NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB System Primary Care Committee

Part B – Public Meeting

Thursday 19 December 2024
Venue: Karalius Suite, DCBL Stadium Halton, Lowerhouse Lane, Widnes, Cheshire, WA8 7DZ

Timing: 10:00-11:30

Agenda

Chair: Erica Morris

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:00am	**Preliminary Business**			
SPCC 24/12/B01	**Welcome, Introductions and Apologies**	Chair	Verbal	-
SPCC 24/12/B02	**Declarations of Interest**	Chair	Verbal	-
SPCC 24/12/B03	**Questions from the public (TBC)**	Chair	Verbal	-
10:05am	**Committee Business, risk and governance**			
SPCC 24/12/B04	**Minutes of the last meeting (Part B)** 17 October 2024	Chair	Paper / To ratify	Page 3 *Click here for link to page*
SPCC 24/12/B05	**Action Log of last meeting (Part B)** 17 October 2024	Chair	Paper / For info	Page 14 *Click here for link to page*
SPCC 24/12/B06	**Forward Planner**	Chair	Paper / To note	Page 16 *Click here for link to page*
10:20	**BAU and Operations**			
SPCC 24/12/B07	**System Pressures Including update from LGPN**	Jonathan Griffiths	Verbal / To note	-

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
10:30 **SPCC 24/12/B08**	**Contracting, Commissioning and Policy Update**	-	-	-
	Primary Medical Services; Optometry; Community Pharmacy and Primary Care Dental Services	Chris Leese & Tom Knight	Paper To note	Page 18 *Click here for link to page*
10:40 **SPCC 24/12/B09**	**Finance Update**	John Adams / Lorraine Weekes Bailey	Paper To note	Page 25 *Click here for link to page*
10:50	**Quality and Performance**			
SPCC 24/12/B10	**Quality Update**	Tom Knight / Christine Douglas	Verbal For Information	-
11:00 **SPCC 24/12/B11**	**Freedom to Speak Up Guardian**	Erica Morris / Christine Douglas	Verbal For Information	-
11:10	**Transformation**			
SPCC 24/12/B12	**Digital Update**	Cathy Fox	Paper For Information	Page 36 *Click here for link to page*
11:20 **SPCC 24/12/B13**	**Access Improvement Plan**	Chris Leese	Paper For Assurance / Information	Page 48 *Click here for link to page*
11:30pm	**CLOSE OF MEETING**			

Date and time of next regular meeting:
Thursday 20 February 2025 (09:00-12:30)

F2F, Lakeside, Warrington

Cheshire and Merseyside ICB
System Primary Care Committee
Part B meeting in Public

Thursday 17th October 2024
10:15-12:15
Teams meeting only

Unconfirmed Draft Minutes

ATTENDANCE - Membership		
Name	**Initials**	**Role**
Erica Morriss	EMo	*Chair*, Non-Executive Director
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Tom Knight	TKo	Head of Primary Care, C&M ICB
Louise Barry	LBa	Chief Executive, Healthwatch Cheshire
Fionnuala Stott	FSt	LOC representative
Mark Woodger	MWo	LDC representative
Naomi Rankin	NRa	Primary Care Member for C&M ICB
Chris Leese *(Meeting in part)*	CLe	Associate Director of Primary Care, C&M ICB
Anthony Leo	Ale	Place Director, Halton
Daniel Harle	DHa	LMC representative
Matt Harvey	MHa	LPC representative
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
Luci Devenport	LDe	Senior Primary Care Manager Dental, C&M ICB
Kevin Highfield	KHi	Interim Head of ICB Primary Care Digital Services
Cathy Fox	CFo	Associate Director of Digital Operations
David Cooper	DCo	Associate Director of Finance, Warrington Place & Knowsley Place
Chris Haigh	CHa	Deputy Chief Pharmacist, C&M ICB
Hilary Southern *(meeting in part, item SPCC 24/10/B07)*	HSo	Head of Corporate Business Support - Cheshire
Tom Micklewright *(meeting in part, Item SPCC 24/10/B11)*	TMi	ICB Clinical Lead for GP IT
Adam Drury *(meeting in part, Item SPCC 24/10/B11)*	ADr	Digital Strategy

Apologies		
Name	**Initials**	**Role**
Adam Irvine	AIr	Primary Care Partner Member
Christine Douglas	CDo	Director of Nursing & Care, C&M ICB
Rowan Pritchard-Jones	RPJ	Executive Medical Director, C&M ICB
Jonathan Griffiths	JGr	Associate Medical Director, C&M ICB
Susanne Lynch	SLy	Chief Pharmacist, C&M ICB
Tony Foy	TFo	*Vice-Chair*, Non-Executive Director, C&M ICB

Agenda Item, Discussion, Outcomes and Action Points

Preliminary Business

SPCC 24/10/B01 Welcome, Introductions and Apologies

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

SPCC 24/10/B02 Declarations of Interest

No Declarations of Interest were raised.

SPCC 24/10/B03 Questions from the public

There were no members of the public in attendance and no questions had been raised.

Committee Business, risk and governance

SPCC 24/10/B04 Minutes of the last meeting (Part B) 15 August 2024

The Committee **approved** the Minutes as a true and accurate reflection of the meeting.

SPCC 24/10/B05 Committee Action Log (Part B) 15 August 2024

The Action Log was updated accordingly.

SPCC 24/10/B06 Forward Planner

Members were asked to check the planner over and advise the Chair and admin of any updates please.

SPCC 24/10/B07 Committee Risk Report

HSo outlined that there were 31 risks covered by the 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).

All of the risks covered the areas of primary care, including General Practice, General Dental Service, Ophthalmology and Community Pharmacy. It was highlighted that the paper contained detailed summaries for each risk, including identified controls and assurances.

The System Primary Care Committee were asked to;

- **Approve** a risk score for (1PC) risk relating to sustainability of PC workforce
- **Note** the current position in relation to all other risks escalated to the 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.

It was noted that the Cheshire estates risks were quite high and that the team were working through a process as to how to deep dive some of the intelligence.

Of the three corporate risks, 8PC is noted to be around the collective action and as is scored as extreme (15) this is updated to end of September.

In terms of the data sharing agreement element of this risk, it was advised that this had not been able to be pinned down, but that it will be discussed in detail at the IG group and will then show in the next report to SPCC.

Risk 1PC, relates to workforces (for all 4 contractor groups) and page 35 of the pack gave a more detailed summary, it was noted that a score of 16 did not reflect the mitigations and that the collective action in pharmacy was also an evolving risk.

TKn advised that he had met with CLe in relation to the level of risk and that it had been agreed that it was an appropriate score as had been reported. It was questioned whether this was still an assessment of the operating model and the risks around the right workforce with the right skills and that it is more of a *here and now*, which is mitigated as much as possible or that there is there a risk in our workforce to meet the needs.

It was noted that the risks would differ between the different contractor groups and questioned that it would be more helpful if the risks were split out and have them aggregated or an average across the contractor groups, it was added that it was difficult to see if there had been any improvement.

DHa stated that he did not understand the risk score as there are people who do not have work at the moment, but workforce is not improving all the same issues are still there and nothing has changed. He further questioned the understanding around the reduction in risk certainly from general practice.

There was the suggestion that it was perhaps how the risk was worded, that the things that are going on are issues rather than risks and that this is describing what we are doing rather than a risk.

Noted that if we believed that things were getting worse rather than better then it shows the mitigation is not being effective, and that they are therefore surely risks? It was noted that it was certainly getting worse in dentistry.

Noted that this was perhaps not a risk at catastrophic level but it was agreed to take the contractor groups on an individual basis and that it will be useful to look forward to see the outcomes of the dental workforce survey.

HSo outlined the caveat in that at place level we do not manage dental, optom or pharma and that these are only managed centrally, it is also acknowledged around the inconsistencies across Places, especially estates in Cheshire for example.

It was further outlined that the target is 9 but that as an organisation we do not feel we can ever lower the score relating to workforce.

ACTION : CLe, TKn and EMo agreed to have a separate meeting to discuss further.

In terms of real examples, St Helens Place would rate this as extreme to them because of the impact on the quality of services they can provide and Cheshire would report that they are struggling to find space for clinicians.

It is hoped that the Estates Primary Care review will look at all aspects of this.

It was agreed to leave workforce at 16 and would note the reflection of estates and that this is something the committee needs to be aware of.

CWa gave acknowledgment that there has been a gap, and that there is a wider piece of work on primary care estates. Information has been received at Board regarding the infrastructure work, although Board did outlined that they felt they had receive a plan rather than a strategy. We now need to get into the detail of how we take this forward (not just in Cheshire) and we also need to understand governance of whether it needs a wider estates plan/group.

ACTION : DCo agreed to come back to the next meeting around next steps having outlined that following the establishment of a strategic estates board, with the first meeting in November, he is currently working with governance colleagues as to how it fits into the overall board structure. It was outlined that SPCC would start to see results from this going forward.

The Committee noted and approved the risk scoring as presented.

BAU Policy Operations

SPCC 24/10/B08 System Pressures

Updates were provided as followed:

General practice
Seasonal pressures, and some issues around urgent care pathways across the system.

Collective action is ongoing, although it was noted that the first few weeks has not seen a significant change but is a 'slow burn' issue. It was outlined that practices are looking at BMA safe guidance to see how they can work to it. It is likely that the impact will be felt more in winter.

There is still inappropriate transfer of work, although noting small improvements are happening, but there is significant inappropriate transfer of work between secondary and primary care, it is felt that the changes that are occurring as not perhaps as they would like and that they would like to see it working better.

Discretionary spend concerns and would like to see certainty.

In terms of estates and workforce, would be keen to know about the outcome of the SDF funding and the impact on general practice.

EMo outlined that the SDF conversation being discussed at Execs later and communications from this would then follow.

In relation to this, DHa enquired about the query on making redundancies and the impact of the SDF funding and that practices wanted confirmation in terms of their financial position, overspend and deficits and that there was discretion at places in terms of their discretionary funding. CWa outlined that there was no change to DES/LES and that the conversation at Execs was purely around the SDF money.

In terms of the primary and secondary care interface, it was questioned as to whether this formed part of the bureaucracy piece around streamlining etc. CWa outlined that this was managed through the place clinical director and was discussion between primary care and the Trusts, it was felt that on the whole it was working quite well, albeit there will be a degree of variation.

ACTION : DHa was asked to provide specific examples to JGr in terms of primary care to secondary care interface

It was also outlined that there had not been much improvement in work transfer from neighbouring Trusts, and that an agreement in terms of the consensus document was not being followed as well as it could be. CWa agreed that this was a good point, adding that she was not sure how close we were working with neighbouring ICBs good point. **Requested to take this forward as an ACTION**

Community Pharmacy

MHa outlined that a member ballot was taking place in the form of collective action, similar to that in general practice. This would be for the things that are not contracted / or any actions that are not involved in contract.

This years' contract has not been signed off it is hoped that negotiations will restart after the government budget is announced.

Costs of concession prices is increasing, this is putting strain on both pharmacies and on patients getting their medications, and the extra workload pressures this brings.

Winter is on the horizon, it was outlined there are fewer pharmacies (15 in Liverpool for example) as they closed over last winter into spring of last year, so this will be the first year feeling that loss, will need to see how that works through.

It was outlined that there had been a conversation between MHa and TKn around pressures in community pharmacy, about the different between PNA and the real live pressures in pharmacy and looking at winter.

Optometry

FSt stated there was noting to report in relation to the GOS national contract. There is also a pilot for single point of access which has raised a few issues, although it has only been running a few months so there is limited data. There is some discussion around whether optom were having conversations with patients around choice, but the data suggests that these conversations are happening.

Feels like optometry never get a mention in the digital strategy which is hugely disappointing, it is noted that a lot of the risks and problems do come down to digital issues and requested that the Committee recognise this and to see more forward planning on this please.

The 'postcode lottery' is still very much on the table, and workforce in optom is very hard to plan as it is felt that they do not know what is coming down the pipeline. Not to have the workforce funding that is being used across C&M and would like to see this as an ongoing future proofed funding, this has been very well received and that it would be disappointing if this did not continue post April 2025.

It was questioned around whether there had been an outcome on the decision around special schools. CVD was noted to be in the paper and that this needs to be rolled out and work needs to be done on this. Outlined surprise that there was nothing on the CUES services, in that it had been overrun since the general practice collective action.

CWa noted that the money for the special schools had just come through which is good news, and that it will just need to be worked through, TKn agreed to pick this up outside of the meeting.

Dentistry

MWo outlined that contracts were being handed back as they were unable to deliver NHS care within their envelope.

Referrals are being rejected, eg sedation, this causes lots of work to re-refer and patients then have a long wait.

Managed Clinical Networks (MCN) are noted to be working ineffectively and would be keen to get these up and running but there is nothing on this yet.

Noted that the vulnerable patients pathway was now on pause, this leaves no hope for patients accessing these services, and that it is not practical to care for patients in the care home etc. CQC are aware of the lack of provision of care within a care home.

EMo enquired as to why this had stopped? TKn outlined that as part of the recovery programme, any projects that had not been committed to or that had not started had been paused subject to review.

The Committee noted the verbal updates.

SPCC 24/10/B09 Contracting, Commissioning and Policy Update

a) Community Pharmacy and Dental

The Committee was asked to;

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

It was outlined that Community Pharmacy, Liverpool specific had the funding of a legacy service but that there was no additional funding. The case has now moved forward and the advice is to sign up then look at mitigation, but that there is no additional funding.

MHa agreed that for clarity, he would write to the contractors who do not support rather than can't.

CWa outlined the introduction of general medical practitioners was part of the ARRS Scheme, which is six months of funding for this year but that it goes into the baseline for next year. PCNs are taking on additional capacity in that area and this fits with national policy.

