NHS
Cheshire and Merseyside

Meeting of the Cheshire & Merseyside ICB System Primary Care Committee

Part B – Meeting held in Public

Thursday 16 October 2025
Teams only meeting

Timing: 08:30-10:15

Agenda

Chair: Erica Morris

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
08:30am	**Preliminary Business**			
SPCC 25/10/B01	**Welcome, Introductions and Apologies**	Chair	Verbal	-
SPCC 25/10/B02	**Declarations of Interest**	Chair	Verbal	-
SPCC 25/10/B03	**Questions from the public (TBC)**	Chair	Verbal	-
	Committee Management			
SPCC 25/10/B04	**Draft Minutes of the last meeting (Part B) –** 14 August 2025	Chair	Paper To approve	Page 3 *Click here for link to page*
SPCC 25/10/B05	**Action Log of last meeting (Part B)** 14 August 2025	Chair	Paper To note	Page 11 *Click here for link to page*
SPCC 25/10/B06	**Forward Planner**	Chris Leese	Paper To note	Page 13 *Click here for link to page*
08:45am	**Contractor Forums Updates**			
SPCC 25/10/B07	**Issues for awareness / updates**	Jonathan Griffiths / All	Verbal	-

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE No
08:55am	**Contracting, Commissioning and Policy Update(s)**			
SPCC 25/10/B08	**Contracting, Commissioning and Policy Update**	Chris Leese / Tom Knight	Paper To note	Page 14 *Click here for link to page*
(09:10) **SPCC 25/10/B09**	**Governance Changes**	Clare Watson	Verbal	-
09:15am	**Key Strategic Delivery Areas**			
SPCC 25/10/B10	**Neighbourhood Health**	Clare Watson	Verbal	-
(09:25) **SPCC 25/10/B11**	**Improving Access to Dentistry**	Tom Knight	Presentation For Info	Page 31 *Click here for link to page*
09:55am	**Finance**			
SPCC 25/10/B12	**Finance Update**	John Adams / Lorraine Weekes-Bailey	Paper To note	*To follow*
10:05am	**Quality**			
SPCC 25/10/B13	**Quality Update**	Lisa Ellis / Chris Leese / Tom Knight	Paper To note	Page 43 *Click here for link to page*
10:15am	**CLOSE OF MEETING – *comfort break before Part A Private meeting at 10:30***			

Date and time of next regular meeting:
Thursday 18 December 2025 (09:00-12:30)

F2F, Lakeside, Warrington, room tba

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

Thursday 14 August 2025
10:40-12:40
Meeting Room 1, No 1 Lakeside, 920 Centre Park Square, Warrington, WA1 1QY

Unconfirmed Draft Minutes

ATTENDANCE - Membership		
Name	**Initials**	**Role**
Erica Morriss	EMo	*Chair*, Non-Executive Director
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Louise Barry *(via Teams)*	LBa	Chief Executive, Healthwatch Cheshire
Fionnuala Stott	FSt	LOC representative
Jonathan Griffiths	JGr	Associate Medical Director, C&M ICB
Rob Barnett	RBa	Secretary, Liverpool LMC
Mark Woodger	MWo	LDC representative
Naomi Rankin	NRa	Primary Care Member for C&M ICB
Chris Leese	CLe	Associate Director of Primary Care, C&M ICB
Anthony Leo	Ale	Place Director, Halton
Rowan Pritchard-Jones	RPJ	Executive Medical Director, C&M ICB
Christine Douglas	CDo	Director of Nursing & Care, C&M ICB
In attendance		
Sally Thorpe	STh	*Minute taker*, Executive Assistant, C&M ICB
Loraine Weekes-Bailey	LWB	Senior Primary Care Accountant
Kevin Highfield	KHi	Head of Digital Operations, C&M ICB
Cathy Fox	CFo	Associate Director of Digital Operations, C&M ICB
John Llewellyn	JLl	Chief Digital Information Officer, C&M ICB
Lucy Andrews	LAn	Primary Care and Corporate Estates, (Cheshire East, Cheshire West & Wirral Places), C&M ICB
James Burchell	JBu	Strategic Estates Manager (Cheshire East, Cheshire West & Wirral Places), C&M ICB

Apologies		
Name	**Initials**	**Role**
Adam Irvine	AIr	Primary Care Partner Member
Tony Foy	TFo	*Vice-Chair*, Non-Executive Director, C&M ICB
Mark Bakewell	MBa	Interim Executive Director of Finance, C&M ICB
Daniel Harle	DHa	LMC representative
Matt Harvey	MHa	LPC representative
John Adams	JAd	Head of Primary Care Finance, C&M ICB
Tom Knight	TKo	Head of Primary Care, C&M ICB
Susanne Lynch	SLy	Chief Pharmacist, C&M ICB

Agenda Item, Discussion, Outcomes and Action Points

Preliminary Business

SPCC 25/08/B01 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting, apologies were noted as received.

SPCC 25/08/B02 Declarations of Interest

Standing DoI were noted, noting that there were no new declarations pertinent to the meeting.

SPCC 25/08/B03 Questions from the public (TBC)

There were no questions raised.

Committee Management

SPCC 25/08/B04 DRAFT Minutes of the last meeting (Part B) 19 June 2025

The Minutes were **approved** as a true and accurate record of the meeting.

SPCC 25/08/B05 Committee Action Log (Part B) 19 June 2025

The Action Log was updated accordingly.

SPCC 25/08/B06 Forward Planner

The Forward Planner was **noted** for information.

SPCC 25/08/B07 Primary Care Risks

The Committee were asked to;
APPROVE the creation of 7 new risks for GP primary care listed in Appendix 1
APPROVE the creation of 3 new risks for dental services listed in Appendix 1
APPROVE the creation of 3 new risks for community pharmacy listed in Appendix 1
APPROVE the recommended closure of BAF risk P6 (Pending Board approval in September)
APPROVE the step-down of risk PD2 to operational group level for management and review
NOTE the proposal o complete detailed assessments for 'new' risks subject to approval by the Committee
NOTE the risk areas where further discussion is required to understand and finalise pending agreement

Discussion
Would expect a BAF to be in place, but this has been delayed, the risk recommended for the step down of P6 as the ICB Board need to approve this to then come back to SPCC. Detailed summaries will go to December meeting if proposed risks are agreed at this committee.

