	**420**	**0**	**0**
Pathway 6 - DENTAL ACCESS AND WORKFORCE DEVELOPMENT CENTRES (x 1 proof of concept PDS agreement)	**Sessional Fee**	676	608	270
	Additional UDAs	324	353	176
	Subtotal	**1,000**	**961**	**447**
Set Minimum UDA rate of £28	**19 contracts**	**141**	**141**	**71**
Advice Triage Helpline	**Additional Funding**	**468**	**468**	**234**
Oral Health Promotion	**Child Tooth Brushing Initiative**	**550**	**550**	**275**
Total		**15,511**	**14,656**	**7,321**

THE NEXT 6 MONTHS

- Maintain Programme Board and continued support from Finance, BI, Communications and NHSE Dental Public Health
- Commissioning team will continue to support delivery and develop intentions for 2025 - 2026
- Deliver Phase 2 of communications plan and work with stakeholders
- Review patient outcomes/evaluation across pathways
- Review/evaluate Proof of Concept and consider next steps
- Review Value for Money / Return on Investment across pathways

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

Date: 15 October 2024

Primary Care Quality Group Update

Agenda Item No: SPCC 24/10/14

Responsible Director: Clare Watson

NHS
Cheshire and Merseyside

Primary Care Quality Group

1. Purpose of the Report

1.1 The purpose of this report is to provide an update and a summary of the latest meeting held on 21 August 2024.

2. Executive Summary

2.1 The Primary Care Quality Group is now established and meets bimonthly reporting to the System Primary Care Committee with a line of site to the Quality and Performance Committee.

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

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

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

3. Ask of the Committee and Recommendations

3.1 **The Committee is asked to:**

Note this update and launch of the Primary Care Patient Safety Strategy.

4. Reasons for Recommendations

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

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

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

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

5. Update

5.1 The group met on 21 August 2024 and the following items for escalation were discussed:

- No items noted for General Practice
- No items noted for Community Pharmacy
- No items noted for Optometry
- Update regarding dental provider and ongoing assurance work following initial complaint from patient. Following review, the Task and Finish Group was not assured. Letter has been sent to the provider on 26 September 2024 outlining 8 outstanding areas requiring assurance from the action plan.

5.2 The group reviewed the work completed on the Primary Care Dashboard with discussion Becky Williams

5.3 The group received the Quarter 1 Professional Standards Report from Julie-Ann Bowden Head of Professional Standards NHSE NW. Several key points were discussed:

- The new Policy on managing the NHS Performers Lists (England) launched on 10 July 2024. This replaces the Framework for Managing Performer Concerns.
- Agreement has been reached within the region to transfer funding from the PS commissioning budgets (L&SC, GM and C&M) to the ICBs to support clinical review of complaints (C&M and LSC) and clinical advisor support (GM).
- Suspension payments continue to be an area of risk generally with requests for assurance coming from the National Audit Office.
- Following the removal of the PLVE process for dental applicants in April 2023, processing applications for Internationally Qualified Dentists has been challenging.
- Appraisal completion for Quarter 1 by North West Region ICB was outlined in the report.
- Dashboards relating to Responsible Officer; Appraisal and Revalidation; Performance Concerns and Performers List Application were included in the report and reviewed by the group.

5.4 The group received the latest Complaints report (April May 2024) from Gary Shenton - Senior Patient Experience Manager and summarised below:

New Primary Care complaints:

In April 2024 = 42
In May 2024 = 43

Total no. complaints open @ 09/07/24 = 59
Total no. of complaints closed in Apr24 = 52
Total no. of complaints closed in May24 = 43
No. cases over 60 days = 9
No. cases over 6 months = 0
No. ack in 3 days = 99% (41 and 42)
No. awaiting clinical review @09/07/24 = 0
No open PHSO cases = 3
No PHSO cases upheld = 0

PALS (concerns/enquiries)
In Apr 2024, C&M received 228 new Primary Care PALS concerns/enquiries. This rose to 294 in May 2024.
Total PALS open @09/07/24 = 78
Total PALS closed Apr24 = 193
Total PALS closed May24 = 273

MP (concerns/enquiries)
In Apr 2024, C&M received 19 new Primary Care concerns/enquiries. In May 2024 = 11

Total No. MP enq. open @09/07/24 = 14
Total No. MP enq. Closed April 24 = 15
Total No. MP enq. Closed May 24 = 19

Trends/Themes

Access to NHS dental services is a consistent concern raised by our patient population.

Access to GP appointments (access via telephone and face to face).