NRa added that the general consensus was that the PCNs are very wary of the funding firstly that it is non recurrent, and secondly that it is quite restrictive in that the funding is below northwest average of £10.5k, as this offers £8.3k.

The Committee noted the report.

b) Primary Medical and Optometry including Access Improvement Next Steps

The Committee was 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 the report was for ***information*** and that ***no decisions*** were required

The Committee noted the report.

SPCC 24/10/B10 Finance Update

The Committee was asked to:

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

It was outlined that there was £18.9m support for the DDR uplift, which will be backdated from April. The PCN DES payments have been received, these payments to go out in November.

There is work ongoing with the estates team regarding rent reimbursements, this will be aligned to go on to work out a database to ensure there are funds for next year so there are no surprises.

Looking to strengthen the relationships between finance and estates.

Prescribing was noted at £16m against the forecasted £10m risk, and that the July data had an error in it so only working on 3 months of data, currently working with BI on this.

In response to DHa question regarding a decision on the discretionary fund uplift, it was reported that this was not on for discussion at Execs it is purely only the SDF.

It was confirmed that Alex Mitchell was drafting a paper on all uplifts which would be presented to Execs in due course, and output will follow thereafter.

JAd stated that the Pharmacy contract had not been agreed, and that there had been an increase in the number of prescriptions being issued, this now creates a forecasted overspend of £4m. He added that they were still waiting on information from NHSE in relation to some kind of action that may be taken in the year to amend the scales, or whether a new agreement is reached, if so we will get a new allocation, but it is key that SPCC recognised the £4m risk for the ICB.

The Chair asked for a clear understanding of dentistry and the risk on monies being absorbed to be reported to SPCC, it is asking the question whether SPCC do the commissioning or decommissioning work (as noted in the earlier action).

Transformation

SPCC 24/10/B11 Digital Primary Care sub-strategy

It was outlined that the purpose of the paper was 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.

The Committee was asked to;

- **Approve** the draft Digital Primary Care sub-strategy, which has previously been reviewed and endorsed by Digital Primary Care Board
- **Note** that following approval of the sub-strategy, an 'easy read' version will be developed for the wider public
- **Note** 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
- **Note** that 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

Thomas Micklewright highlighted the presentation as listed in the pack. Key risks for the Committee were outlined, lack of stable long terms secured funding and human resources.

It was noted there are five themes, two of which are cross cutting, 1) research and innovation and 2) data interaction.
The ask of the Committee today was for the approval of the strategy so it can be moved to the implementation phase.

The Committee gave thanks for the comprehensive presentation.

It was reported that the digital primary care board had also received the presentation but that if SPCC were to approved, it was questioned as to what the next steps would be? Noted that it would be to move to the implementation plan as referred to and updates from this would be added to the regular report so the SPCC committee can see how it is progressing. It was highlighted that one issue would be the long term funding of this.

Healthwatch questioned as to what happens for those patients who do not use digital, and what were we doing about this. TKn reported that the team is lined up for patient engagement and that the first step is the user group, for those who cannot use digital, there is a member of the team who will look at this specifically, he added that this is very much front and centre to get to those who can't access.

CFo added that they have reached out to various colleagues and that there is a member of the team who is dedicated to patient engagement and voice, adding that as the implementation plan moves forward we will ensure they are completely 'tapped into' for full digital inclusion, and for those patients who want to, are supported to access digital tech, and for those who don't want to or can't access digital tech will also be managed.

MHa questioned who in POD were engaged in this piece of work, in response, CFo stated that this had been presented to the last meeting of the SPCC and had asked for it to be circulated to colleagues for engagement, however did recognise that this may not have been clear, she added that if this had not happened, or if it was felt this was not enough then they would be very happy to engage with key personnel now.

The presentation was welcomed and that interest had been piqued as to how this sits around the development piece and the integration work, aggregating it beyond a single unit. Stated that it would be good to look at the next stage and how we can try to develop this together on the PCN footing.

It was noted that there are a few strands that cross into different pockets, e.g. the at scale working, allowing practices to work across PCNs, (building capacity piece), the flow of data across, and how it crosses over the work areas. Also about the data into action workstream, access to the assets and engaging with the PCNs to manage capacity.

It was highlighted that it was important to also link across the sector to those pharmacists who are going to link with the wider digital links and to provide the pharma voices.

Whist nothing should be taken away from the work that has been done on this it was questioned that this was all about funding streams and if we are not able to secure the funding then we would automatically on a back foot. FSt added that if this was the beginning piece, then she would like a catch up outside of the meeting, noting that as a committee we do need to look at this.

It was added that there should be closer integration between contractor groups even without the funding and that in the absence of a strategy there is a risk that things will drift further apart.

Thomas Micklewright gave thanks to all for the questions, and to those who have inputted into the strategy thus far, he noted that it was difficult with the current financial environment, he stated that he would very

much welcome POD representation on the digital primary care board and would really value having those voices on that board.

In conclusion it was agreed that the Committee would approve the draft for the sub-strategy but that it was subject to continuation of an increase from the four contractor groups, it was noted that this was finished to this point when we now we have funding for it but inspirationally we would want the four contractor groups within it.

SPCC 24/10/B12 Primary Care Workforce Update

It was outlined that the purpose of the report was to provide a summary of workforce related issues in primary care, noting that further details for primary medical workforce would be available at place level.

The Committee were asked to **discuss** and **note** the update which was for assurance purposes.

It was outlined that there were further discussions raised at the People Board and that some challenges would be picked up at the next meeting.

EMo stated that this update also reports to the People Board and asked the Committee whether they felt assured that everything was covered as best as it could, whilst recognising the position we are in at the moment.

It was noted that there is no primary care workforce steering group and to be mindful that we are in recovery, and that workforce discussions are happening in other meetings, issues are raised to the People Board.

Nationally there is a review of the workforce plan so the Committee, and the ICB are waiting to see what comes from that, it will then be what the ICB does in response to that review.

The Committee noted the update and that they would wait for the new guidance to come out.

SPCC 24/10/B13 Local Dental Improvement Plan

It was reported that there was lots of work from primary care providers who signed up to this, thanks were given for this and to the teams in the ICB, reported that this is a good story.

The first slide was noted to show how we demonstrate dental activity and the units of dental activity in April, new data is available so this will change for the positive.

In terms of good feedback on the schemes and the future, thanks were given and was grateful to the Healthwatch colleague who sat on the programme board.

MWo questioned around the quality access scheme budgeting, stating that the agreed budget was £3.8m and that the spend is £3.49 (as noted on page 131 of the pack), it was questioned as to how have we spent this and if we cross reference this with the number of patients seen, the cost is about two-fold more. It was asked if the figure was based on budget or actual spend, and whether it is actually an accounting exercise or whether it is an actual reflection of what they are expecting to spend or a budgetary amount due to the drawdown.

In response, JAd stated that the two figures are estimated, but that the data was being checked, the rest are all linked to the contractors who have taken up the offer.

ACTION : John and Mark to pick up offline and get clarification on the above

It was noted that it was helpful to see some of the pathways were looking at new patients and this was exactly what we wanted to see. It was questioned in terms of pathway 3, and that some of the numbers

highlighted in terms of patients seen, that it would be good to see and understand more around this. It was good to see the targeted schemes, but next time it was requested if more information could be included on the oral health piece, which had been commissioned prior to the dental improvement plan.

ACTION : Ian Ashworth or the Beyond Team to be invited to a future meeting to give progress to date on oral health

It was felt that the report was very helpful and despite all the challenges in Cheshire and Merseyside this was a good job supporting the system, however it was clear that we know we need to do more. There has been some applied flex in terms of what we can do when the national contract comes through and whether there was any way of looking forward to whether we can focus on resourcing.

In conclusion the Committee agreed that it would be good to bring to the next meeting what we can do going forwards. There has been a proof of concept in Bell Vale which has been working well, it would be good to implement something like this in other places.

CWa added that this was not just a single year approach, whilst the funding did come from dental underspend this was the available resource, however going forward we need to look at this as an organisation. We know our priorities and we have made the commitment around this improvement plan, now we need to look at the outcomes and the evidence and whether we need to commission further or look to alternative providers. Dentistry and access to dentistry is a key priority for the ICB and it is on our BAF for this year as well as next year.

Quality and Performance

SPCC 24/10/B14 Primary Care Quality update

The report was provided as an update and summary of the latest meeting held 21st August 2024.

The Committee were asked to;

- **Note** the update and launch of the Primary Care Patient Safety Strategy

Noted that the lines of reporting had been a discussion at the August SPCC, and how Quality is reported to the Quality & Performance Committee (QPC). TKn stated that he has subsequently spoken with Richard Crockford about this.

TKn noted that there was a dental quality issue in terms of clinical expertise as it had not been realised there was no dental quality without a dental advisor.

For assurance, it was advised that clinical advisors have been involved in the T&F issue and that they have been involved from the beginning and continue to be involved.

SPCC 24/10/B15 Performance (Primary Medical)

The report was outlined 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.

The Committee were 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.

It was noted that this was a legacy piece of work from those who inherited the CCG dashboard and working with place colleagues this is around general practice performance indicators, they are ICB indicators. It was questioned whether this can be brought together into one single common dashboard.

On a separate but related point, it was highlighted that as SPCC there is one gap in terms of primary medical, in that there is not a single set of indicators in terms of what place are doing and what is being done at system level.

There is further work around what indicators are escalated to SPCC for assurance and vice versa.

It was reported that there has been good progress on this to date, and a question given to general practice members on the Committee, whether anything stands out as not appropriate or has been missed?

ACTION : EMo asked for feedback or questions to be shared with CLe

DHa stated there was nothing on continuity but recognised it was difficult to measure. CLe agreed with this and would take it back for further discussion.

CWa asked in terms of continuity, how would/ could this be measured? DHa stated that he would have a think, perhaps in terms of high intensity user patients, maybe there were some measures from this? It was whether this was a measure of good care and if we know other measures are available in terms of numbers of patients seen but that this was not necessarily a better measure, it was just easier to obtain the data.

It was advised that the next meeting of the SPCC would see the updates on the key indicators and to get a sense of the high level, and the frequency of seeing those indicators.

ACTION : Next meeting to see updates on key indicators, sense of high level and frequency of seeing those indicators

ACTION : CWa agreed to have a conversation at the next LMC meeting

Naomi look at patient demand and appropriate access of appointments.

In conclusion, it was noted that this was the first cut of the common indicators and will look at them as discussed as it progresses and moves forward. There has been some good progress in terms of performance and the quality piece.

The Committee noted the report.

CLOSE OF MEETING

Date of Next Meeting: Thursday 19 December 2024 (09:00-12:30)
F2F, Lakeside, Warrington

CHESHIRE MERSEYSIDE INTEGRATED CARE BOARD

NHS Cheshire and Merseyside

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

Updated: December 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/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 : meeting in October - Item closed* *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*	COMPLETED
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 : meeting in October - Item closed 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

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

Cheshire and Merseyside

Updated: December 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 24/08/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	UPDATED Dec : Risk has subsequently reduced to 12 so escalation is to committee level only	COMPLETED
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	COMPLETED
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	TBC	19-Dec-2024		ONGOING

04.12.2024

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	Feb 25
Committee Management										
Apologies	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes	Yes
Declarations of Interest	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes	Yes
Minutes of last meeting	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes	Yes
Action & Decision Log	Every meeting	EM	Both	yes	yes	Yes	Yes	Yes	Yes	Yes
Questions from the public (where recv'd)	Every meeting	EM	B	yes	yes	Yes	Yes	Yes	Yes	Yes
Forward Planner	Every meeting	CL	B	yes	yes	No	Yes	Yes	Yes	Yes
Review of Terms of Reference	Yearly	EM/MC	n/a	no	no	No	No	No	No	No
Self-Assessment of Committee Effectiveness	Yearly	EM	n/a	no	no	No	Yes	No	No	No
Standing/Recurrent Core Items										
Minutes of any ExtraO Meeting	If held	EM/CL	A	No	No	No	No	No	Yes	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	No	Yes
Finance Update	Every Meeting	LWB	A	yes	Yes	Yes verbal	Yes inc SDF	Yes	Yes	Yes
PSRC Minutes/Update Minutes/Update from Pharmacy Operations Group and highlights	Every Meeting	TK	A	yes	Yes	No	Yes	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	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	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	Yes	Yes
Performance	Every Meeting	CL/BI	B	No	No	No	No	Yes progress and planned dashboard	No	TBC
Primary Care Quality Deep Dives	2 meetings per year	CD/KW		No	No	No	No	TBC	No	TBC
Update from PC Workforce Steering Group	Quarterly	JG	B	no	No (but is part of PCARP update)	No	No	Yes Summary update	No	TBC
Digital Primary Care Update	Quarterly	JL	B	Yes	No	Yes See (1) Below	Yes single side summary of £ capital	Digital strategy	Yes	No
System Pressures and update from local forum(s)	Every Meeting	JG/CL	B	Yes	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 approval of strategy	Yes but in Part A	TBC
Non Core Items										
Primary Care Strategic Framework		JG	B	No	Yes	No	No	TBC	TBC	TBC
Dental Access Improvement Plan		TK	B	Yes	Yes	Yes	No	Yes	No	TBC
Primary Care Access Recovery Improvement		CL	B	No	Yes (Board Slide deck	Yes/part – digital summary	Part update *part of BAU update?*	Part of BAU primary medical	Yes separate paper with update on	Part of BAU

04.12.2024

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	Feb 25
					updated				patient survey	
Place ARRS Spend Plans		Place Leads	B	In finance paper	In finance paper and AIP	In finance paper	Finance Paper	Finance paper	Finance and Access Paper	Finance Paper
Summary – GP Patient Survey (System Level)		CL	B	No	No	No	Yes	No	As part of access improvement paper	No
Dental Paper – Part Year performance note		TK	A	No	No	Yes	No	No	Yes	No
Capital bids for agreement		KH	B		No	Yes	No	No	No	TBC
Improvement Grant Estates Bids		NA	B		No	Yes part of above	No	No	No	No
ADHD		LM	B		Yes verbal	Yes presentation	No	Verbal update	TBC	TBC
Dental procurements (verbal)		TK	B			Yes	No	No	Yes	TBC

NHS
Cheshire and Merseyside

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

December 2024

Primary Care Commissioning, Contracting and Policy Update – Primary Medical Services; Optometry; Community Pharmacy and Primary Care Dental Services.