It was advised that the risks are stopping us / challenging us from achieving our aims and strategic way forward plans.

The contractor groups were asked to outline / update in terms of their risks.

Opthamology:
Financial issues are definitely top of the list, all other things are making good progress and there is good oversight, although workforce remains an issue on contracting. This makes it slow and quite hard to plan. The stall on commissioning is definitely having an impact on the sector. Optometry aligns to the 10-year plan. Although feel that this is not strategically being embedding within the system and really need to start to see optometry being part of the solution. There is a cost benefit, for example, A&E not being on blocked contracts in the future and the impact of optometry on GP appointments.

Considerations around shifting care like glaucoma into the independent sector – **Fionnuala Stott and Stephen Hendry agreed to discuss this outside of the committee.**

Dentistry:
Where impacting negatively, need to ensure capacity to identify effectively where we need to target the limited financial envelope within oral health.

Gen Practice:
There will always be specific things that happen (demand increase etc), and the risk may sit in primary care but it ripples wider into the system and into other contractor areas and secondary colleagues.

In terms of risk PG1 and access to general practice, there is the development of waiting lists and now with online access being from 08:00-18:30 this will expose all sorts of problems. Noted that it is very difficult to have equality online between F2F, telephone etc and will be flawed, so it was felt that a risk of 16 was an underestimate.

It was questioned whether the Committee should be capturing any risk for digital as an enabler, it is recognised that the risk was noted but that it is a slightly different issue.

Noted that this will come back to the next SPCC Committee meeting.

The Committee gave thanks for the report and **noted** its content.

The Committee **approved** the risks as requested, noting the discussions from the contractors as detailed above.

SPCC 25/08/B08 Contractor Voice : Frontline Impacts on Strategic Direction

Comments included as part of discussion above.

Contracting, Commissioning and Policy Update(s)

SPCC 25/08/B09 Dental and Community Pharmacy Optometry and Primary Care Medical

Noted that neighbourhood health was not contained within this report as it is detailed next on the agenda.

Noted that a return was expected next week and politically could put us under the spotlight.

The Committee **noted** that there is a huge amount of work on this and are aware as a committee there is a lot going on.

Key Strategic Delivery Areas

SPCC 25/08/B10 Neighbourhood Health

Initially it was questioned as to what was the expectation for this Committee?

Going forwards, it was advised that as an ICB, we are reviewing our governance and that we believe and propose that Neighbourhood Health (NH) sits within the (newly forming) Executive Committee. It was outlined that the ICB is looking to reduce the number of sub-committees reporting to Board, and that policy and contracts for the four contractors and NH sit as part of wider commissioning and not just primary care.

It was advised that it is not a formal role for this Committee other than the assurance of the modern general practice of NH that is being delivered, and proposed that there will be quarterly reports to SPCC, and that there will be oversight to Board and the Executive Committee, as with any aligned policy and in terms of the wider connections of digital and primary care.

Noted that there is a concern nationally where Neighbourhood Health working sits, general practice feel it sits within their remit and there is concern that it will be pulled out and focussed into secondary care.

Additionally there is concern that if it is taken out of SPCC there is a risk that a focus on general practice will be lost.

Noted that this is being presented to the Board in September and any decision made there may change this.

In relation as to what facet of NH did sit within SPCC, it was noted that it is for the ICB to ensure it keeps a grip on the primary care element of NH and that SPCC will need to keep a watching brief on this. PCNs will be really important in NH and there will be a confederation of GPs who feel they can lead NH, there are risks as well as opportunities with this.

Clare Watson stated that if the general view of SPCC is that NH should sit here as part of the formal governance, then she was happy to put that view forward to Board, she added that the TOR and frameworks would need to be reworked if this was the case, and that we would need to consider the two 'sides' of deliverable and policy aspects.

It was advised that the **framework was signed off at Board and would look to share the slide deck with the committee**, noting there is still work to be done.

Eight of the nine Places submitted proposals for national bids. Region are now making a decision with the national team on whether any are approved. We now just need to wait and see, if we are successful, it will be about how we share best practice.

Chris Leese agreed to check on whether 80% of the SDF would be to support the NH Steering group.

ACTION : The Committee were asked to think about any comments or views on where this sits (to send to Clare Watson in advance of the September Board meeting).

SPCC 25/08/B11 Improving Access – General Practice – Update including GP Patient Survey

Noted that the reporting of this will come **back to SPCC next time (October).**

As a Key action for Q2 online access is being concentrated on.

In terms of the general practice survey, the slides comparison show key areas of the patient pathway and the focus on areas that patients reported on were all quite challenging. Noted that there has been an increase in non-telephone appointments.

Noted that there are themes on what the survey tells us, there is a need to recognise the new world of digital we are all in, and the question is whether we are taking our patients with us? Agreed that NHS app usage is quite stark and the patient use and their understanding of it is also sketchy.

SPCC 25/08/B12 Healthwatch Local Survey update / presentation

ACTION : agreed to share the presentation with SPCC for information.

Louise Barry outlined that this had been completed for nine places in conjunction with the nine Healthwatch, there are nine published individual place reports and one overarching C&M report.
In terms of access and booking, can see a snapshot for individual places and it was **requested if people would please look at these for your place**. Essentially the perception often drives a reality and if asked why they had not accessed their GP, digital appeared to still be an issue and challenge for people, and that the App usage is still a long way off.

It was outlined that there are inconsistent staff experiences and frequently reception staff come in for bad press, recognised that this is inevitable as they are the first port of call, but needs to be put into context in terms of the negativity on this.
Recognised the absolute need to educate around the ARRS roles, anecdotal reports of 'can get it at my practice but further down the road I cannot get get it', although noted a good result at 85% feeling that the person they saw in the end was the right person, so perhaps it is just not about understanding their journey en-route.

Once they received an appointment, it was noted that the satisfaction improves, but there needs to be more clarity on where to go, who to use, who it is they see etc.

Next steps for the survey, is to go back to 'every comment counts', and will look to share the individual reports with each Place. Need to keep on listening to people, hear what they are telling us. Commit to regular updates and interested in the 10-year plan and the NH working and what this means for people.