5.5. Launched on 26 September 2024 the Primary Care Patient Safety Strategy has been co-designed by staff and lay patient safety partners. It is based on the NHS Patient Safety Strategy (2019), which was the first national strategy for improving patient safety and very much included a specific emphasis on primary care.

5.6 The overwhelming majority (97%) of primary care interactions are safe, but with between 20,000 and 30,000 incidents of avoidable significant harm identified in general practice in England per year, there is opportunity to continue to improve patient safety in primary care.

5.7 While incidents are recorded, we also know that incident data may be an underrepresentation of harm, as incident recording systems are not as well developed in primary care when compared to secondary care. Less than 1% of the 2.2 million incidents recorded nationally each year are from primary care, despite this being where most patient interactions take place

5.8 The strategy is about setting the ambition and vision for patient safety in primary care to encourage discussion and exploration across all primary care platforms. This is not about implementing everything on day one in all sectors, it is about providing ideas and opportunities that can be shared

5.9 The strategy draws together best practice. It is not a contractual requirement on primary care providers, or ICBs. NHS England will continuously review its effectiveness and how we can best implement the strategy to improve patient safety.

6.0 Given the capacity pressures in primary care and integrated care boards, this strategy seeks to build on existing safety culture and utilise opportunities to learn and redefine the steps involved. It is intended that the timeframes for the implementation of the local commitments are flexible to allow for piloting different approaches. This strategy is for all areas of primary care, though with some pilots starting first in general practice [GP] to enable the successes and learning to be taken across into community pharmacy, optometry and dental services [POD].

6.1 This is about step-by-step implementation bearing in mind that GP, community pharmacy, optometry and dental services are at very different stages and have different contractual and regulatory requirements.

6.2 This has to be achieved within the current resource, so this will take time. The strategy seeks to build on existing safety culture and utilise opportunities to learn and redefine the steps involved. Most areas need testing and piloting in primary care before full implementation, so the delivery timeframe is iterative starting with pilot introductions of some projects. For example, the first step towards PSIRF implementation is a funded pilot approach for a small number of General Practices supported by the Health Innovation Network. There is no intention to make PSIRF a requirement for General practice at the end of 12 months.

6.3 In summary:

- Safety culture: opportunities to participate in the NHS staff survey [pilots in GP]
- Safety systems: opportunities to complete patient safety syllabus training [GP&POD]
- Insight: register with the new incident recording (LFPSE) [GP&POD] and start to implement the PSIRF incident response systems [initial pilots in GP]
- Involvement: identify patient safety leads [GP&POD] and lay patient safety partners [initial pilots in GP]
- Improvement: review and test ideas for patient safety improvements in diagnosis, medication, referrals, optometry and dental services [GP&POD]

6.4 The strategy focuses on:

- Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve.
- Ensuring that the safety and wellbeing of patients and staff is central, and that our approach to managing safety is systematic and based on safety science and systems thinking.
- Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities and improvements.

6.5 There are no additional resources for this strategy, as this will build on the existing infrastructure within primary care. However, investment has been made in the provision of free patient safety training, modernising and streamlining the national incident recording system from NRLS to the learn from patient safety events (LFPSE) service and appointing a trained patient safety specialist in each ICB who provides patient safety guidance and support to the system.

6.6 Additional resources and case studies will be shared as they become available on Patient Safety in Primary Care - FutureNHS Collaboration Platform.

6.7 Local commitments proposed include:

- ICBs and GP practices to pilot approaches and share good practice for locally derived patient safety improvements relating to the 3 patient safety themes of: diagnosis, medication and referral.
- Community pharmacies to continue to implement the Pharmacy Quality Scheme (PQS) improvement initiatives and to identify, develop and test novel approaches, and share good practice for locally-derived patient safety improvements.
- Optometry services and dental services to identify, develop and test novel approaches, and share good practice for locally derived patient safety improvements.

6.8 The group will consider implementation at the next meeting on 23 October 2024 and one of the agenda items will be an action requested by this Committee regarding the line of sight between it and the Quality and Performance Committee.