Agenda Item No: SPCC 24/12/B08

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)
- Community Pharmacy
- Primary Care Dental Services

This paper contains;

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

2. Ask of the Committee and Recommendations

The Committee is asked to ;

- ***Note*** the updates in respect of commissioning, contracting and policy for the 4 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 223 mandatory (High Street) services and 62 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

3.6 The ICB retains delegated commissioning responsibility for community pharmacy and primary care dental services in line with NHSE policy and guidance. Contracts must be managed in line with these policies.

4. Primary Medical Services Update

4.1 The ICB continues to report monthly on key indicators in relation to Improving Access and the updated Access Improvement Plan and monthly indicators are reported as a separate agenda item at this meeting. Any plans moving forward will need to be reviewed against the NHS Ten Year Plan, once finalised. Related to this, the review of the NHS Long Term Workforce Plan will support the direction for workforce access actions.

4.2 As part of Access Improvement, Primary Secondary Care interface / Reducing Bureaucracy remains a priority as part of the recently announced 'red tape challenge' elements by the Secretary of State. NHS England have arranged regular six weekly meetings with ICBs to ensure the momentum is maintained on this. Further information on progress is contained within the Access Improvement Plans.

4.3 NHS England are seeking further assurances in relation to Prospective Records Access which is a contractual ask and the ICB Digital and Contracting Teams are working with the last few remaining practices to ensure full contract compliance. More information can be found at Prospective record access manually enabling patient access - NHS England Digital

4.4 The ICB continues to report weekly on 'GP Collective Action' with any risks and mitigations managed through Place, and general themes picked up via weekly meetings with NHS England.

4.5 The ICB has been supporting the development of a framework for assessment in respect of primary medical commissioning and primary care development - and has been part of a small number of test ICBs in this respect. The aim of the tool is to support ICBs in assessing capabilities and gaps in these areas and place and system colleagues took part in the national teams' visits to the area to inform this piece of work which is expected to report in Spring.

4.6 Assurance regarding Winter/Christmas capacity in Primary Medical has commenced and early key enquiries into this have been completed by each of our Places in areas such as any additional capacity commissioned, escalation processes and resilience.

5. General Ophthalmic Services

5.1 **Optometry CVD programme**
Funding had previously been secured for this, a patient pathway is being defined and providers will be asked for expressions of interest to undertake AF/CVD checks on patients via the linking optical sites to medical practices through the OPERA referral system managed by Primary Eyecare Services Limited, The programme is being managed now through the CVD Prevention Programme Lead and further updates will follow on progress through the CVD Prevention programme structure rather than the contracting team.

5.2 **Eye Care in Special Schools programme**

- The Eye Care in Special Schools programme will launch during 2025. The offer covers all SES (Special Educational Settings) across Cheshire and Merseyside.
- It will ensure an annual sight test for all pupils (aged 5-25) within a SES setting with School and parent/guardian permission.
- Each pupil within the programme will have an eye health outcome report, will be support towards glasses in line with GOS and a choice of frames.
- As of November 2024, from 317 schools within the North West, 93 schools have showed expressions of interest in the service. Currently no breakdown of C & M data from the totals is available but will follow in due course. The service is not mandated across all schools.
- The current proposed fee for the service is £85 per test. This is subject to consultation with OFNC (Optometric Fees Negotiating Committee) and it is not expected to change. Regulations to formalise the service will be laid in Parliament in December 2024.
- By the end of December 2024, market engagement will be completed nationally and expressions of interest will be collated from providers and schools and will be shared with ICB's for future planning in January 2025 along with a finalised service specification.
- Existing Proof of Concept (POC) providers who wish to, will maintain their contracts until procurement plans are put in place.
- More information can be found here NHS England » Update for commissioners to enable preparation for the implementation of sensory checks in special educational settings

6. Community Pharmacy services

6.1 The process for winter Rota arrangements has been completed by the commissioning team as part of the annual process that started in July/August and is summarised below:

- Rota – 832 hours over the 3 Bank Holidays
- Antiviral – 3 Sites, 1 Halton, 1 Cheshire West, 1 Sefton
- Pharmacy 1st – 506 pharmacies
- Flu vaccination service – 489 pharmacies
- Lateral flow service _ approx. 90% coverage of all pharmacies – supports health in Nursing homes as well as those with long term conditions in their own homes

6.2 Commissioners will be meeting with LPCs early in the New year to look at the costs associated with Rota arrangements.

7. Primary Care Dental services

7.1 Dental Care in Special Schools service will launch in 2025 and the process will mirror in many ways the one outlined for the Eye Care in Special Schools programme.

7.2 NHS England has now published the Prior Information Notice (PIN) in relation to Dental Checks in Special Educational Settings.

7.3 Regional Market engagement webinars have been held for interested suppliers, there was also an additional virtual supplier session on the 11 December where information was provided on public sector procurement.

7.4 A national clinical standard provides structured guidance, reasonable adjustments and resources for a streamlined care pathway, clarifying responsibilities with daily mouthcare integral to the delivery on the Long-Term Plan commitment.

7.5 Local Dental Networks and their Paediatric Dentistry and Special Care Dentistry Managed Clinical Networks should consider this clinical standard and the options for reasonable adjustments when reviewing and aligning their service provision and/or re-designing their commissioned services for autistic children and young people and/or those with a learning disability in their local population.

7.6 Whilst the standard is focussed on autistic children and young people and/or those with a learning disability in residential special educational settings, the model and reasonable adjustments could equally be applied to non-residential special educational settings and also to all children and young people in residential special educational settings, regardless of whether they have been identified as having a learning disability and/or autism.

7.7 A letter has been issued to systems outlining the commissioning arrangements dental checks in special educational settings, financial allocations, and a procurement support offer covering dental and sight testing.

7.8 Letters have also been issued to special educational settings regarding the school engagement for dental – as there are over 2,000 special educational settings across England, letters were cascaded to schools over a 2-day period in October 2024.

7.9 Commissioners are now implementing the termination of a number of primary care dental contracts as previously reported and seeking alternative provision.

8. 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

9. 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

10. Risks

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

11. Finance

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

12. 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.

13. 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.

14. Next Steps and Responsible Person to take forward

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

Tom Knight, Associate Director of Primary Care (Dental and Community Pharmacy.

15. Officer contact details for more information

Christopher Leese, Associate Director Of Primary Care
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Tom Knight, Associate Director of Primary Care (Dental and Community Pharmacy.
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NHS
Cheshire and Merseyside

Primary Care Finance Update

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 19th December 2024

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Date of meeting:	19th December 2024
Agenda Item No:	SPCC 24/12/B09
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 November 2024 (M08).

The report covers seven areas of spend: -

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

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

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

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

NHS Cheshire and Merseyside
Primary Care Committee (System Level)

NHS Cheshire and Merseyside

Recommendation/ Action need:	**The Committee is asked to:** The Primary Care Committee is asked to: - 1. Note the combined financial summary position outlined in the financial report as at 30th November 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 November 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 November 2024 (M08) are based on the historical recurrent expenditure at each Place plus in-year amendments, including any uplifts for national assumptions.

2. Financial Position

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

Table 1

Primary Care Position Summary - Month 08 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	220,483	219,636	847	330,721	330,285	436
QOF	26,215	26,375	(161)	39,322	39,489	(167)
Premises Reimbursements	36,250	36,269	(19)	54,375	54,474	(100)
Other Premises	495	438	57	743	692	51
Direct Enhanced Schemes	3,057	3,057	0	4,586	4,626	(41)
Primary Care Network	36,435	37,357	(923)	54,622	55,548	(926)
Additional Roles Reimbursement Scheme	44,811	44,798	13	53,686	53,686	(0)
Fees	7,114	6,727	388	10,671	10,259	413
Other - GP Services	911	935	(24)	1,367	1,386	(19)
DELEGATED PRIMARY CARE TOTAL	**375,771**	**375,593**	**178**	**550,092**	**550,444**	**(352)**
Local Primary Care						
GP Local Enhanced Service Specification	21,641	21,110	531	32,392	31,474	918
Local Enhanced Services	10,889	10,395	495	16,836	16,197	639
Commissioning Schemes	1,431	1,308	123	2,122	2,007	116
Out Of Hours	19,414	19,431	(17)	29,261	29,137	123
GP IT	12,428	12,127	301	18,997	18,122	875
GP Investment	146	125	21	302	279	23
Primary Care SDF	6,319	2,967	3,352	10,079	5,345	4,734
Primary Care Other	1,614	1,481	133	2,337	2,199	138
QIPP	(1,073)	(126)	(947)	(1,609)	(189)	(1,420)
PC Local Pay Costs	408	340	68	613	411	202
LOCAL PRIMARY CARE TOTAL	**73,218**	**69,158**	**4,060**	**111,330**	**104,981**	**6,348**
Prescribing						
Central Drugs	12,001	11,945	56	18,001	17,797	204
Medicines Management - Clinical	901	770	131	1,342	1,386	(44)
Oxygen	1,234	1,092	142	3,239	3,057	181
Pay Costs Prescribing	7,518	6,615	903	11,277	10,041	1,237
Prescribing BSA	326,191	340,379	(14,188)	486,473	512,898	(26,425)
Prescribing Other	7,658	10,910	(3,252)	10,893	10,878	15
PRESCRIBING TOTAL	**355,503**	**371,711**	**(16,208)**	**531,226**	**556,057**	**(24,831)**
Delegated Pharmacy Optoms Dental and Other						
Delegated Community Dental	8,655	8,575	80	12,983	12,861	121
Delegated Ophthalmic	17,848	18,327	(479)	26,772	27,438	(665)
Delegated Pharmacy	50,432	52,354	(1,922)	72,182	72,182	0
Delegated Primary Dental	89,923	88,543	1,380	138,989	136,954	2,034
Delegated Property Costs	975	365	609	1,462	562	900
Delegated Secondary Dental	29,709	28,359	1,351	44,631	42,605	2,026
PHARMACY, OPTOMS, DENTAL & OTHER TOTAL	**197,542**	**196,523**	**1,019**	**297,018**	**292,602**	**4,416**
TOTAL	**1,002,034**	**1,012,985**	**(10,951)**	**1,489,666**	**1,504,085**	**(14,419)**

3. Delegated Primary Care - Medical

3.1. The Delegated Primary Care Medical financial position as at Month 8, is approximately £0.352 overspent based on the current data and payments.

3.2. **Core Contracts-** The core contracts are currently forecast to underspend by £0.436m. The quarter 1 to 3 list sizes were considerably lower than planned, this resulting in an underspend year to date of £0.847m. The forecast projected, considers estimated list size growth contingency for 4.

3.3. **Quality Outcomes Framework- (QOF)**- The Delegated Medical Primary Care budget shows an overspend of £0.167m within the QOF service line. This is due to year-end achievement costs of 2023/24 being higher than anticipated.

3.4. **Primary Care Networks-**The forecast outturn is projected to be an overspend of £0.926m. This is due to the actual achievement costs incurred at year end being much higher than projected.

3.5. **Fees-** The forecast within "Fees" is anticipated to be approximately £0.413m 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**- The forecast overall is currently projected to underspend by £6.34m.

4.2. **GP Local Enhanced Service GP Specification-** There is a projected underspend of £0.918m against the GP Service Specifications. There are two main reasons for this:

In Sefton place, the budget was based on 100% delivery of this specification. However, the forecast is based on the current estimated achievement of 93.05% this equates to an underspend of £0.440m.

Cheshire East place is projecting a £0.268m underspend. This is due to a duplication of budget for some services, this has now been released.

4.3. **Local Enhanced Services-** There are large variations in Local enhanced services across Cheshire and Merseyside however, the majority are paid on an activity basis. We are now in receipt of Quarter 1 and 2 data and this is indicating a projected forecast underspend of £0.639m.

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4.4. **GP IT**-There is a projected forecast underspend of £0.875m. This is due to costs incurred being lower than budgeted for some software licenses and VAT that has been able to be recovered.

4.5. **Primary Care SDF-** The Primary Care SDF allocation is £10.08m. The Senior Leadership team made a collective decision around this funding process and the amount to be allocated to general practice. This equated to £2m to be allocated directly to Place General Practice, a further £3.35m has been allocated to support Digital projects, a GP Fellowship programme, GP Training and other transition and retention initiatives. The remaining £4.73m SDF funding has been used to support negate other system pressures.

4.6. **QIPP**- The QIPP target Local PC was £1.609m, with 88% (£1.420m) achieved by Month 8 (November). The remaining balance of £0.189m is on target and expected to be achieved by Sefton Place.

5. Prescribing

5.1. The Prescribing drugs financial forecast shows an overspend of £26.41m. This includes prior year pressures of £1.2m.

5.2. In the September 2024 System Primary Care report, the ICB reported a forecast ledger position, in month 6, of £16.1m. However, there was £10.9m identified within our financial risks. Now that we are in receipt of 6 months of prescribing data, data we have more certainty of the likely financial outturn, therefore the risks identified, has now been realised into the financial position.