Specifically in Cheshire, a decision has been made to hold back on sharing this more widely and to look at each GP practice and give them back the comments verbatim, will then group those within the PCN community footprint, and a Healthwatch team member (who sit within those committees/ meetings) will feed back in. This will also connect in with Friends and Family test.

Members were urged to read the full report.

It was agreed that it makes sense for all information to go back to all practices, not just in Cheshire. In response to this, Louise Barry advised that this was an additional piece of work committed for her own Healthwatch and that it would be welcome within other Healthwatch areas, but also to recognise the financial aspects.

It was suggested whether the Communications Team might be able to produce some further information on this, noting that we are happy to do local comms messages, and that sometimes they are guided by the national team despite us being an autonomous organisation. It was agreed that if this was an ask and priority of SPCC then this could be taken forward.

ACTION : request for Comms Team to put out further information and to then tap into this to send appropriate info out. Also consideration of social media.

Finance

SPCC 25/08/B13 Finance Update

Apologies were given due to the late circulation of this information. It was advised that this was due to the timing of the SPCC meeting and only just being in a position to agree Month 4.

It was advised that there was an additional allocation of £5m received to support the national contractual uplifts but had (at the time of printing) not received financial implications letter, the letter has now been received so the allocation will be enacted in the Month 5 reporting period.

Profiling for M6 will show SDF.

In terms of prescribing, this currently shows cost pressures but it is hoped that we will still deliver our CRES (Cost Reduction Efficiency Savings). Also it is expected that Dapagliflozin savings should also materialise savings of £7-10m towards the back end of the year.

All prescribing budgets at Place level were set, based on 24/25 financial outturn being the baseline.

There is great concern regarding Tirzepatide costs, advising that the government have just approved a huge uplift for what they will pay for each vial used. There is a suggestion that it might be a rebate scheme but there is a need to understand the letter before making further comment.

Advised that the shortage of drugs is a real issue and it is difficult for GPs who are prescribing by brand name, in some cases this is a 10-fold difference in cost of the drug, also cannot keep changing it for patients month after month.

It was suggested that **Suzanne Lynch could come to the SPCC meeting next month with an update on this issue please**. Reminded everyone that the budget sits with us.

It was advised that ScriptSwitch does help with this if you choose to use it, and that it was believed that our policy as an ICB was not to go down the branded generic route. A counter discussion was offered in relation to why (as clinicians) we could not have an open and frank conversation with the patient around the change being made to a more cost-effective drug, but that it absolutely would continue work for them regardless of its name/ brand.

Agreed that these sorts of conversations come back to effective communications.

It was added that it was not just and ICB policy, but that from a pharmacy point of view, being able to procure is a real problem, it triplicates the work on all sides. Stated that there needs to be a whole system complete review, recognising it is a national issue, but questioned how we can push back on this.

Lorraine Weekes-Bailey stated that she would look to clarify the projected underspend of £6m and whether this covers the cost of the dental access plan as it is believed to be in addition to.

ACTION : Propose that at the SPCC meeting in October, Prescribing (led by Susanne Lynch) is a main focus as we endeavour to confirm, what is already being done and working, what needs to adapt to changing circumstances and what gap remains in our gift against the big ticket lobbying.

Quality

SPCC 25/08/B14 Quality update

Lisa Ellis presented this information stating that Committee requested a single set of metrics to be utilised across C&M, so we have proposed utilising the national dashboard with clinical outcomes and data quality. Page 47 of the pack shows some metrics are quarterly or annual and there will not be much change dependant how frequently a report comes to SPCC, although there has been lots of work being done where not achieving.

Looking to triangulate the local issues where reported to the Primary Care Quality Group, and any exceptions come to SPCC. In this vein, in terms of vaccination and screening indications (as shown on page 48 of the papers pack), these indicators are reviewed and reported by our public health colleagues so it was requested from SPCC committee for agreement not to bring these twice.

In terms of the list of clinical outcomes, it was questioned whether we would look to finesse this within the system and to make sense to focus our concerns, or was this our starter for 10? It was outlined that there are numerous dashboards that have a raft of measures, and that it came from a Committee ask for a single set and to use this as a standard but that if needed, there would be targeted work towards additional pieces of work which would then be escalate to SPCC.

In response to the question of doubling up on the quality matrix, and in particular when looking at vaccinations and immunisations, in relation to MMR, and the recent measles outbreak, it was stated that we should be closely monitoring this. Concern was expressed that if we were not looking at it then who was? It was advised that our Public Health colleagues report on these measures and the suggestion is not to step away but to be supported by Public Health at Place. It was confirmed that this is reported as Place based but would continue to come here (to SPCC) if there was cause for alert or concern.

Rob Barnett expressed his concern regarding this adding that he was not comfortable with this suggestion, he stated that Knowsley has an effect on Liverpool as well as St Helens.

Jonathan Griffiths agreed to take this discussion back and look to consider within the next quality meeting, and whether we want to use it as a quality measure.

The Committee **noted** the updates and **agreed** the actions **but that in terms of the ask to approve the metrics there would be a further conversation regarding screening and vaccinations at the next quality group (PCQ).**

In relation to GP out of hours, it was questioned that if some practices were giving them back, and the issues as listed, were they being dealt with at Place and escalated here, it was confirmed that yes action plans are held at Place.

In relation to the dental issue highlighted, it was questioned whether this was a quality issue or contract issue – although discussion confirmed it was right to flag within this paper for this issue. **Clare Watson agreed to flag with Tom Knight and the dental team for future items.**

In terms of paper frequency it is understood that there will be an update from each quality meeting held at the corresponding Place following the Committee meeting but that it would be agreed at PCQ if anything needed to be escalated or highlighted. Noted that in particular, anything confidential or substantial these discussions would be held in Part A (Private) SPCC meeting.

Separately, the Committee would agree what areas would need a deep dive separate paper twice a year. It is noted this has been done for patient experience for access to primary medical) so suggested that in the next paper this is flagged to the Committee for an agreement on the cycle of areas needed. **This will be discussed at next PCQ in the first instance.**

SPCC 25/08/B15 When a child dies – A framework for General Practice

Jonathan Griffiths brought this to the committee for information but added it was an opportunity for comments.

Noted that this framework has been designed to support practices to support bereaved families, this not only brings specific challenges to the practice but there are, of course, significant challenges for the bereaved parent(s).