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

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

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

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

This reports links to:

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

8. Link to meeting CQC ICS Themes and Quality Statements

Theme One: Quality and Safety

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

Theme Three: Leadership

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

9. Risks

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

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

10. Finance

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

11. Communication and Engagement

11.1 N/A

12. Equality, Diversity and Inclusion

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

13. Climate Change / Sustainability

13.1 N/A

14. Next Steps and Responsible Person to take forward

14.1 The group meets on a bimonthly basis and reports to SPCC as and when required.

15. Officer contact details for more information

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

16. Appendices

Appendix One: Primary Care Quality Meeting Minutes and Action Log
21st August 2024

Primary Care Quality Meeting Minutes Wednesday 21st August 2024 10:00-11:30 Via MS Teams			
Name	**Initials**	**Role / Organisation**	**In Attendance (Y/N)**
Jonathan Griffiths	JG	Associate Medical Director (Primary Care / Chair)	Y
Chris Leese	CL	Associate Director of Primary Care, Cheshire and Merseyside ICB (System Level).	Y
Tom Knight	TK	Head of Primary Care, Cheshire and Merseyside ICB	Y
Lisa Ellis	LE	Associate Director of Quality and Safety Improvement, St Helens Place, Cheshire and Merseyside ICB	Y
Maxine Dickinson	MD	Head of Quality and Safety Improvement, Warrington Place	Y
Susanne Lynch	SL	Chief Pharmacist, ICB	Y
Paul Sedgwick	PS	Deputy Medical Director, System Improvement and Professional Standards, NHSE in NW	Y
Victoria Meaden	VM		N
Katie Mills	KM	Head of Quality and Safety Improvement, Cheshire East Place, Cheshire and Merseyside ICB	Y
Becky Williams		Associate Director of Business Intelligence, Planning and Performance Directorate, ICB	Y
David Knowles		Deputy Head of Business Intelligence, Cheshire and Merseyside ICB	Y
Gary Shenton	GS	Senior Patient Experience Manager, Cheshire and Merseyside ICB	Y
Julie-Ann Bowden	JAB	Head of Professional Standards, NHSE in NW	Y
Richard Crockford		Associate Director of Nursing and Care (Patient Safety) Nursing and Care Directorate	Y
Catherine Brown	CB	Primary Care Administrator, Cheshire and Merseyside ICB	Y

1	**Welcome, introductions and apologies** Jonathan Griffiths welcomed the Group and no apologies were noted.
2	**Minutes of previous meeting** The Group agreed that no amendments were to be made to the minutes of the previous meeting dated 19th June 2024.
3	**Action Log** Please take note of the action log for updates.
4	**Updated Terms of Reference** JG asked the Group for any comments on the Terms of Reference. KM confirmed that the Quality Reps are Katie Mills, Lisa Ellis and Maxine Dickinson. Amend 'NHSE Performers Representative' to 'NHSE Professional Standards and System Improvement Representative' where it mentions both Paul Sedgwick and Julie-Ann Bowden. Amend PS and JAB from 'Membership' to 'In Attendance'. Amend any 'Ad-hoc Members' to 'In Attendance'. **ACTION – Make amendments to Terms of Reference noted above – TK** It was noted in item 6 by KM that the Quality Representatives at the meeting also have Safeguarding as part of their portfolios so regarding the Terms of Reference, this can be added to cover Safeguarding.
5	**Contractor Issues for Escalation** • **General Practice** • **Dental – SMART Dental** TK provided the Group with an update. The evidence has been received and aligned with Colleagues in the Task and Finish Group. This will be reviewed in the next couple of weeks before meeting with the Provider to discuss the outcome of the assessment. The Provider has met the requirements of the Assurance Plan that was put in place. LE explained that having gone through the sections that were allocated to her, she is not assured with the evidence that they have submitted against them. RC was in agreement with LE. An update of the meeting will be provided at the next meeting in December. • **Pharmacy** • **Optom**
6	**Complaints and Insight** GS talked the Group through the Paper that was provided with the Agenda. It was noted that the data only shows complaints that are made directly to the ICB. Any complaints that go straight to the Practice are compiled into an annual report called the KO41B. **ACTION – Bring the KO41B report to this Group once it is published - GS** **ACTION - Follow up with Comms and Engagement Team/Contact and Healthwatch about Patient insight and involvement in this Group – TK** **ACTION – Link together to discuss sending out communications RE LFPSE – JAB and RC** **ACTION – Report back to JAB RE Professional Standards pathway for Pharmacy, Dentists and Optom – GS** **ACTION – Check that Professional Standards are being made aware of any Safeguarding concerns regarding a Practitioner – LE**

	RC mentioned that we're trialling the Patient Safety and Response Framework where an open discussion takes place about errors that have happened within Practices and there is encouragement and focus on celebration of the quality improvement and learning that follows after.
7	**Professional Standards Report** JAB talked the Group through the quarterly report that was shared with the Agenda and welcomed any feedback. **ACTION – Send details of ICB contacts that can assist JG and TK regarding Clinical Advisor Costs - JAB**
8	**Primary Care Dashboard** BW introduced herself and talked the Group through the documents that were shared with the Group with the Agenda. Paul Sedgwick declared a conflict of interest. He is a GP within Cheshire and Merseyside. The Group provided feedback on the data provided and a discussion took place. It was noted that this was picked up by internal audit as a red and it had to be developed quickly. CL will be providing Internal audit an update on this.
9	**AOB** No other business was discussed.
Next Meeting **TBC – Wed 30th October and Wed 18th December**	