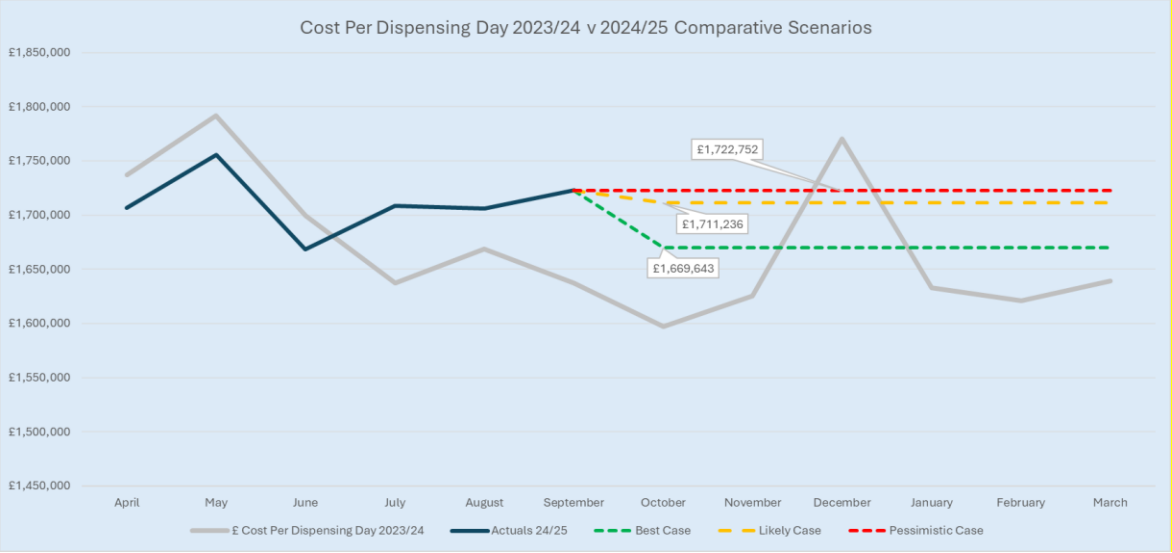
5.3. We have now received Prescribing data from April through to September. Based on this data we have looked at several methods to forecast the spend and its volatility.

5.4. 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.

5.5. Our cost per dispensing day has significantly increased in the current months data, as shown in Table 2. The table below also outlines the 2023/24 cost per dispensing day, this also shows assumptions for optimistic, likely and pessimistic case per dispensing days which have been used to support financial forecasting scenarios.

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

Table 2



6. Delegated Pharmacy

6.1. The year-to-date position shows a pressure of £1.9m, the current forecast is to break even in 2024/25.
In addition to an increase 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 £1.9m 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. NHSE has asked ICBs to show a break-even position in anticipation of either: (1) a reduction to current fee rates and quality scheme payments 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 £3.4m risk.

6.2. The new "Pharmacy First" contract started on 31st January. All costs of this scheme are expected to be funded, but funding is provided in arrears (six months has been received to date). Therefore, the forecast shows a balanced position, whilst the year-to-date shows the correct spend but the variance has been adjusted to show a balanced position in accordance with NHSE's funding arrangement.

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 £0.66m.

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 8, dental services are reported as being underspent by £4m.

9.2. Performance to date suggests that there will be an underspend of £1m on core contracts and slippage of £1m on the Dental Investment Plan. Final agreed contract performance from the mid-year contract reviews will be used to update future forecasts.

9.3. The £15m Dental Investment Plan (the largest ever undertaken in Cheshire & Merseyside) continues to target services at those most in need of treatment.

9.4. 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 following the withdrawal by Southport & Ormskirk Hospitals from the delivery of orthodontic services.

9.5. The outcome of the appeal lodged by the contractor for the primary care dental contracts which were issued with termination notices in 2023, itself the culmination of action begun by NHSE prior to delegation, has concluded. The appeal found in favour of the ICB. The care of patients in mid-treatment is now being arranged while the contracts close. On-going care for displaced patients is being managed by commissioning additional UDAs from other local providers.

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 recognises this shortfall and is 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 £66.406m.

10.4 Table 3 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 later in the financial year.

Table 3

Place	ICB Held Budget	Available Drawdown	Funding Gap in ICB Allocation	Total	FOT	Variance	%age Utilisation
Cheshire East	£7,570,994	£2,071,306	£181,246	£9,823,546	£9,597,669	£225,877	98%
Cheshire West	£7,220,270	£1,975,353	£172,850	£9,368,473	£9,231,058	£137,415	99%
Halton	£2,634,499	£720,758	£63,069	£3,418,325	£3,418,325	-£0	100%
Knowsley	£3,451,445	£944,261	£82,626	£4,478,332	£4,354,184	£124,148	97%
Liverpool	£11,382,619	£3,114,107	£272,495	£14,769,221	£14,472,296	£296,925	98%
Sefton	£5,471,669	£1,496,963	£130,989	£7,099,622	£7,084,789	£14,833	100%
St Helens	£4,067,424	£1,112,784	£97,372	£5,277,580	£5,267,590	£9,990	100%
Warrington	£4,092,076	£1,119,528	£97,963	£5,309,567	£5,006,104	£303,463	94%
Wirral	£6,795,006	£1,859,007	£162,670	£8,816,682	£7,974,526	£842,156	90%
Total	£52,686,002	£14,414,066	£1,261,281	£68,361,348	£66,406,542	£1,954,806	97%

11. Capital

11.1 Table 4 shows the latest primary care capital expenditure position.

Table 4

Cheshire & Merseyside ICB Primary Care Capital Position - Month 08 2024/25

Description	Cheshire & Mersey Planned £'000s	Cheshire & Mersey Received £'000s	Comments
Capital Resources			
BAU allocation	4,698	4,698	
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 provide 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	Approved 23/24
Schemes approved in 2024/25	1,702	138	Approved by Regional Director of Finance, July 2024
Subtotal Improvement Grants	**1,768**	**204**	
GPIT			
Approved NW Region			
Subtotal GPIT	**0**	**0**	
IFRS 16 - Schemes funded Centrally			
Disposal of The Department, Lewis's (Liverpool)	-343	-583	
New Lease, Old Mkt Hse (Wirral)	361		Expected March 2025. National team has agreed to provide funding
New Lease, Wyvern Hse, Winsford (CW)	33		National team has agreed to provide funding
Lease extension 5yrs, Ellis Centre	94		National team has agreed to provide funding
New Lease, Lakeside (Warrington)	1,673		National team has agreed to provide funding
Subtotal IFRS 16 - centrally funded	**1,818**	**-583**	
Total Approved Expenditure	**3,586**	**-379**	
Planned Expenditure Under Development			
GP Premises Improvement Grants	16		PIDs pending
GPIT	3,388		Awaiting approval of Regional Director of Digital Transformation and Director of Finance
IFRS 16 - Schemes not funded Centrally	0		
Subtotal Planned Additional Expenditure	**3,404**	**0**	
Total Approved and Planned Expenditure	**6,990**	**-379**	
Capital Resource (Surplus)/Deficit	**0**	**-4,968**	

11.2 £0.800m of GP Premises Improvement Grant (IG) projects that were approved by this committee in June and a further £0.902m approved in August are under way. £0.138m has been completed and paid to date.

11.3 £3.388m of GPIT Projects were approved in principle by this committee in June. The PID documents have completed all stages of approval by the ICB and currently await sign-off by the NW Regional Director of Digital Transformation and the NW Regional Director of Finance. The ICB Digital team and its delivery partners will then purchase

equipment and update systems to improve services to contractors and patients and to reduce cyber security risks.

11.4 IFRS16 schemes are accounting adjustments for leases. This is managed locally by the ICB Corporate team, and nationally by NHS England. The national team has confirmed that funding is available for the schemes listed in Table 4.

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 November 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

19th December 2024

Digital Primary Care update

Agenda Item No	SPCC 24/12/B12
Report Author & Contact Details	Kevin Highfield kevin.highfield@cheshireandmerseyside.nhs.uk
Report Approved by (Sponsoring Director)	Cathy Fox, Associate Director of Digital Operations on behalf of John Llewellyn, Chief Digital Information Officer
Responsible Officer to take actions forward.	Kevin Highfield, Acting Head of Digital Operations

System Primary Care Committee

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

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

Recommendation	**The Committee is asked to note:** 1. Detailed planning is now underway for delivery of key milestones in the Digital Primary Care sub strategy, progress will be reported to this Committee on an ongoing basis. 2. Work is continuing at pace on the Blinx pilot along with establishing appropriate governance and a robust independent evaluation process which will be led by the Health Innovation network. 3. The TIF project to migrate Wilmslow GP Practice to the new EPR (Medicus) has been delayed because of issues with the incumbent supplier. The indicative go-live date is now first week of April 2025. NHSE have advised of an uplift of funding to support go-live to £130k (from £70k). 4. Ainsdale Practice has commenced Stage 2 of the TIF programme for innovation purposes only with no current plans to implement a product. Discussions are being held with NHSE regarding allocation of funding. **The Committee is asked to note** the updates on the Digital workstreams enabling Primary Care services.
Key issues	**The Committee is asked to note:** The lack of specialist qualified ICB resource for Digital Clinical Safety is having an impact on a number of key projects including the Blinx pilot and the TIF programme to implement the new EPR in Wilmslow. This is being escalated as part of wider discussions about key vacancies in the Digital team, in the interim a third party has been commissioned to provide specialist support to mitigate this risk.

Key risks				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X		X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
Route to this meeting	This paper was developed by key members of the Digital team with oversight from the Digital Senior Management Team.			
Management of Conflicts of Interest	None reported			
Next Steps	There are several key workstreams to be progressed during the second quarter of this financial year. Resources are being reviewed to ensure key priorities are adequately supported.			
Appendices	Appendix A – TIF High level Risks and Issues – revised 04/12/24			

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

2.0 Current Workstreams

2.1 Digital Primary Care sub strategy

Further to the approval of the Digital Primary Care sub strategy at the last System Primary Care Committee, an implementation plan is being developed and in parallel the process of delivering key milestones has started. Updates on progress to deliver the key milestones together with any risks or issues will be provided to this Committee on an ongoing basis.

2.2 Primary Care Digital Transformation Proof of Concept (Blinx Pilot)

Further to the last update to System Primary Care Committee in October 2024 there is significant progress to report. Contract and procurement discussions are in final stages. Dr Laura Mercer has been appointed as Clinical Lead for the Programme. Laura has played a vital role in the deployment of Blinx PACO at Danebridge Medical Centre in Northwich and uses the product on a daily basis to deliver patient care. Laura has been working with Blinx to blueprint processes that have worked well for current users, so that new PCNs and Practices have the option to adopt these thus saving considerable time configuring the system.

Introduction Event

A virtual introduction event took place on 7th November 2024. This event was aimed at Places, PCN's and Practices who were taking part in the Blinx Pilot. It covered an overview of the Pilot, clinical safety, information governance, evaluation, communications and next steps. The session was well attended with 87 delegates joining the call.

Launch Events

A face-to-face launch event took place at Blinx Health Care's Head Office in Daresbury on 11th November 2024. This event was attended by 60 delegates including representatives from Place, PCN's, Practices, IT Provider colleagues, the Health Innovation network, the Blinx Programme team and colleagues from from Blinx Health Care. John Llewelyn, Chief Digital Information Officer, talked about how the Blinx project evaluation will provide an opportunity to review Blinx's role in advancing the ICB's Digital and Data strategy and response to the ten year plan. The event provided a great opportunity to network and engage with all those involved in the pilot.

A virtual Launch Event, attended by 114 delegates took place on 14th November 2024, with the same agenda as the face-to-face allowing those who were unable to attend in person an opportunity to hear key messages and engage.

Technical enablement is now underway with the support of IT Providers - it is expected that 23 practices will be technically live before Christmas. Practices identified for the first phase of deployment are enthusiastically booking onto webinars and question and answer sessions hosted by the Blinx team. Super User Boot Camps are fully subscribed

until the end of January 2025 with the wider team looking to source additional venues to deliver more of these concurrently in multiple places across Cheshire & Merseyside.

In terms of the evaluation, the Blinx programme team along with Dr Tom Micklewright, Digital Clinical lead, attended a Logic Modeling workshop with Health Innovation Northwest Coast. It was agreed that the independent evaluation will have the following aims and objectives:-

Aims: To evidence whether Blinx is a strong and solid solution for delivering modern general practice, making the experience for patients and practice easier, having a positive impact on health outcomes, allowing practices and PCNs to see the benefits of the software.

Objectives: To understand barriers and enablers to the implementation of Blinx and map existing use of other care navigation providers, building the evidence base for a C&M ICS commissioning decision.

The first edition of the monthly newsletter was circulated to stakeholders and highlights of the pilot were delivered to the Digital Primary Care Board on 13th November 2024.
The inaugural Blinx pilot programme board took place on 5th December 2024, reviewing the terms of reference for the board and present the processes for reporting and risk and issue management at future meetings.
Looking forward, the first monthly drop in session will take place on Thursday 12th December 2024 allowing an opportunity for pilot Places, PCN's & Practices to engage with Dr Laura Mercer, IT Providers, the ICB Blinx Programme Team and the team at Blinx Health Care. We look forward to reporting back on successful implementations in the New Year.

2.3 Primary Care Access Recovery Plan (PCARP)

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

Empowering Patients: NHS App

In 2024/2025, we continue promoting the NHS App across Cheshire and Merseyside. As of 06/12/24: 57% of residents aged 13 years and over are registered with the NHS App in Cheshire and Merseyside which is the national average.

	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**	
	During October '24	**Target by March 2025**	**During October '24**	**Target by March 2025**
Cheshire and Merseyside	1,048,890 Per month	626,000 per month	267,678	191,000 Per month
National	Unknown at this time	15m Per month	4.7m	3.5m Per month

Please note that the figures for patients accessing records via the NHS App are not up to date due to reporting issues at a national level.