The framework has been produced with a practical section and has a 'work through checklist', additionally there is a large section on how to interact with the family, and how to liaise with the practice team. Reception staff, practice and team members can be really disturbed by this situation especially when they know the family.

Wished to highlight for this to be pushed out locally and nationally, and whilst this has not been quite fully endorsed nationally but that they are supportive. There is acknowledgement from NHSE and there has been an RCGP podcast, so this is a good news story for Cheshire and Merseyside, and this is a valuable resource for GP colleagues.

The Committee gave thanks for the report and update, clinical colleagues outlined that this was a really useful tool as some colleagues have never had to deal with this before so it is really good to have as a support framework.

It was questioned whether there was any additional training or support requirement from the safeguarding team perhaps?

Noted that there is a date scheduled in the diary to talk with GP Registrars. There is also a child death review panel however GP colleagues are not always aware when these are happening. Additionally a

Safeguarding panel will always happen after a child death, and it was highlighted that the GP knowing this would be helpful. Alongside of this, the Police are always involved when there is a postmortem, however it can be up to a year before finding out what happened to the child. GPs continually support the families during this length of time and having this framework will help them to support more so during this time.

The Committee gave thanks for the information and **noted** the update.

AOB

SPCC 25/08/B16 Urgent Critical End of Life Medication Specification Harmonisation

Noted that this item had been withdrawn and would be **scheduled to come back to SPCC in October.**

CLOSE OF MEETING

Date of Next Meeting: Thursday 16 October 2025 (09:00-12:30)
TEAMS ONLY

Action Log 2025/26 *updated post Aug 2025 meeting*

SPCC (B - Public) Action Log - Live Actions

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 24/12/B07	19-Dec-24	System pressures	Various conversations within SPCC about progress of PCARP and the movement of metrics against the patient experience, brief verbal update from survey from Healthwatch in Feb and full review in April SPCC with actions for Board in July 25. SPCC August action to review feedback from Board in July and confirm action plan approach and further reporting.	Clare Watson/ Chris Leese	01-Aug-25	*June 2025 update - action plan to be within board paper July 2025* *Thorough research document presented by Healthwatch to April SPCC - response will be required to HW plus action plan to Board in July* *merged with Action Log #SPCC 25/02/B13ii with the narrative 'Subject to fitting into national timescales, the June action plan (mandated by NHSE) will be an item for June's SPCC, this will outline expected actions and key metrics to deliver the operational planning guidance / access improvement for 25/26, including relevant patient experience measures'.*	CLOSED
SPCC 25/04/B04	17-Apr-25	Primary Care Risk Report	Thorough review of all risks to achieving strategic aims across the 4 contractor groups taken forward. Initial feedback from SPCC in June and depper dive on agenda for August 25.	Dawn Boyer / Gavin Wraige	Aug 2025	*Review of all risks across the 4 Contractor groups in August SPCC*	COMPLETED
SPCC 25/04/B12	17-Apr-25	Finance Update	Update on ADHD dropped from action logged and SRO to be contacted and diary date agreed for next presentation.	Chris Leese/Clare Watson	August 2025	*Laura Marsh to present update to SPCC in Aug 2025* *scheduled on Agenda for August 2025*	COMPLETED
SPCC 25/04/B15	17-Apr-25	Digital - Shared Care (Connected Care records)	ii) regular 6 monthly update to SPCC Committee	Kevin Highfield / Cathy Fox	December 2025		ONGOING

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
SPCC 25/06/B12	19-Jun-25	Advice and Guidance	Pilot in place, for a period of 6 months to allow for review, to come back to SPCC with a report and update (sooner than 6 months if necessary)	Jonathan Griffiths	01-Dec-25		NEW
SPCC 25/08/B10	14 Aug 2025	Neighbourhood Health	The Committee were asked to think about any comments or views on where this sits (to send to Clare Watson in advance of the September Board meeting)	All	ASAP	*Committee members to go direct to CW for speed*	COMPLETED
SPCC 25/08/B12	14 Aug 2025	Healthwatch Local Survey update / presentation	to share the presentation with the SPCC committee members for information	Louise Barry	ASAP		COMPLETED
SPCC 25/08/B12	14 Aug 2025	Healthwatch Local Survey update / presentation	request for Comms Team to put out further information and to then tap into this to send appropriate info out. Also consideration of social media	CW	01-Oct-25	*Quick update from CW to confirm intentions of Comms Team and potential collaborations.*	NEW
SPCC 25/08/B13	14 Aug 2025	Finance Update	Propose that at the SPCC meeting in October, Prescribing is a main focus as we endeavour to confirm, what is already being done and working, what needs to adapt to changing circumstances and what gap remains in our gift against the big ticket lobbying.	Susanne Lynch	October 2025		NEW