Primary Care Quality Group - Action & Decision Log					
Wednesday 21st August 2024					
Action Number	**Meeting Date**	**Action/Decision Requirements from Meeting**	**By Whom**	**By When**	**Comments/Updates/COI**
2404-06	25.04.24	Follow up with Clare Watson who was going to discuss with Matthew Cunningham.			19/06 - Group unsure if this was re admin support. TK/LE to action - Ongoing.
2404-07	25.04.24	Speak to David Knowles in BI to develop existing draft.	TK		19/06 - TK spoken to Becky Williams. Will speak to DK - Ongoing
2404-09	25.04.24	Take Escalation Report Template to ADQ colleagues and get agreed.	LE		19/06 - LE to email Place Leads asking to bring Place Escalation Reports to this meeting in the short term.
2404-10	25.04.24	For POD template works and is clear.	TK		19/06 - TK to make amendments - Ongoing.
2406-01	19.06.24	Terms of Reference: Under the section “Aim” – “Work closely with the ICB quality and nursing team”. Nursing and Care Team is correct and should be altered.	TK	Next meeting 21/08/24	
2406-02	19.06.24	Terms of Reference: Under “Objectives”, “To ensure” may risk that it will appear this group is responsible for all of it. Group agreed to change wording to “to receive assurance on a delivery of compliance”.	TK	Next meeting 21/08/24	
2406-03	19.06.24	Terms of Reference: wording concerns under “Purpose” - “Improve the Quality” TK and JG to discuss outside of this group to soften the language slightly.	TK and JG	Next meeting 21/08/24	
2406-04	19.06.24	Terms of Reference: meet outside of this meeting to write a work plan following the actions above.	TK and JG	Next meeting 21/08/24	
2406-05	19.06.24	Invite Becky & David Knowles to the meetings going forward and to be put on the agenda going forward.	CB	Next meeting 21/08/24	**Completed.**
2406-06	19.06.24	Find out who the contact to be invited to the meeting would be around the complaints.	TK	Next meeting 21/08/24	**Completed.**
2406-07	19.06.24	Escalation of Primary Medical Quality Concerns - pick up with Place Quality Leads	LE	Next meeting 21/08/24	**21/08/24 - Ongoing. LE to share current version with the Group after the meeting. Final version of process to be shared at next meeting.**
2408-01	21.08.24	Make amendments to Terms of Reference noted in the meeting notes dated 21/08	TK	Next meeting	
2408-02	21.08.24	Bring the KO41B report to this Group once it is published.	GS	Next meeting	
2408-03	21.08.24	Follow up with Comms and Engagement Team/Contact and Healthwatch about Patient insight and involvement in this Group.	TK	Next meeting	
2408-04	21.08.24	Link together to discuss sending out communications RE LFPSE	JAB & RC	Next meeting	
2408-05	21.08.24	Report back to JAB RE Professional Standards pathway for Pharmacy, Dentists and Optom	GS	Next meeting	
2408-06	21.08.24	Check that Professional Standards are being made aware of any Safeguarding concerns regarding a Practitioner	LE	Next meeting	
2408-07	21.08.24	Send details of ICB contacts that can assist JG and TK regarding Clinical Advisor Costs	JAB	Next meeting	

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

October 2024

Performance Indicators (Primary Medical)

Agenda Item No: SPCC 24/10/B15

Responsible Director: Clare Watson

1. Purpose of the Report

1.1 The purpose of the report is to provide a summary of the progress for primary medical performance indicators, which was highlighted as a gap in the internal audit report earlier this year and remains an outstanding area for onward assurance to this Committee.

2. Ask of the Committee and Recommendations

2.1 The Committee are asked to ***discuss*** and ***note*** the update which is for assurance purposes, noting discussion points below ;

- That the range of indicators given, as agreed with places, broadly represent the performance indicators required
- The degree to which these are managed, escalated and reported either at place or system level needs to be finalised.