We are currently working with IT providers support practices who are currently not allowing patients prospective record access.

2.4 Implementing Modern General Practice Access:

Cloud Based Telephony

Cloud Based Telephony (CBT) – all remaining practices in the funded programme anticipated to go live by the end of December 2024. There has been a delay to go live dates nationally due to suppliers coping with demand across the country. Some go live dates have continued to be rescheduled due to broadband issues requiring liaison with BT and practices requiring landlord authorisation for preparatory works to be carried out.

Progress continues to be monitored by the ICB Digital team with relevant Place Leads & IT Providers. Practices involved in this work programme also continue to be supported by the National Commercial and Procurement Hub.

The table below shows the current position in relation to practices who are part of the funded programme that have gone live with Cloud Based Telephony.

Phase	Total	Number live	Outstanding
1 Analogue	34	34	0
1 Evergreen	6	6	0
2A	96	86	10
2B Costs	7	4	3
2B FOC	30	30	0
TOTALS	**173**	**160**	**13**

In addition to the above the National Procurement Hub are currently working directly with an additional 21 practices outside of the funded programme, as their current contracts are due to expire. The ICB Digital Team will monitor this and provide support as needed.

2.5 Cutting Bureaucracy:

Register with a GP Surgery Service

This service gives all GP practices in England a standardised, simpler way of taking registrations online, is free for NHS GP practices to use and reduces the administrative time required to complete the process.

This service has been mandated within the 2024/25 GP Contract and all practices in the UK that were currently not using the service were to enroll by the end of October 2024. There are 14 practices outstanding, the Digital Team are working with national implementation leads, Primary Care Leads and the three Digital service providers to support the practices outstanding. Some practices are using alternative AI solutions in place of the national form whilst others have requested an exemption and waiting on a decision from the national team.

Month	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%
August 2024	225	64.7%
September 2024	275	80.1%
October 2024	289	84.3%
November 2024	313	91.3%
December 2024	328	95.9%

Going forward the priority will be uptake and utilisation of this service.There is significant proportion of the Practices who have enrolled with the services but are not actually using the system. The national implementation team are finalising the approach to capturing reliable data on this and will be shared with ICB Digital Team as soon as it is available.

2.6 Digital Contracts and Frameworks update

Digital Tools & Implementation

To support this work for 2024/2025 there is funding available under the PCARP and the current ICB allocation is shown in the below table. The ICB is working with the Procurement Hub for reimbursement of these costs with a 31st December deadline required by NHSE for all submissions of invoices.

Supplier	Product	Contract end	Total forecasted spend 24-25
Access Technology Group Ltd	Elemental	31/03/2025	40,000.00
AccuRX	Messaging bundle	31/10/2024	515,359.50
AccuRX	Self book	31/03/2025	427,356.00
Advanced	PATCHS	30/06/2025	254,276.71
iPlato	myGP Messaging	31/03/2025	159,411.69
MJOG	MJOG	31/10/2024	28,589.24
Accenda	Gateway	30/09/2026	102,628.90
EMIS	APEX	31/03/2025	192,291.00
Ardens	Ardens Plus	31/03/2025	356,581.33
PCARP Allocation			2,076,494.37

The ICB has a shortfall of £180k +Vat against the allocation, this shortfall is due to the contracting of the Accubook service (now called Self book).

The ICB Digital procurement & contracts team are currently working with NHSE and other ICBs across the country on a national service specification for SMS fragments with a current view of going to procurement end of Q4 2024.

2.7 The Tech Innovation Framework (TIF) Early Adopter Programme

The ICB Digital team is supporting Wilmslow Health Centre and Ainsdale Practice in engaging with this programme.

Ainsdale practice

Ainsdale Practice has completed a preliminary assessment of the products available within the Innovation Programme and has chosen to work with Telstra exclusively for innovation purposes. They will collaborate with their selected supplier to develop a product that benefits the primary care Electronic Patient Record (EPR) market. Additionally, they will work with the local IT provider team to understand the impacts and requirements of EPR both at the practice level and within the broader healthcare context. The practice **do not** intend to migrate to a new product and therefore will not proceed onto implementation. £100k has been allocated to the ICB for this work, however

discussions are ongoing with NHSE regarding the level of funding to be transferred to the practice as they will not be proceeding implementation.

Wilmslow Health Centre

Wilmslow Health Centre is currently in Stage 2 pre-deployment. This phase includes assessing the requirements or minimum viable product (MVP) that supports the practice and wider patient and clinical workflows.

The MVP documentation will be signed off by the practice and the ICB to ensure that any product migration does not have an adverse impact on the practice, wider clinical workflows and subsequent patient care pathways. Discussions are ongoing with the supplier, NHSE, and the current EPR provider regarding the provision of legacy data extracts, which are currently may extend to Q2 2025.

NHSE has expedited the application for Stage 3 funding with the available funds of £130k, this represents an increase on the original funding of £70k. Discussions are taking place with Wilmslow senior partners to review the funding allocation ratio between the practice and the ICB. The funding is to cover costs related to implementation, interoperability, and delays in data migration from the current EPR provider.

All aspects of the project from both Stage 2 and Stage 3 will be formalised through a Memorandum of Understanding (MOU) involving the practice, Midlands and Lancs CSU, NHSE, and the ICB. A governance framework has been established that includes gateway decision points and clear milestones for advancing safely into further migration activities and stages.

2.8 Digital GPIT Capital Bids 2024/25

The GPIT allocation of £3.388m is currently with NHSE for signoff. Procurement planning meetings are already scheduled with IT providers, procurements will be done centrally via MLCSU for a consistent approach and to ensure value for money of the allocated funding.

The below table provides a breakdown of the planned investments, however due to some technical issues encountered with Windows 11 rollout a further review of BAU replacement spend will be required.

Description	£
Laptops & Desktops Replacements (Inc ARRS & Win 11)	1,856,000
Break Fix (BAU replacements)	142,000
Cyber & Infrastructure Upgrades (Network switches, Wifi Access Points, Servers etc)	1,235,000
IT Provider Project & Implementation Costs	155,000
Total	£3,388,000

The above table includes purchasing considerations as part of the Efficiencies at Scale programme, which is looking to standardise hardware and suppliers for better value, consistency, cost, and commitment to the ICB green plan.

3.Recommendations

The System Primary Care Committee is asked to note:

1. Detailed planning is now underway for delivery of key milestones in the Digital Primary Care sub strategy, progress will be reported to this Committee.

2. Work is continuing at pace with the Blinx pilot along with associated governance and a robust independent evaluation process led by the Health Innovation network.

3. The TIF project to migrate Wilmslow GP Practice to the new EPR (Medicus) has been delayed due to delays in receiving the data extract from the incumbent supplier, indicative go-live date is now first week of April 2025. NHSE have advised of an uplift of funding to support go-live to £130k from £70k

4. Ainsdale Practice commenced Stage 2 for innovation purposes only with no current plans to implement a product. Discussions are being held with NHSE regarding allocation of funding.

The Committee is asked to note to updates on the Digital workstreams enabling primary care.

5. Officer contact details for more information

Kevin Highfield, Interim Head of Digital Operations
Amanda Parkin, Digital Transformation & Clinical Improvement Business Partner
Catherine Stukley, Digital Transformation & Clinical Improvement Business Partner

APPENDIX A – Tech Innovation Framework (TIF) High Level Issues

Ref	Owner and Date	Risk Type (select from dropdown list)	Place - Risk (I Mersey/CSU)	Risk details	Mitigations	Comments
30	Kev Highfield 01/11/24	Operational	ICB/Practice	SHARED CARE RECORD. The new Medicus EPR and shared record supplier Graphnet currently have no commercial arrange to share data. NHSE are unclear commercially what costs are covered by new TIF framework. clinical testing resource currently being identified internally	Shared Care records Team have requested a scope of works to understand the resources and actions required to support the Medicus implementation It is essential we understand the changes to the records/data feeds etc. to ensure that the infaces exist between their new clinical system to exchange data between the MIG (which Wilmslow Health Centre has signed up to), E-xchange and the systems which also interface CCR, Shared Care Record, GP Report, EPACC (End of Life) and any others which may need consideration	A further discussion needs to take place between SRO Kevin Highfield and Lesley Kitchen to agree to this pause until the SCR Steering Group meet to make decisions and give feedback.

31	Kev Highfield 01/11/24	Operational	ICB/Practice	ISSUE The current data for data migration from EMIS to be completed is April 2025 for data extract, however the mechanism for migration, data quality checks and format have still not been confirmed. This could cause delays to the go live for Medicus.	The discussions regarding the Data Extract are on-going. The Gateway decision points will mitigate any risk in progressing into Stage 3 with unsuitable data migration plan, but the delay will impact timeframe, resources and costs associated with Medicus Implementation.	Discussions needed to move the go-live date.

NHS
Cheshire and Merseyside

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

Date : **19 December 2024**

Primary Care (General Practice)

Access Improvement Plan(s) – Update

Agenda Item No: SPCC 24/12/B13

Responsible Director: Clare Watson

Primary Care (General Practice) Access Improvement Plan - Update

1. Purpose of the Report

1.1 To update the System Primary Care Committee (SPCC) on progress of the ICB's Access Improvement Plan at both system and place level(s), following initial approval by the Board in November 2023 and update in March 2024. This paper also reflects updated policy asks for 24/25.

1.2 It should be noted that the ask for Boards to be updated during Autumn 2024 was mandated by NHS England. This Plan was submitted to Board in November 2024.

2. Executive Summary

2.1 On 9th May 2023 NHS England released 'Recovering Access to Primary Care' with a national commitment to 'tackle the 8am rush' and make it easier and quicker for patients to get the help they need from primary care. https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/. The Policy concentrated on four domain areas as detailed in the Guidance.

2.2 In April 2024 there was a subsequent Policy update NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25 which narrowed the plan further into key reporting areas. **Appendix 1** gives the reported areas against this revised Policy document - and the latest updated version, which continue to be requested monthly by NHS England.

2.3 To support delivery of the Access Improvement Plan, the ICB continues to have a programme management governance structure/delivery board, under the Executive leadership of the Assistant Chief Executive. Colleagues from key enabling teams across the ICB including digital, finance and business intelligence, are represented at the Board. At Place level, Place level improvement plans are managed through Place governance. This Committee receives updates on the indicators in Appendix 1 plus supporting narrative, at each meeting.

2.4 In response to the national asks, the ICB developed a system level plan, with granular details and delivery of improvements supported through 9 place level plans, all of which were reported to Board in November 2023. NHS England subsequently requested that ICB reported an updated plan to their Board's in Autumn 2024. They requested that the plan covers ;

- Progress against all the four elements of the national delivery plan
- Outlined the local plans to improve access and progress against the primary and secondary care interface,
- A breakdown of the use of the funding streams for primary care in 2023/24
- Projected use in 2024/25, including for service development funding **(**SDF) for high quality online consultation software and transformation funding
- An update on how many PCNs have claimed the 30% CAIP (Capacity Access and Improvement) payments

2.5 In response therefore a revised System Level Plan Update is presented along with Place Level Improvement Plan (s) which are included (minus appendices) in **Appendix 2.** Places were asked to provide the granular level detail of spend, impact and quantifiable improvements of their November 2023 plans. It should be noted that not all spend had been agreed for 24/25 at the time of writing this paper so some elements of this remain unconfirmed.

2.6 This update is given mindful of the current ongoing GP Collective Action and pressures on general practice workload, set against the current ICB financial situation.

2.7 This paper was presented to Board in November 2024 and the following comments were made which are highlighted to the Committee ;

- The work undertaken on digital inclusion by some places – could this be shared and replicated (recognising a lot of work was done across the ICB as a theme in all plans)
- That there be some work done on continuity of care and access
- Assurance that all the CAIP claims will be 100 per cent by March 2025
- The challenge of estates was recognised.
- The importance of community services and the integrated model (right service for the patient at the right time) was flagged in terms of the upcoming neighbourhood models / 10 year plan policy currently being developed.
- Practice Nurse workforce challenges (which was flagged in the workforce section) and how that could be addressed
- The Healthwatch survey and support for ensuring the reach is effective including text message awareness from Practices where able.

3. Ask of the Committee and Recommendations

3.1 The Committee is asked to ***discuss and note*** the update on the System Level and Place Level Improvement plan(s) including the Board feedback.

4. Next Steps and Responsible Person to take forward

The Programme Board and System Primary Care Committee and 9 Place Primary Care Fora are taking forward the relevant system and place actions to support the improvement of access to primary medical services.

A summary update on the plan to coincide with the Healthwatch feedback at Board in March was discussed. Healthwatch will give a verbal update at this Committee meeting on this work to date. There will need to be a review of the plan in light of any subsequent policy releases in relation to the NHS 10 Year Plan/review of the NHS Long Term Workforce Plan.

The SPOC for overall delivery at system level, working with our 9 places, is Christopher Leese, Associate Director of Primary Care

5. Officer contact details for more information

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

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

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

7. Link to meeting CQC ICS Themes and Quality Statements

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

8. Risks

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

- P1
- P3
- P5
- P6

9. Finance

Full financial information was contained within original plan and updated in this paper

10. Communication and Engagement

A communications plan summary was contained within the original plan and any updates by exception are included in this paper.

11. Equality, Diversity and Inclusion

An Equality and health inequality analysis and report was included with the original plan and any updates are by exception within the papers. At Place Level specific health inequalities updates are given.