Forward Planner 2025/26 : System Primary Care Committee

Updated October 2025

Item	Who	Frequency	Part A/B	Apr-25	Jun-25	Aug-25	Oct-25	Dec-25	Feb-26
Standing items									
Apologies	EM	Every meeting	Both	Yes	Yes	Yes	Yes	Yes	
Declarations of Interest	EM	Every meeting	Both	Yes	Yes	Yes	Yes	Yes	
Minutes of last meeting	EM	Every meeting	Both	Yes	Yes	Yes	Yes	Yes	
Action Log & Decision Log	EM	Every meeting	B	Yes	Yes	Yes	Yes	Yes	
Questions from the public (where received)	EM	Every meeting	B	Yes	Yes	Yes	Yes	Yes	
Forward Planner (pre meeting)	CL	Every meeting	B	Yes	Yes	Yes	Yes	Yes	
Governance & Performance of Committee									
Review of Terms of Reference	EM / MC	Yearly	n/a	Yes	No	No	No	No	
Self-Assessment of Committee Effectiveness	EM	Yearly	n/a	No	No	No	No	No	
Forward Planner Annual Plan Review	EM / CL	Yearly		No	Yes	No	No	No	
Key Business Items									
Minutes of any ExtraOrd SPCC Meetings	EM/CL	If held	A	No	No	Yes	Yes	TBC	
Committee Risk Register for 4 contractor groups	SH	Every Other Meeting usually	B	Yes	No	Yes	No	Yes	
Finance Update including Capital position	LWB	Every Meeting	A	Yes	Yes	Yes	Yes	Yes	
PSRC Minutes/Update Minutes/Update from Pharmacy Operations Group and highlights	TK	Every Meeting	A	Yes	Yes	Yes	Yes	Yes	
Patient Experience									
Deep Dive (s)				Yes - HW Survey (initial)	No	Yes - HW survey (Final) and GPPS	Dental	Medical	
Assurance of progress of Primary Care Strategic Plans									
Estates Update	Estates	Alt	B	No	Yes	No	Yes	No	
Digital Strategy	JL	Alt	B	Yes	No	Yes	No	Yes	
Workforce Strategy	JG	Alt	B	Yes	No	No	No	TBC	
FTSU support across Primary Care	CD/TR	TBC	B	Yes	No	No	TBC	TBC	
Priority Commissioning Area - Improving Access (Primary Medical)	CL	Alt	B	Yes	Yes - june plan	Yes	No	Yes	
Priority Commissioing Area - Improving Access (Dental)	TK	Alt	B	Yes	No	No	Yes	No	
Priority Commissioning Area - Neighbourhood Health/Primary Care	CWA	Every meeting TBC	B	No	Yes	Yes	Yes	Yes	
Commissioning , Quality and Performance									
Policy BAU Update – Primary Care Contracting and Commissioning (All 4 contractor groups)	CL/TK	Every Meeting	B	Yes	Yes	Yes	Yes	Yes	
Performance Issues (escalated from Place)	TBC	As required	A	No	Yes	No	TBC	TBC	
Quality - Report from QSAG plus any key performance metrics	LE/TK/CL	Every Meeting	B	Yes	Yes	Yes	Yes	Yes	
Committee Budget SORD Delegations									
Capital bids for agreement across Estates and Digital	CF/LA/JB/KH	As required	A/B	Yes	Yes	No	TBC	TBC	
Improvement Grant Estates Bids	JA	As required	B	Yes	No	No	TBC	TBC	
Primary Care Business cases / approvals required from Place	TBC	As required	A/B	Yes	Yes	Yes	Yes x 1	TBC	
Ad Hoc Items									
Connecting care	LK			Yes	No	No	No	Yes	
Beyond/Oral health	IA			No	Yes	No	No	Yes	
PCN/Neighbourhood Development/Health	TBC			No	No	Yes	Yes	Yes	
ADHD update	LM	As required	A	No	No	Yes	No	Yes	
EOL prescribing	CH						Yes		
Advice and Guidance -Update	JG							Yes	
Dental Paper – Operational/Contract Part Year performance note	TK		A	No	No	No	Yes	No	

NHS
Cheshire and Merseyside

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

Primary Care Commissioning, Contracting and Policy Update

Agenda Item No: SPCC 25/10/B08

16th October 2025

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)
- General Dental Services (GDS)
- Community Pharmacy

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 four 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. Assurance

3.1 NHS England's (NHSE's) Primary Care Commissioning Assurance Framework (PCAF) requires Integrated Care Boards (ICBs) to complete an '**annual self-declaration form' covering its delegated primary care functions**. The self-declaration for 24/25 was signed off by this Committee in April – but, in addition, the framework requires that the self-declaration 'be reviewed through the ICB's internal audit process'.

3.2 This NHSE-specified review in accordance with the Public Sector Internal Audit Standards has now been completed by MIAA (Mersey Internal Audit) and the summary report is enclosed in **Appendix 1** – there were no concerns raised and the overall assurance was 'green' / assured.

3.3 In August, NHS England released its draft **ICB Delivery Plan Report 2025/26** for Primary Care which covers all four contractor groups. The ICB completed

the report along with comments and feedback, and is currently awaiting the response/regular reporting cycle for this. The outline asks are given in **Appendix 2** and once these metrics have been confirmed by NHS England then they will be reported to the Committee for assurance on an ongoing basis.

4. Primary Medical Services

4.1 Primary medical was one of the areas identified in the recent letter from NHS England setting out priorities for the remainder of 25/26 - NHS England » Building on our progress in the second half of 2025/26. Those areas were;

- *Continuing our focus on access to primary care is an important part of managing system pressures. Patients need to be able to contact their GP practice by phone, online or by walking in, and for people to have an equitable experience across these access modes. As part of dealing with the 8am scramble, from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests. ICBs should ensure practices are following these requirements* (more on this element is outlined in section 4.3 below)
- *Ensuring primary care access is maintained over the Christmas period*

4.2 Although each place has their own established primary care forum to make decisions under the previously agreed ICB primary medical decision making matrix, a **new primary medical commissioning oversight group** was formed in July, with Executive Team support. This group will oversee delivery of the 'June Plan' to reduce variation - but also to ensure consistency of approach across the 9 places - and support implementation of primary medical policy and other key asks. Each place commissioning lead is represented along with system contracting/commissioning leads, finance and business intelligence.

4.3 In August, NHS England wrote to all GP Practices to remind them of **3 key areas of their national contract that come into effect from 1.10.** These asks in full can be accessed here NHS England » Changes to the GP Contract in 2025/26 but are summarised below;

a. All practices will need to link to the NHS England published **You and Your General Practice (YYGP) document** NHS England » You and your general practice on the practice website and respond to patient feedback resulting from engagement with YYGP.NHS England has also published guidance for GP practices to support the implementation of this requirement. The ICB now has information on it's website to support the information in the YYGP link, which practices can also choose to link their websites to. The ICB has supported implementation with ongoing communications and follow up to ensure practices are aware of this requirement.

b. All Practices are required to ensure **GP Connect functionality** is enabled in their clinical system which this allows read only access to

patients' care records (by other NHS commissioned providers and allows Community Pharmacy registered professionals to send consultation summaries into the GP practice workflow. To support implementation NHS England has provided ICBs with ongoing information re statuses of relevant practice systems which are being followed up individually with practices -system suppliers have also published supporting documentation for practices to access.

c. All practices required to have their **online consultation system available during core hours** for non-urgent appointment requests, medication queries and admin requests. This is to support equitable access across the three contact routes – phone, online and walk-in. NHS England had organised several national webinars with presentations from practices who already had this in place – and also published learning/best practice - which have been shared with all practices. During September, ICBs, in dialogue with local practices, have completed two status returns for NHS England showing the position of all practices in the run up to the 1.10 deadline. This is a particular focus area nationally and ICBs have been in regular dialogue with NHS England region and national teams to support implementation and consistency. A national online Consultation Dashboard has been developed for ICBs to access - and a national set of FAQs developed - NHS England » Online consultations – frequently asked questions and support resources. The most recent status update prior to this paper being finalised, indicated that most practices were already contractually compliant, with a smaller number as 'working towards' compliance by 1.10. Two practices have been flagged by the ICB to NHS England due to the situation with their registered lists of patients.