3. Background

3.1 The internal audit report presented to this Committee in February highlighted as a gap, Quality Performance Metrics noting, "*the ICB had not established clear processes to ensure that quality performance metrics were recorded, monitored and reported in an effective and timely manner throughout the organisation's governance structure to provide assurance to the Board*"

3.2 It was acknowledged that this applied more specifically and urgently to primary medical care as the other three contractor groups had more fixed 'performance' national indicators to a greater or lesser degree. For primary medical, 'performance' was managed at place and based on previous CCG approaches / dashboards and at system level, sets of indicators prescribed nationally and reviewed by the ICB were (i) the primary care access recovery plan indicators (outlined in a separate paper and reviewed by this Committee) and (ii) planning guidance indicators for ICBs reported through Quality and Performance, namely

- Number of appointments
- Percentage of appointments made by general practice within 2 weeks

3.3 It was also recognised that various dashboard(s) were now being developed for quality, contracting and local commissioned services, but this Committee asked that a single set of indicators be developed for assurance purposes and to meet the ask of the internal audit report. The Business Intelligence team are finalising this single set of indicators and the core ones for Phase 1 are given in Table 1. It should be noted that not all these are contractual for providers

4. Areas Proposed

4.1 **Domains** Demographics, Patient Experience, Access, Workforce, Quality, Clinical Effectiveness (QOF), Prevention and Screening, Effective use of Resources (and for place level view only the addition of local quality schemes which would be managed at place level)

4.2 **Benchmarking**: Metrics by Place (C&M overview), then within each place a screen by PCN and Practice.Trend analysis: Metrics over time

4.3 Focus **View**: Number and % of metrics per practice in each domain below place level average

Table 1 – Proposed key metrics agreed by Place as 'Phase 1'

1	**Demographics**	List Size
2	**Demographics**	IMD Score (Average)
3	**Demographics**	Female Life Expectancy (Average)
4	**Demographics**	Male Life Expectancy (Average)
5	**Improving Quality**	CQC Rating
6	**Access**	Appointment rate per 1,000 population
7	**Access**	% Face to Face apppointments
8	**Access**	% Same Day appointments
9	**Access**	% GP Led appointments
10	**Patient experience**	Friends and Family - No submissions last 3 month
11	**Patient experience**	Friends and Family - % recommended
12	**Patient experience**	GP Survey Response Rate
13	**Patient experience**	Good Experience of Making Appointment %
14	**Workforce**	GP WTE rate per 1,000
15	**Workforce**	Nurse WTE rate per 1,000
16	**Workforce**	Admin WTE rate per 1,000
17	**Workforce**	DPC WTE rate per 1,000
18	**Effective use of resources**	AE Rate per 1,000
19	**Effective use of resources**	Emergency Admission rate per 1,000
20	**Effective use of resources**	Emergency Admissions ACS Chronic rate per 1,00
21	**Effective use of resources**	Emergency Admissions ACS Acute rate per 1,000
22	**Effective use of resources**	GP Referred 1st OP rate per 1,000
23	**Prevention and Screening**	Cervical Screening Coverage (Age Group 25 To 49
24	**Prevention and Screening**	Cervical Screening Coverage (Age Group 50 To 64
25	**Prevention and Screening**	Breast Screening Rate
26	**Prevention and Screening**	Bowel Screening Rate
27	**Prevention and Screening**	% MMR 1 @ 2 Years
28	**Prevention and Screening**	% MMR 1 @ 5 Years
29	**Prevention and Screening**	% MMR 2 @ 5 Years
30	**Quality Outcome Framework**	QOF PCA Rate (All Domains)

*Plus the following mandatory reporting indicators for NHS England, assurance/reporting mechanisms for these are already in place

31. Number of appointments (Planning Guidance)
32. Number of appointments within 2 weeks (Planning Guidance)
33. PCARP

4.4 Effectiveness of the indicators is based on

- The ability to triangulate information across domains of quality, performance, workforce, access, patient experience, clinical effectiveness
- To narrow down to individual practices or PCN level for support, the identifying and sharing of good practice and identify elements where all places/PCNs/practices may need support (so system trends)
- Supporting national programmes and ICB priorities around access

4.5 The efficiency of the dashboard is based around the ability to view all 9 places/PCNs/Practices in one dashboard and support a more consistent approach to reporting and escalation. Place are currently working through escalation systems at place level, for example, to place quality groups.

4.6 Further indicators will be added in Phase 2, working on dashboards already developed and live in 2 places, based on previous CCG work.

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

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

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

6. Link to meeting CQC ICS Themes and Quality Statements

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

7. Risks

Supports the mitigation following BAF risks - P1, P4, P5, P6, P8, P9 – Workforce Planning

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.

10. Equality, Diversity and Inclusion

Consideration will need to be given to health inequalities when looking at all data, for example if targeting additional support for some populations.

11. Next Steps and Responsible Person to take forward

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

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