12. Appendices

Appendix One: *Year 2 Primary Care Access Reported Metrics*
Appendix Two: *Place level Improvement Plans*

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside ICB Access Improvement Plan Update

Report Author	Christopher Leese Associate Director of Primary Care
Author Contact email	Chris.leese@cheshireandmerseyside.nhs.uk
Version	Final
Date	November 2024

1.0 Contents and Introduction

1.1 Introduction

The plan is presented as below ;

- **Section 2.0** lifts the original aims of the Access Improvement Plan submitted to Board in November 2023, and gives progress in key areas, with some supportive data. The aims of the original plan were;
    - Enabling better, easier access to more appointments
    - Workforce retention, recruitment and investment
    - Support all our practices to have the key elements of the 'Modern General Practice Access Model' in place by December 2024
    - Measuring Success of our plans through meaningful engagement
- **Section 3.0** gives more details on key enablers of improved access, such as implementation of digital tools, within the four policy areas of the original national policy (this layout is as requested by NHS England). These support delivery of the ICB ambitions above.
- **Section 4.0** summarises overall key actions required for the remaining quarter of 24/25 and moving into 25/26.
- **Section 5.0** appendices include the place level improvement plans which need to be read alongside this system level plan update. The place plans give some of the granular localised achievements and actions that support the overall plan to improve access across the ICB.

2. ICB Plan Aims and Progress

2.1 Patient Perspective

For the November 2023 plan, Healthwatch summarised the challenges patients face in accessing GPs and the improvements expected to be made as a result of the work under the Access Improvement Plan, *some of those are given below* ;

- Feel valued and important/understood from their first point of contact with their GP surgery by encountering less hurdles and receiving friendly, clear information about how to access appointments and services
- Are able to make or manage appointments by visiting the Surgery; by an uncomplicated telephone system that is answered in a timely manner; or by online systems where appropriate and accessible to people. Each of these methods should respect people's privacy.
- Understand what the process/system is for apps and technology for those that want to use it, with clear information of when it is available and what the alternative is, particularly for those that require reasonable adjustments for access.
- Get an appropriate appointment from first contact with a date, time and name of who they will be seeing, and they understand the different roles within practices.

2.2 Aims of ICB Plan with progress

2.2.1 Enabling better, easier access to more appointments:

- **Access to a routine appointment within two weeks**
  Using the previous IIF (Investment and Impact Fund) indicator measurement and data collection from booking to appointment the aim was for 90 per cent of appointments offered within two weeks as a minimum across the ICB.

  The latest average of appointments offered within that period and number of practices achieving over 90 per cent is given below – within each place plan there will be specific plans to work with practices to support this. These figures demonstrate that further work is required to ensure that this figure increases and variations reduced, led through Place conversations with local practices.

Time Period	Performance	Practices >= 90%
Apr-23 to Aug-23	88.6%	209
Apr-24 to Aug-24	88.3%	206

- **Same day appointments for patients who require them**, with all patients provided with an appropriate response following initial contact, that same day, in line with the recent national contract amendments. Again, this is supported by specific plan level plans using more localised data.

  The proportion of appointments that are on the same day has increased when comparing current year to date against the same two time period in 2023 and 2024. There were more same day appointments in the 2024 period (2,929) compared to 2023 period (2,784) (47.1 per cent of appts were offered the same day for the same period and then 46.9 per cent). It should be noted that clinical triage is clearly important when considering this.

Time Period	Same Day	1+ Days	Unknown	Total
Apr-23 to Aug-23	2,784	3,145	5	5,934
Apr-24 to Aug-24	2,929	3,282	8	6,218

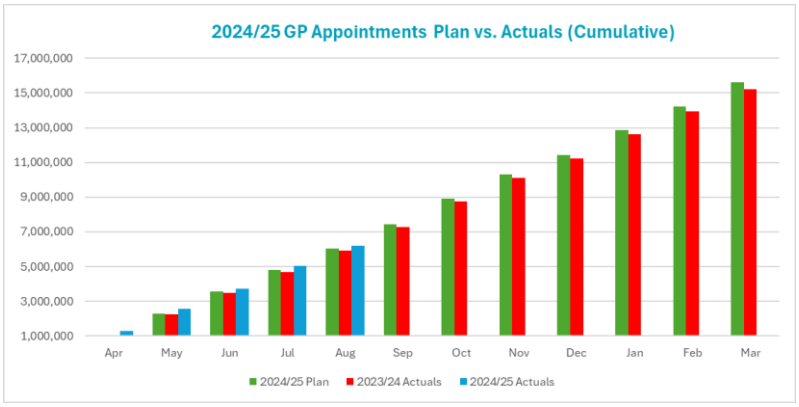
Time Period	Same Day	1+ Days	Unknown	Total
Apr-23 to Aug-23	46.9%	53.0%	0.1%	100.0%
Apr-24 to Aug-24	47.1%	52.8%	0.1%	100.0%

- **That patients can easily access the practice by all available means** but noting the specific feedback via the GP Practice Survey and our Healthwatch colleagues that patients want to see the biggest improvement in **telephone access.**

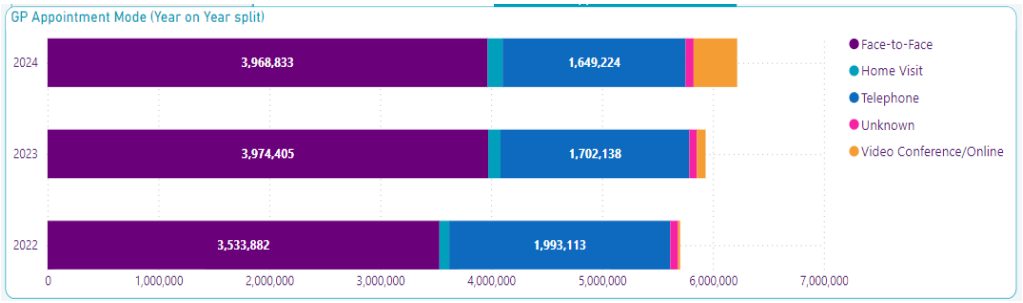
  Investment in digital telephony and increasing use of the NHS App and some of the benefits of these actions that support the above aim, **are given in section 3.0.**

- **Delivering more appointments overall** by all available means, with an agreed target and trajectory for 24/25 and beyond.

The data below shows overall that the number of appointments in 2024/25 is exceeding both 2023/24 (2.0% more appointments target), and the Operational Plan (2.7% more appointments overall target). Within this, places will be working using local data with Practices where there may be additional support required.



The chart below provides a breakdown of appointments by Mode in the last 3 years. Overall there more appointments in 2024, with a greater number of Video / Online appointments, broadly the same number of Face-to-Face, and slightly fewer Telephone appointments.



Actions to support appointments offered under **Enhanced Access** and any additional schemes commissioned locally such as appointment hubs are given in the place level plans. An update on self-referral numbers is given in Section 3.0 which further supports management of overall capacity.

Further work is in terms of quantifying **demand** for local populations remains an area for further development.

- **Addressing Health Inequalities and Access**
  - As part of embedding our systematic approach on tackling health inequalities, our local placed based primary care teams and their Primary Care Networks (PCN) have been utilising the range of health inequalities tools and recommendations that were identified in the Equality and Health Inequality Assessment (EQHIA), that was previously presented to Board, Our Place leads have been taking account of their local assets and forums with their partners in tackling localised access issues, and understanding the local challenge to overcome to promote health equity to their patients.

- Some examples of this positive work includes implementing the Population Health Management Tools through the Combined Intelligence for Population Health Action (CIPHA) platform and attending our new Population Health Academy masterclasses about how to proactively identify patients impacted by health inequalities and deprivation to improve their outcomes. For example, in St Helens, they have built on their successful award-winning Health Inequalities commission with the Local Authority and partners to ensure all PCNs have Frailty teams who are supporting Enhanced Health in Care Home requirements and proactively visiting frail and Housebound patients. As part of the Development of their Care Communities, the CIPHA enhanced case finding tools proactively identify the most vulnerable people/known to multiple services and high deprivation areas. Two priority groups have been identified: 18-30's, living in most deprived area, history of living in a care home and have Mental Health conditions and GP Frequent flyers known to multiple services. St Helens Place are then working with the Local Authority to provide technology enabled care which allows patients to be monitored remotely in their own home to prevent falls and deterioration of medical conditions

- Many of our PCNs have been maximising the partnership work with their Social Prescribers and VCFSE sector partners, such as Halton where they are a lead site for the NHSE-led Community Connectors Pilot programme. This work with their local VCFSE leads has been able to recruit and support local people, to become 'Connectors', who then act as a conduit to communication with their community, and to gather local intelligence on accessing services which can be used to inform change. The Connectors are representative of geographical neighbourhoods such as Murdishaw and Ditton, but also of 'PLUS' communities such as Military Veterans, Care-leavers, and the Learning Disability Community.

- Another example of the EQHIA recommendations being implemented locally is within Liverpool Place, where each PCN now has a Health Inequalities Lead and are starting to utilise the Health Equity Assessment Tool (HEAT[1]) to document their plans and bring to the established Prevention and Health Inequalities Group (PHIG) with their local Public Health partners for review and input. In 2023 Liverpool City Council established a new neighbourhood model which saw the appointment of 13 Neighbourhood Managers. Liverpool PCNs have been building links with Neighbourhood Managers to explore areas where they can work in partnership in tackling health inequalities and reaching communities. For example, this has included PCNs working closer with community groups and being an active part of community events for targeted health promotion, early diagnosis and prevention.

- The 2024/25 Liverpool GP Spec also introduced a new qualitative indicator aimed at developing PCN vaccination strategies to increase vaccination uptake through new approaches to the delivery of vaccination services and collaboration with community-based partners. This collaboration is seeing our PCNs working with Living Well with other community services to offer a wider range of interventions

[1] https://www.gov.uk/government/publications/health-equity-assessment-tool-heat

and community-based events e.g. cancer screening, liver health, smoking advice, AAA screening team, immunisations. And using autumn/winter vaccine clinics to target patients who meet the criteria for cancer screening. Liverpool is part of Phase 2 of the mobile cervical screening pilot in collaboration with the Living Well bus to deliver a number of sessions at locations across Liverpool aimed at different ethnic minority groups with lower uptake.

- As part of our successful NHS Prevention Pledge that has been adopted by all our Hospital Trusts, we have been piloting this unique model, recognised by the NHS Confederation as best practice to support a number of our Primary Care Networks and GP practices in Cheshire and Merseyside, This has included specific community cancer screening Programme that is trying to address health inequalities in South Liverpool, to a host of workplace and wellbeing interventions that have been implemented at a GP practice in Alsager. Learning from this was shared at the recent Prevention Pledge Summit with both regional and national NHSE leaders in attendance. We will continue to maximize this local learning and collaboration to help support the approaches to tackling health inequalities with our wider primary care teams.

- Further examples of the Place based working approaches to improving health equity can be found in the individual place reports.

2.2.2 Workforce retention, improvement and investment

- **Investing in our primary care workforce** including wellbeing offers, retaining GPs and responding to the asks in the National Long-Term Workforce Plan:
- **A clear plan to retain GPs within the ICB** – patients tell us they value direct contact with their 'GP', and the ICB has a considerable percentage of GPs in their 50s who may be considering leaving the profession in the next few years
- **Maximising ARRS (Additional Roles)** in terms of spending and recruitment by March 2024.

Section 3.4 outlines progress against these areas. In addition the continuation of schemes such as the GP Fellowship/Mentoring scheme, career conversations, support for workforce planning for Practices/PCNs and bespoke Place retention surveys have been commissioned from our delivery partner the Cheshire and Merseyside Training Hub – an update on this work was given to the System Primary Care Committee in October.

- **Prioritisation of Wellbeing offers,** recognising the huge pressures facing our primary care workforce, working with our Local Medical Councils (LMCs) and practice staff, the ICB has recommissioned the **Employee Assistance Programme (EAP)** until May 2025. This is a confidential employee benefit designed to help you deal with personal and professional problems that could be affecting home life or work life, health, and general wellbeing. Its available to all practice staff (clinical and non clinical). Any Places that have commissioned local further staff support this will be expanded on in their Place level plan. LMCs (Local Medical Committees) have flagged the issue of further support

for practices in working with patients in challenging situations in recognition of the added stress this can bring to practice staff.

2.2.3 Support all our practices to have the key elements of the 'Modern General Practice Access Model' in place by December 2024

- The 'Modern General Practice Access' model underpins all of our access ambitions in line with the national definitions of what a modern general practice model 'looks like' and many of the key enablers are given in **Section 3.4**, which also outlines progress to date within that section. Current declaration of this by practices, in line with the national policy ask are given below (this is to receive the corresponding payment under the Directed Enhanced Service), which NHS England have asked us to include in this update.

Modern General Practice Access Declarations As At October 24			
Place	Complete implementation of **better digital telephony**	Complete implementation of **on line journeys**	Complete implementation of **faster care navigation and response**
Wirral	0	0	0
Cheshire EAST	0	0	0
Cheshire WEST	3	17	8
Liverpool	10	18	18
Warrington	25	26	10
Sefton	0	0	0
St Helens	23	23	23
Knowsley	0	0	0
Halton	14	14	14
Total	75	98	73
Total number of practices	339	339	339
Percentage	**22%**	**29%**	**21%**

- In addition, during 23/24 Practice staff were supported through 2 schemes funded both nationally and locally, in respect of **Care Navigation Training**. Practices also had access to the national **General Practice Improvement Programme** funded by NHS England, which is currently in its 2nd year, with 26 practices accessing this across 4 cohorts for 24/25. Place Improvement Plans also reference any additional support for primary care development at Place level.