   The next key steps for the ICB with regards to the above contract areas include ensuring monitoring is in place to support onward reporting and internal assurance of the new areas in a single consistent way (through the commissioning oversight group), in line with the 'June Plan'. Some areas in relation to the online consultations FAQs will also need additional follow up by the ICB. Further work to share best practice across the ICB is also being explored. An update on all these new contract areas post 1.10 implementation, will be given at the December meeting.

   To note, in August, NHS England published new standard contract variations General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts, along with their contract variation notices. The documentation incorporates changes made to the contract regulations in July 2025 for onward signature by practices.

4.4 Updates to the **Primary Medical Services Policy and Guidance Manual (PGM)** which help ensure commissioners, providers, and patients are treated equitably and supports commissioners to meet their statutory and delegated duties have

been published in September. A summary of the most recent changes are given here NHS England » Summary of changes to the primary medical services policy and guidance manual

4.5 NHS England has published guidance NHS England » Safe and effective provision of high quality primary medical services to out of area registered patients: implementing the 2025/26 GP contract change in respect of **out of area registered patients**. GP practices are now required to work collaboratively with commissioners to implement out of area registration. This change is to provide safeguards when GP practice patient lists are expanding rapidly with the registration of out of area patients. This guidance is to support commissioners to develop and implement local policy and procedures for when GP practices need to seek their approval for operating out of area registration at scale - to enable oversight of the safety and effectiveness of the arrangements for patients. The ICB is currently working through this guidance to understand where any 'at scale' out of area registration occurs – and if a relevant policy is required.

4.6 Three key **procurement** areas are continuing across the ICB that relate to primary medical services – Information Governance Support, Translation and Clinical Waste. At the last Committee meeting there was an update in relation to the Clinical Waste procurement (which also covers community pharmacy) highlighting the challenges/risks in relation to this area. Although a regular steering group is in place for this, in recognition of the challenges, an additional report/update to Primary Care Quality Group is in place for the October meeting Requests for information to all places is also in progress to support the primary medical aspects of the specification.

4.7 The Department for Health and Social Care and NHS England announced the implementation of **Jess's Rule: Three strikes and we rethink.**
Under Jess's Rule, GP teams are encouraged to critically re-evaluate a diagnosis if a patient presents three times with the same concerns and their condition remains unexpectedly unresolved, their symptoms are escalating and/or they have no substantiated diagnosis. More information is given here NHS England » Jess's Rule: Three strikes and we rethink

4.8 **Enhanced Services Review** – An LMC colleague has now joined the steering group and clinical/officer colleagues across the ICB are supporting with this review - and a matrix of options for services is being developed to help inform any future decisions. Understanding of the new proposed neighbourhood health contracts will need to be factored into any review outcomes - and the current proposal is for an interim report to be presented at a future committee meeting before the end of the current financial year.

5.0 General Ophthalmic Services

5.1 **Current service provision** is 219 mandatory (High Street) services and 69 additional (domiciliary) providers operating within Cheshire and Merseyside. An Optometry Operations Group (OOG) is in place at system level to oversee issues in relation to the national contract and related areas.

5.2 **Eye Care in special education settings (SES) programme update.** Cheshire and Merseyside ICB in conjunction with Greater Manchester and Lancashire and South Cumbria ICB are currently working with a North of England Community Support (NECS) Procurement Lead and sent an initial pre-procurement Request for Information (RFI) questionnaire to interested providers through the Atamis portal. A number of initial queries have been raised through the questionnaire and answered and the RFI process will help gauge the continued level of provider interest in the programme. The next stage will then be to engage with potentially interested schools through the 2025/2026 school year to help finalise scope the service, in the interim the current Proof of Concept (POC) programme will be maintained across our existing schools and providers through the year until the new programme can be launched through the school year 2026/2027.

5.3 **Local Eye Health Network –** The Local Eye Health Network (LEHN) are meeting in October to further discuss and update on ongoing workforce training, digital frameworks and collaboration in respect of future strategic commissioning eyecare models including potential community eyecare programmes going forward.

5.4 **Eyecare for patients with Learning disabilities/autism -** Primary Eyecare Services (PES) have shared their Easy Eyecare 2025/2026 Q1 report on provision of eyecare for patients with LD/Autism. To date 62 sight tests were completed across the region through the year with 100% patient satisfaction with the service reported. PES are currently looking to enhance the programme in Cheshire and Merseyside using learnings from the work in Lancashire and South Cumbria.

5.5 **Programme of Blood Pressure case finding in optical practices (AF/CVD) –** The programme was launched 17 June 2025 and to date there have been 767 blood pressure checks with a number of high/very high readings leading to referrals and positive patient outcomes. The North West Programme team have given an updated evaluation to the national team through September and there is provision within the programme for up to 1500 checks to be completed.

5.6 **Escalations from the Optometry Operations Group** (also highlighted in the Primary Care Quality Report) are given below ;

- 1 breach notice issued
- PPV (post payment verification) follow ups ongoing
- A review of the contract sanctions process is planned.