2.2.4 Measuring Success of our plans through meaningful engagement

- It was recognised that by working with Healthwatch and other key stakeholders, it is important to collect meaningful patient feedback, particularly in our most challenged areas and populations. The Board previously supported the need to understand the impact on patients of this collective work, and that this was making a difference outside of any numerical data findings, in a qualitative way.
- The national GP patient survey was released in the summer of 2024 but the field work for this was carried out in January 2024 meaning the full impact of any of the enabling actions in this paper may not have been felt. The key findings of that survey were ;
    - The ICB benchmarks slightly higher than the national average with 76% of patients reporting a good overall experience of GP practices compared to 74% nationally.

- Our patients still prefer to contact Practices by phone (68 per cent of respondents when asked about last contact) but there was a notable variation in results between the top and bottom results when asked to assess ease of access by phone.
- Overall experience of making contact being in the good range was 68 per cent, slightly ahead of the national average – and 70 per cent felt the appointment given was within the right timeframe, 4 points above the national average.
- Confidence remains high in the treatment and care from our GP Practice staff with high results for those indicators.
- Usage of other access points and service utilisation such as on- line and the NHS app for ordering repeat prescriptions for example, are in line with the rest of the country but remain comparatively low when compared to other routes such as telephone.

- Given the above gap in understanding the impact of these changes at a more recent point in time, our Healthwatch colleagues are undertaking further survey work between now and February 2025. This work will cover all our 9 places using the headlines of the national policy, but framed to ensure that we are getting feedback on the areas patients have told us they find challenging in respect of access. The current plan is for an interim update to go to System Primary Care Committee in December, and then the final report alongside an update to this Improvement Plan, to Board in March 2025.

2.2.5 Place Achievements - headlines

- **Wirral** is above the England average of 432 appointments provided per 1,000 population and averages c194,000 appointments per month with an average of 486 appointments per 1,000 patients – the highest in C&M (this excludes enhanced access appointments 399hrs per week). Wirral offers 83.02 GP FTE per 1,000 population which is highest in C&M and also one of the highest nationally.
- **St Helens** - Urgent Care Hubs are being developed to support general practice and will also benefit the wider system, in particular A&E who receive the fallout of an overwhelmed and overburden primary care urgent demand. 1 PCN has successfully piloted the Hub and plans are being developed to mainstream the Hub other PCNs. Have plans to increase capacity over winter to avoid additional pressure on other parts of the system e.g. children's hubs.
- **Sefton** - An Acute Visiting Scheme supported access and provided benefit to the wider system, the ARI hub in South Sefton was also maintained
- **Liverpool** -Total number of appointments is generally increasing in the 2024 data compared to 2023, in March 2024 (April 2023 – Feb 2024) the mean average number of appointments per month last 11 months was 191,853. Currently (Sept 23 – Aug 2024) this is 194,190 over the latest 12 months. Average percentage of appointments being delivered within 14 days over the last 12 months was 92%, exceeding the ICS ambition
- **Halton** -100% have online registration available. This exceeds the national target of more than 90% of practices using the on-line registration system by December 2024

- **Cheshire West** Place agreed a range of metrics to measure improvement in access for patients in our practices - 91% (38) of practices achieved improvements in 100% of the metrics.
- **Cheshire East** All practices within Cheshire East had transitioned to cloud-based telephony systems with the support of the National Procurement Hub. Most practices have migrated to either X-On or CheckComm with one practice choosing to use C-Talk. These systems have advanced features such as call-back and call queuing functionality. This transition ensured improved communication efficiency and reduces waiting times for patients calling into practices. 33/34 Practices had completed this action before 31st March 2024.
- All 5 PCNs in **Warrington** have engaged in and followed the National Association of Primary Care (NAPC) framework. Ongoing Schemes for new developments and repurposing existing estates for Primary Care use will lead to an increase in the physical space available to Primary Care to accommodate the increased workforce.

3.0 Progress on Key Enablers

3.1 Empowering Patients

3.1.1 Expanding Community Pharmacy Services

- The focus of activity has been to ensure delivery of the 7 Pharmacy First services alongside the Pharmacy Contraception Service and Hypertension Case Finding Service.
- During July 2024 there were 16,274 BP consultations compared to 12,344 in June – 31.8% increase. National growth was 11.5%
- C&M have delivered a total of 6,201 contraceptive consultations since Nov 23 (available data), or 5.0% of National delivery.
- Since the launch of Pharmacy first C&M have delivered 50,968 clinical pathway consultations or 5.4% of National delivery.
- 526 (96.7%) C&M Pharmacies have opted in to provide Pharmacy First Service. National opt in is 96.5%
- We continue to 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.

3.1.2 Use of the NHS App

- Year 1 saw a focus on increasing the functionality for patients around appointment bookings, prescriptions and record access enablement. The second year has seen a focus on increasing the usage from the patient perspective particularly in ordering prescriptions and accessing records through the NHS App as the digital front door to the NHS.

- The ICB has have run digital inclusion campaigns to encourage the use of digital for health and care support, this was particularly signposting people to the NHS App during Get Online week in October. We also have had huge success in a GP practice in Cheshire West, who recruited a number of young people volunteering once per week to support people to download, register and use the NHS App. In the first 6 months, the practice saw an increase of 900 prescriptions ordered through the NHS app, with a time saved of approximately 46 hours per month and a cash releasing saving of around £6000 per year.
- We will also be working with practices who have a low number of NHS app registrations to support them to look at increasing this in line with others

	C&M	National
NHS App Registrations (aged 13+)	56%	57%
Prescription (September)	250,558 (+1.33% from previous month	4,490,770 (+2.05% from previous month)
Record views	909,169 (-48% from previous month owing to data discrepancy)	17,958,995 (-42.5% from previous month owing to data discrepancy)

- **Benefits to the patient include the App can** save time – on average a patient can same over 18 minutes by ordering online through the NHS App and feedback from one practice is that phone lines seem to be clearer and this is assumed to be connected with an extra 900 repeat prescriptions being ordered digitally

3.1.3 Expanding Self Referrals

- Progress in 23/24 was challenging and the ICB remained consistently below target but Progress in 24/25 has improved following national review and issuing of new targets. The ICB now has a target of 9,109 self-referrals per month and as of July 24 was achieving 10,291. We will continue to work with the Provider Collaborative to reduce variation and ensuring healthcare staff and patients can readily understand availability of self-referral locally.

3.2 Implementing Modern General Practice Access

3.2.1 Better digital telephony (Cloud Based Telephony)

- In 2023/2024 funding was made available to support a switch from Analogue to Advanced Cloud Based Telephony solutions to support the delivery of modern general practice. Across Cheshire and Merseyside 173 practices were part of this programme which funded exit costs from current suppliers and implementation costs
- At the end of October 2024, 149 Cheshire & Merseyside ICB practices had implemented Advanced Cloud Based Telephony Solutions as part of the funded programme with the remaining 24 scheduled to go live before Christmas 2024.The pace of deployment across Cheshire & Merseyside ICB is reflective of that across other ICB's across the country.

Benefits for GP practices

- Installing Advanced Cloud Based Telephony provides the functionality to support practices to manage calls more effectively and provides data that helps practices understand and manage demand.
- Advanced Cloud Based Telephony systems phone lines are now connected to the internet, making it less likely that they will become unavailable due to technical difficulties.
- NHS Staff can access Advanced Cloud Based Telephony systems anywhere in the practice, this means GP practices are now more flexible to deal with requests and less reliant on a single reception team.

Benefits for patients

- When patients call the practice, they will come through to an automatic call menu, which will give a range of call options, rather than sending them straight to a call handler. By listening to and using the Appropriate option for their call, they will be able to speak to an appropriate member of staff quicker and free up the phone line for other patient queries that are not covered in the call menu.
- Patients will experience proper call queuing on the phone line when more than 4 patients are waiting. This means they will no longer have their call rejected if the lines are busy, they will instead be placed in a first come first served call queue.
- Advanced-Cloud Based Telephony (ACBT) allow call-back features. This means when patients reach the phone they will have the option to request a call back. Using this option will save their place in the phone queue and prompt the reception team to give them a call back when they reach the front of the queue. This is a great option if they have a busy day because they can continue to carry out tasks whilst they wait in the phone queue.
- ACBT has text integration. This means that for certain patient enquiries such as information about clinic dates or routine Appointments they may receive a text message rather than speaking to an operator. This can save them from having to wait in phone queues and frees up the call handlers to deal with other enquiries.
- ACBT has automatic priority call handling. This means if patients are calling from the number they have registered with the practice, the smart telephone system will check their medical records and if they have a serious medical condition like heart failure or if they have an access requirement such as being housebound, they will be able to speak to a member of the team sooner.
- ACBT systems are also connected to its records, meaning care navigators can identify whether or not a patient is registered with the system, meaning there will be fewer checks to verify their identity when you call.

3.2.2 Simpler online requests - Register with a GP Surgery Service

- Patients and a selection of GP practices across England have been testing a new "Register with a GP surgery" service which aims to make registration simpler, easier, and more inclusive for both patients and practices, whilst reducing the administrative time required to complete the process. This service gives all GP practices in England a standardised way of taking registrations online and is free for NHS GP practices to use.
- Since September 2023, practices across England were invited to sign up for the service, supported by a dedicated national programme team and online resources which can be found here Register with a GP surgery service - NHS Digital.
- This service has been mandated within the 24/25 GP Contract and all practices in the UK that are currently not using the service are to enroll by the end of October 2024. The ICB Digital Team are working with national implementation leads, Primary Care Leads and the three Digital service providers to support the mobilisation and engagement planning.

Month	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%
August 2024	225	64.7%
September 2024	275	80.1%
October 2024	313	91.3 %

- There has been a positive response from GP Practices that have enrolled with the service. **From a practice perspective,** benefits reported have been Reduced administrative workload – less paperwork and fewer phone calls relating to registrations. **From a patient perspective**, it' is more convenient - patients can register any time without having to visit the practice.

3.2.3 Faster navigation, assessment and response

- Practices have access to a number of digital tools commissioned by the ICB to support with faster navigation, assessment & response. Many of these tools were commissioned by CCG's resulting in a myriad of solutions and contracts. The ICB draws down funding for centrally commissioned solutions
- In August 2024 a transformational opportunity was launched, offering practices a chance to participate in a pilot to evaluate the effectiveness of Blinx PACO to support the delivery of modern general practice and realise system working benefits. 105 practices across the ICB have signed up to be part of this pilot.

- This work has been complemented by Care Navigation training and work undertaken through the National General Practice Improvement Plan where some of the learning has been focused around using the tools effectively in peer practice groups.

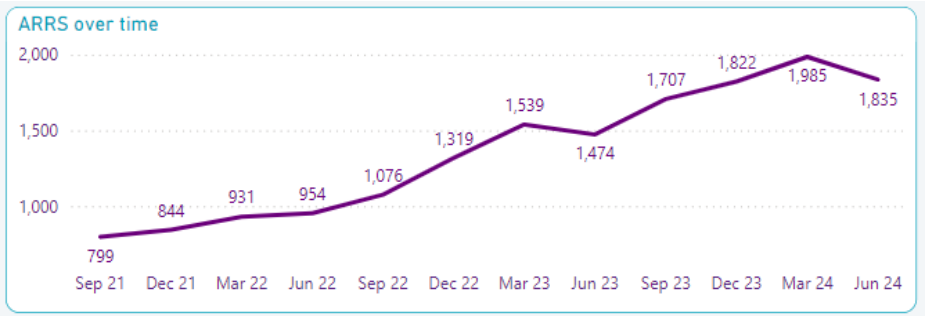
3.3 Building Capacity

3.3.1 Workforce

- The overall general practice workforce has grown by a third since 2019 (nationally, and reflected in C&M trends), this reflects growth in direct patient care staff funded through the Additional Roles Reimbursement Scheme (ARRS – see table below) and doctors in GP training. In contrast, growth in general practice nurses has not kept pace with other settings and qualified GP numbers have also reduced, more detailed workforce planning and numbers around this are available separately.

- Despite a significant increase in GP training there has been a net loss of GP capacity due to the rate of leavers and those who stay are working differently – more salaried doctors and more doctors reducing their hours

The chart below shows the number of ARRS (WTE) roles since September 2021 – there has been a steady growth in the WTE numbers, with a drop at the latest quarterly submission.

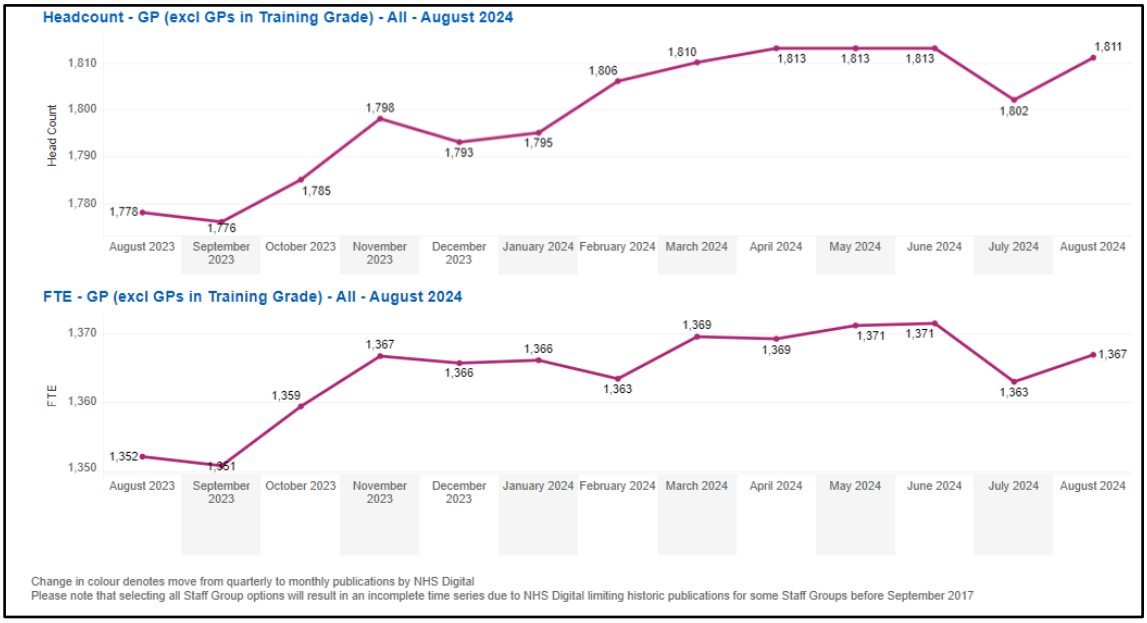


The table below provides a breakdown of ARRS Staff Role and associated WTE. This is compared to the baseline position (2018/19).