6.0 Dental

6.1 At the last meeting of the Dental Operational Group on 11/9/25 the following issues were discussed:

- Non-Recurrent Reduction – provider suffering from ill health and has been struggling to recruit. Revised target agreed for current year.
- Managed Clinical Network – Appeal reviewed from a patient complaint regarding IOTN criteria for treatment.
- Request for amendment to SLA regarding Access and Quality Pathway – practice has struggled to recruit and also has dental performers on maternity leave.
- Request from a provider regarding extended under performance repayments. Current clawback is £23k per month.
- Incorporation request in accordance with section 5.2.1 of the Policy Book for Primary Dental Services 2024. A provider submitted an incorporation application. No issues with the application and no concerns with current provider. Small contract, 8,417 UDAs at £34.64 per UDA. Contract performs well, typically above 102%. Accepting new/all cohorts of NHS patients. As per application form: more financial flexibility to enable our practice to invest more easily into the practice infrastructure (e.g. equipment replacement/system upgrades). Group agreed in principle to this request.
- Breach notices have been issued by the BSA for Year End underperformance for 24/25 and the team has issued breach notices to Cat 3 providers who underperformed and received the letter.
- C&M Oral Health Strategic Partnership – Dental Advisor confirmed that he recently attended to link with all 9 Las and to report on the IPC and clinical governance arrangements in place for dental practices across C&M.
- Oliver McGowan Training on Learning Disability & Autism - LDN discussed this at their September meeting and NHSE WT&E are looking at a training package, with the option of running this over 2 evenings, so that clinical time is not impacted.
- LDCs representative notified ahead of letter issued to all providers regarding the overperformance position for 2025/2026 for all GDS and PDS contracts and year end arrangements. Issued to allow contractors to plan ahead and as we move toward Q3 of the current financial year. In line with SFE directions and applies only to 25/26. Will be kept under review and with LDC input.

7.0 Community Pharmacy

7.1 The team has been dealing with issues relating to the delivery of Pharmaceutical Services by a C+M contractor. There are also issues across the country where the contractor delivers services in other ICBs. NHSE national comms team is working with all ICBs to share a standard line for any media requests. The national team continue to support a national working group, established earlier this year with ICBs managing the issues on the

ground. The national team has also been in dialogue with the DHSC and GPhC to investigate how our three organisations can work collaboratively to address the current problems using the existing regulatory arrangements in the short term; and to see if there are areas of concern that the current regulations do not cover that will need addressing in the medium term.

7.2 The actions taken locally have been managed and overseen by the Pharmaceutical Services Regulations Committee.

7.3 Pharmacy Operational Group met on 6/10/25 and an update will be provided at the next SPCC meeting in December.

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

15 Officer contact details for more information

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

Delegated Primary Care Functions – Review of Annual Self-Declaration Assignment Report 2025/26

550C&MICB_2526_010

Contents

Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Engagement Manager. To discuss any other issues then please contact the Director.

1 Executive Summary

Introduction and Background

NHS England's (NHSE's) Primary Care Commissioning Assurance Framework (PCAF) requires Integrated Care Boards (ICBs) to complete an 'annual self-declaration form' covering its delegated primary care functions under five headings:

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

The self-declaration must be accompanied by 'evidence and examples of compliance', and the ICB must give a red/amber/green (RAG) rating to its response to each of the 25 questions. If the rating is red or amber, the ICB must 'provide further details'. The framework requires the self-declaration to 'be reviewed through the ICB's internal audit process'.

We have completed the NHSE-specified review in accordance with the Public Sector Internal Audit Standards. We performed our review to provide an objective and unbiased assessment. Our risk assessment process aligns with the ISO 31000 principles and generic guidelines on risk management.

Overall Audit Objective

Our overall objective was to carry out a review of the completed self-declaration as directed by NHSE.

To achieve this objective, we sought to:

- check that the ICB had an appropriate project plan for the completion of the self-declaration (including responsibilities for compilation, internal scrutiny and final sign-off, as well as a timetable with clearly defined milestones); and,
- confirm that the self-declaration had been fully completed.

2 Detailed Findings

Key Findings/ Conclusion

The ICB's self-declaration as presented for audit included:

- 25 green-rated responses
- 0 amber-rated responses
- 0 red-rated responses

Overall, MIAA were able to confirm the position as per the ICB's self-declaration.

Objectives Reviewed	MIAA RAG Rating
Appropriate project plan for completion of self-declaration	Green
Self-declaration fully completed	Green

Project Plan for Completion of Declaration required by NHSE/I.

- Discussions with key staff and review of documentation confirmed there was a defined process for the Primary Care Assurance Framework and annual declaration.
- We have confirmed that assurance has been provided to the System Primary Care Committee that the ICB was meeting the requirements of the delegation agreement.
- Responsibilities had been clearly assigned and communicated for the completion of the self-declaration. There were designated officers with responsibility for evidence collation and ensuring compliance.
- The ICB's planned approach/project plan included an adequate timetable. The ICB has met the defined milestones for compilation, internal scrutiny and sign-off

Completion of the Self-Declaration

- The self-declaration had been fully completed.
- 25 responses were rated as green.

Sample Testing of Responses

- We have not raised any improvement recommendations as part of this review.

Appendix A: Engagement Scope

Scope

This review incorporated the following areas:

- To check that the ICB has an appropriate project plan for the completion of the self-declaration (including responsibilities for compilation, internal scrutiny and final sign-off, as well as a timetable with clearly defined milestones).
- To confirm that the self-declaration has been fully completed.

The following approach was adopted to enable us to evaluate potential risks, issues with controls and recommend improvements:

- We discussed the ICB's approach with the officer responsible for overseeing completion of the self-declaration form. We assessed the ICB's project plan / planned approach and considered whether:
    - responsibilities were clearly assigned.
    - evidence requirements were clearly stated.
    - the need for a SMART (specific, measurable, achievable, relevant, timebound) action plan was specified.
    - internal scrutiny arrangements were established.
    - a named officer had been identified with responsibility for formal sign-off prior to submission to NHSE (as required by the guidance).
    - there was a timetable for completion of the self-declaration with clearly defined milestones.
- We checked that the ICB had completed all the required elements of the self-declaration.

Scope Limitations

The scope of our work was limited to the areas identified in the agreed Terms of Reference. Our review focused solely on the ICB's completion of the self-declaration in accordance with NHSE's guidance. The findings from our review should not be taken as confirmation, or otherwise, of an ICB's compliance with the Delegation Agreement (with NHSE).

Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Appendix B: Report Distribution

Name	Title
Clare Watson	Assistant Chief Executive
Tom Knight	Associate Director Primary Care Dental and Community Pharmacy
Chris Leese	Associate Director of Primary Care
Andrea McGee	Director of Finance and Contracting (Interim)

Adrian Poll

Senior Audit Manager

Tel: 07798 580 335

Email: Adrian.Poll@miaa.nhs.uk

Helen Dinley

Principal Auditor

Tel: 07464 647 372

Email: Helen.Dinley@miaa.nhs.uk

Limitations

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

Global Internal Audit Standards

Our work was completed in accordance with Global Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.