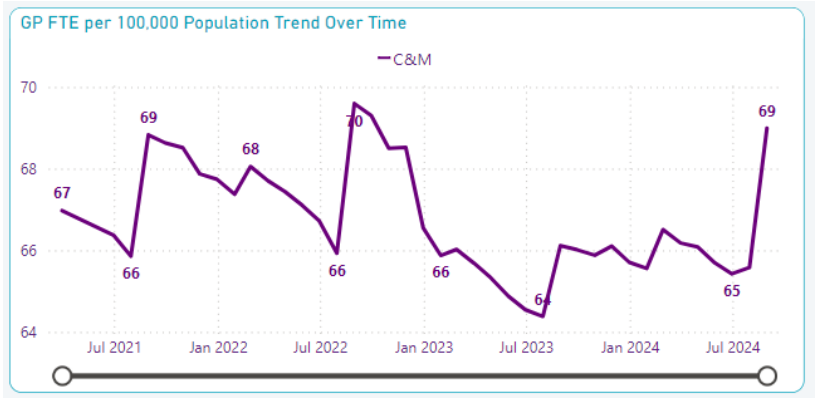
Staff_Role	Baseline Value	Collated ARRS	Collated ARRS Net of Baseline
Care Coordinators	0.0	372.2	372.2
Pharmacists	37.1	280.7	243.6
Social Prescribing Link Workers	0.0	167.4	167.4
General Practice Assistants	0.0	120.7	120.7
Pharmacy Technicians	0.0	113.8	113.8
First Contact Physiotherapists	0.0	90.2	90.2
Nursing Associates	2.1	62.7	60.6
Mental Health Practitioners	0.0	59.1	59.1
Physician Associates	3.5	57.8	54.3
Paramedics	0.0	54.3	54.3
Health and Wellbeing Coaches	0.0	48.0	48.0
Other Direct Patient Care	11.0	41.9	30.9
Advanced Pharmacist Practitioners	0.0	25.0	25.0
Trainee Nursing Associates	0.0	20.1	20.1
Advanced Paramedic Practitioners	0.0	17.7	17.7
Therapists - Occupational Therapists	0.0	17.1	17.1
Healthcare Assistants	180.1	196.7	16.6
Advanced Physiotherapist Practitioners	0.0	13.7	13.7
Health Support Workers	0.0	9.0	9.0
Dieticians	0.0	5.4	5.4
Physiotherapists	0.4	4.0	3.6
Mental Health and Wellbeing Practitioners	0.0	3.0	3.0
Total	278.8	1,834.8	1,556.0

- **Increasing our headcount GPs** based on the national ambition was identified as a key enabler. The work set out through the national **Long Term Workforce Plan LTWP (June 2024) which is currently under review nationally**, is necessary but not sufficient to address the challenge of GP growth, as it was estimated that we would need the equivalent of 15,000 additional GPs FTE (nationally) by 2036/37. This included an assumption of existing unmet demand, a continued pipeline of doctors completing GP training, and no increase to the current loss rate. However, the modelling showed a residual gap of 5,000 FTE by 2036/37. If we plan to continue moving activity from secondary to primary care, we will need to continue to retain the existing experienced GP workforce and go beyond the activity set out in the LTWP. It should be noted that salaried GPs have recently been added to the ARRS allowances though the numbers recruited are not yet available.

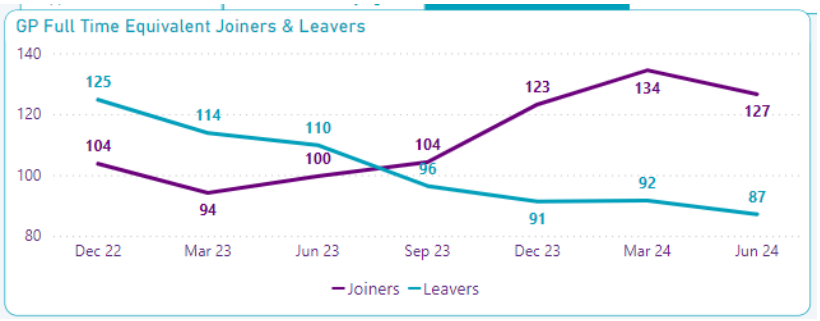
  In Cheshire & Merseyside, GP's have seen slow growth & been almost at a 'steady state' in relation to GP WTE per 100,000 population.



The chart below shows the number of GP WTE per 100,000 population over time. It can be seen that the rate has never dropped below 64, with the latest performance (August 2024) at 69



The chart below shows the GP WTE Joiners and Leavers over time – since September 2023 there have been more Joiners than Leavers.



- **A clear delivery plan to respond to the NHS Long Term Workforce plan** was identified as a key enabler**.** As outlined in the C&M Joint Forward Plan 24/25; planning and delivery of services should be co-produced with our communities, as well as health & care providers through the place level improvement plans. Therefore, there will be different actions / responses to the LTWP trajectories and workforce needed to deliver the best patient experience. Further work in respect of workforce retention challenges

and actions are given in the Place Level Improvement plans and overall further work is needed on this pending the review of the national workforce plan,

- The **remaining issues and challenges in relation to C&M General Practice Workforce** Plans can be summarised as:
    - Less GPs in areas of deprivation – with ongoing recruitment & retention challenges; compounded by the shortage of supply overall & decreasing participation rate.
    - More GPs are leaving or reducing work than ever before; the recent (Oct-24) RCGP members survey found that over 40% of the GP workforce across the UK said it was unlikely that they would be working in practice in five years' time. This figure has grown from 31% in 2019.
    - General Practice Nursing has not kept pace with the growth / changes in the wider Direct Patient Care workforce; compounded by the drop in students applying for & starting any adult nursing course as a pipeline into all nursing roles (inc. Secondary/Acute Care),
    - Workload is increasing / changing with an increased shift to digital / telephony-based triage & signposting.
    - Capacity – both in physical estate and supervision capacity to accommodate new workforce and learners safely
    - The above will need to form part of any further strategic planning, currently being overseen through the People Board.

3.3.2 Building capacity through Estates

- This remains an area of concern raised by Practices looking to create capacity. The ICB's new Strategic Estates Board will be working with the 9 place Strategic Estates Groups to ensure the agreed Infrastructure Strategy, supports the delivery of additional capacity where prioritised against agreed funding. Investment into Primary Care Estates through improvement grants (IG) is given below ;

  23/24 13 approved IG schemes value £1.65m
  24/25 29 approved IG schemes value 1.67m

3.4 Cutting bureaucracy

3.4.1 Primary Secondary Care Interface

- NHS Cheshire and Merseyside has been working on the Primary Secondary Care Interface for some time. The intent behind this initiative is to improve pathways for patients who otherwise can find themselves stuck between services. Improving the Interface improves patient experiences, and also has the potential to increase capacity in General Practice thus reducing presentation to the ED. Our published Consensus document has received national recognition and we have had opportunity to share our work at several national events and conferences including RCGP Annual Conference, The King's Fund, NHS Confederation Primary Care Conference, Best Practice Birmingham and at national NHSE leadership events.

- The consensus is reinforced by our Communications Toolkit which provides clear information on each topic within the consensus itself. The communications toolkit is

designed for Trusts to be able to use either disseminating the document as a whole, or a topic at a time.

- We have a dedicated ICB webpage for the Primary Secondary Care Interface: Primary and Secondary Care Interface - NHS Cheshire and Merseyside
- NHS England has subsequently produced the Primary Care Access Recovery Plan, within which we find the pillar of 'Cutting Bureaucracy'. There are four specific areas we are asked to work on, and all of these are covered within the consensus document:
    - Onward referrals
    - Complete care (fit notes and discharge letters)
    - Call and recall
    - Clear points of contact
- We have established 6 Local Primary Secondary Care Interface (PSCI) Groups based around the footprints of local Trusts:
    - North Mersey
    - Mid Mersey
    - Warrington
    - Wirral
    - Cheshire West
    - Cheshire East
- These PSCI groups are all established and meeting to discuss local issues including the four asks above. In addition, we have now completed two returns for NHSE where Trusts are asked to self-assess their current compliance with the four areas. All local PSCI groups will be discussing the return and taking forward specific actions to ensure Secondary Care engagement and progress at a per place/trust level – this will include collating numbers / trajectories for the four areas. The place level plans give further granular detail on the progress in these areas. In addition, the ICB have recently established a system-wide PSCI group that meets 4-6 monthly, to support the local PSCI groups and also direct pieces of work common to all to avoid duplication.

3.5 Finance

- The summary of funding for 23/24 and 24/25 is given below, noting for 24/25 some elements are still being finalised ;

SDF and Primary Care Access Recovery Funding	2023/24	2024/25
	Total £000	Total £000
GP Practice Fellowships (training hub)	£1.677	£2.577
Supporting GP Mentors (training hub)	£0.392	
GP IT and Resilience	£0.568	£0.610
C&M GP Retention and Training	£0.329	£0.229
Top Slice for Digital Funding	£0.600	
Transformation Funding Pool	£3.054	£2.000
Uncommitted		£3.679
Total SDF	**£6.620**	**£9.095**
Capacity and Access Support Fund (CAP)	£11.595	£13.789
Capacity and Access and Improvement Payment (CAIP/CASP)		
Transition Cover and Transition Support Funding	£2.050	£2.050
Cloud Based Telephony	£3.161	N/A- 1 Yr NHSE Funding
Additional Roles Reimbursement Scheme	£65.782	£68.361
Primary Care Access Recovery Support Funding	**£82.588**	**£84.200**
Total Funding	**£89.208**	**£93.295**

24/25 (note elements of this still being finalised)

3.6 Communications

- The ICB supported the national communications plans in relation to Access Improvement and available toolkits, which were also adaptable by practices, to help promote information around, for example, Additional Roles (ARRS) to help patients understand the many different staffing roles within general practice.

- The ICB has in addition identified opportunities to develop localised content, for example, to promote the use of the NHS App and local GP soundbites on additional roles locally.
  https://campaignresources.dhsc.gov.uk/campaigns/help-us-help-you-primary-care/nhs-general-practice-team/campaign-toolkit/

  NHS outlines how it will help improve access to GP practices across Cheshire and Merseyside - NHS Cheshire and Merseyside

- The outputs from the Healthwatch work outlined will give a further review point for any future targeted area of work for communications to support patients understanding of

some of the key enablers of improved access, plus for example accessing enhanced access appointments.

4.0 Summary of Further Key Actions

4.1 The results of the Healthwatch surveys will give further insight to the ICB on the impact of many of the key enablers such as digital tools, on the overall patient experience of accessing services. Further actions will follow once this starts to be collated and this will form part of the update to this Board in March.

4.2 Further work is required to ensure a consistent achievement of 90 per cent of appointments offered within 2 weeks across the ICB, and Places will be supporting further targeted work with Practices around this to understand variation further. In addition, understanding demand better remains a key priority.

4.3 Refining further, the work required to support access in our most challenged communities remains a key, ongoing action and further place level progress to support this is a priority, as part of our overall approach to reducing health inequalities across the ICB.

4.4 Outcomes from planned spend in terms of SDF in 24/25 and the impact of additional salaried GP roles into the ARRS process will form part of the March update.

4.5 In response to the challenges in section 3.3.1, the ICB will need to continue to refine our approach to workforce planning - and in particular GP retention actions need to be detailed further, as part of an overall action plan. This action plan will need to be finalised pending the current national review of the Long-Term Workforce Plan, noting the work some places are already doing in relation to workforce challenges where local bespoke place plans may exist.

4.6 Supporting patients to understand and make further use of the new technology and services such as using the NHS App, self referrals and Pharmacy First remains a key priority.

4.7 Further progress on Secondary/Primary Care interface including per Trust progress on the numbers around the four areas outlined in 3.4.1. Recent announcements by the Secretary of State around the ‘red tape challenge’ have given added impetus to this area. There is an expectation that numerical targets and trajectories are used to report on the 4 areas of the national documentation, but that reporting systems are not yet in place to enable this consistently across our Trusts.

4.8 The impact of national GP Collective Action, rising demand for services and pressure on existing staff is an important consideration in understanding issues around access. Challenges in relation to finance, recruitment and demand management are an ongoing challenge for our practice colleagues. The ICB will continue to prioritise well- being offers for staff and further work is ongoing to look at support for practices in relation to challenging patients outside of Special Allocations Scheme(s), which is an area of concern highlighted by LMC colleagues.

4.9 The ICB will need to review this plan against the outcomes of the current work on the 10 Year NHS Plan, including patient feedback and any new policy announcements. Access to general practice appointments however, remains a key ICB priority.

5.0 Appendices

A1	**NHS England Monthly Reporting Template** October return attached – to inform the board of the monthly metrics being collected by NHS England Copy of Copy of CM_ PCARP Highlight Repo *(item available on request)*
A2	Place Access Improvement Plans - *all place appendices have been removed for the purposes of this paper size but are available on request* Cheshire West.docx Halton.docx Sefton.docx St Helens.docx Wirral.docx Liverpool.docx Cheshire East.docx Warrington PCARP Report 2024.docx