All practices to link to Patient Charter 'You and Your GP' and ICBs to implement process to manage patient concerns	Practices with link to Patient Charter on practice website
	ICBs to have process and inbox in operation
Online consultation switched on for at least the duration of core hours for non-urgent appointment requests	Practices with tool open during core hours
	Capacity and Access Improvement Payments (CAIP)
Support practices to move to full modern general practice, including ensuring practices have access to digital tools (as per Operational Planning Guidance)	Capacity and Access Improvement Payments (CAIP)
Establish new Enhanced Service (ES) to incentivise use of appropriate pre-referral Advice and Guidance in General Practice	Advice and Guidance funding used
Ensure all practices are fully contractually compliant for Prospective Records Access	Practices fully compliant
PCNs stratify their patients including to identify those that would benefit most from continuity of care	Capacity and Access Improvement Payments (CAIP)
Maximise utilisation of ARRS funding and track staffing trends, including number of GPs in post	Number of GPs employed through ARRS
All practices to enable functionality in GP Connect to allow read only access to patient records for all NHS providers; and provide 'update record' functionality for community pharmacy providers to enable them to send consultation summaries to the GP practice workflow	Practices with functionality configured and enabled
Ensure all practices are using the online registration system and integrate online registration into GPIT	Registrations through national online system
All providers of secondary, community and mental health to submit six-monthly self-assessments on primary/secondary care interface	Providers submitting
Provide ICBs with access to Practice Level Support aspect of the General Practice Improvement Programme and funded places	Funding utilised
Pharmacy	
Implement and build on the delivery of Pharmacy First to increase referrals	Pharmacy First referrals: Blood Pressure
Implement and build on the delivery of Pharmacy First to increase referrals	Pharmacy First referrals: Clinical Consultations
Implement and build on the delivery of Pharmacy First to increase referrals	Pharmacy First referrals: Oral Contraception
Deliver and evaluate the Independent Prescribing Pathfinder Programme, including development of a commissioning framework and development of digital standards and capabilities	Pharmacies participating
	Number of prescriptions
Dental	
ICBs establish services for dental checks for children in special schools	ICBs confirm services are in place
	% of funding utilised
Return of Units of Dental Activity to pre-pandemic levels	UDAs delivered
Optometry	
ICBs establish services for sight checks for children in special schools	ICBs confirm services are in place
	% of funding utilised

NHS
Cheshire and Merseyside

PRIMARY CARE DENTAL PERFORMANCE REPORT October 2025

Increasing capacity, improving access and addressing oral health inequalities

REPORT CONTENTS

NHS
Cheshire and Merseyside

URGENT CARE & URGENT CARE PLUS
Period 01/04/2025 to 31/08/2025

NHS
Cheshire and Merseyside

HEADLINES

- 6,020 sessions commissioned 01/04/25 to 31/08/25
- Total of 13,886* patients booked into the sessions:
  - Total number of adults seen – 12,074*
  - Total number of children seen – 960*
- 12%* DNA rate
- 125 practices signed up to deliver UDC Plus scheme (22 of these with DFTs)

*Based on practice return forms received to date. Data incomplete.

Urgent Care Plus Summary

Metric	01/04/2025 to 31/08/2025
Number of sessions delivered	3,446*
Number of adult patients seen	12,074
Number of adult patients who needed a follow-up COT following an urgent appointment	5,251
Number of child patients seen	960
Number of child patients who needed a follow-up COT following an urgent appointment	340
Number of endodontic procedures	461
Number of extractions	2,587
Number of Fail to Attends/late patient cancellations	1,563
Number of patients appropriate for the pathway	11,923
Number of patients booked into the additional sessions	13,886*
Number of patients who had their COT completed	6,406

*dataset incomplete

QUALITY & ACCESS SCHEME
Period 01/04/25 to 31/08/25

NHS
Cheshire and Merseyside

Pathway 3 (Quality & Access Scheme) April to Aug 25	
Metric	Period 01/04/2025 to 31/08/2025
If you selected Care or Residential Settings, please give the number of patients booked from this group	
If you selected Centres for Homeless People, please give the number of patients booked from this setting	
If you selected Charities or groups that work with those with additional needs e.g. Learning Disabilities, Autism, please give the number of patients booked from this group	
If you selected Family Hubs, please give the number of patients booked from this setting	
If you selected Other, please give the number of patients booked from this group	
Number of adult patients booked	
Number of adult patients requiring Band 1 treatment	2,871
Number of adult patients requiring Band 2 treatment	3,071
Number of adult patients requiring Band 3 treatment	605
Number of child patients booked	4,929
Number of child patients requiring Band 1 treatment	3,567
Number of child patients requiring Band 2 treatment	915
Number of child patients requiring Band 3 treatment	15
Number of Fail to Attends/late patient cancellations	**1,275**
Number of patients referred into secondary care services	139
Number of patients referred to Paediatric CDS	71
Number of patients referred to Special Care CDS	15
Number of patients referred to Tier 2 MOS	72
Total number of new patients seen	11,044

HEADLINES

- 68 practices signed up to deliver scheme
- Total number of new patients booked 12,192*

Including:

- Number of children seen 4,497
- Number of adults seen 6,547
- 10.5% DNA rate
- 415 patients booked from Family Hubs

*Based on practice return forms received to date. Data incomplete.

PROOF OF CONCEPT
Period 01/04/25 to 31/08/25 (Liverpool data)

NHS
Cheshire and Merseyside

Performance headlines: 2,881 patients booked, 863 DNA/Late cancellation

RAPID EVALUATION RECENTLY COMPLETED BY NHSE NW Dental Public Health team:

Criterion	Rating	Comment
Outcomes	☑ Strong	High demand, engagement, prevention benefits, aligned with NHS priorities. Focussed on vulnerable groups
Affordability	☑ Improved	PoC model offers strong value vs. high-cost alternatives (CDS, GA, A&E); early intervention mitigates future cost burden.
Transferability	☑ High	Evaluation planned; model adaptable to similar areas.
Sustainability	⚠ Mixed	Promising design; dependent on incentives and contract reform.

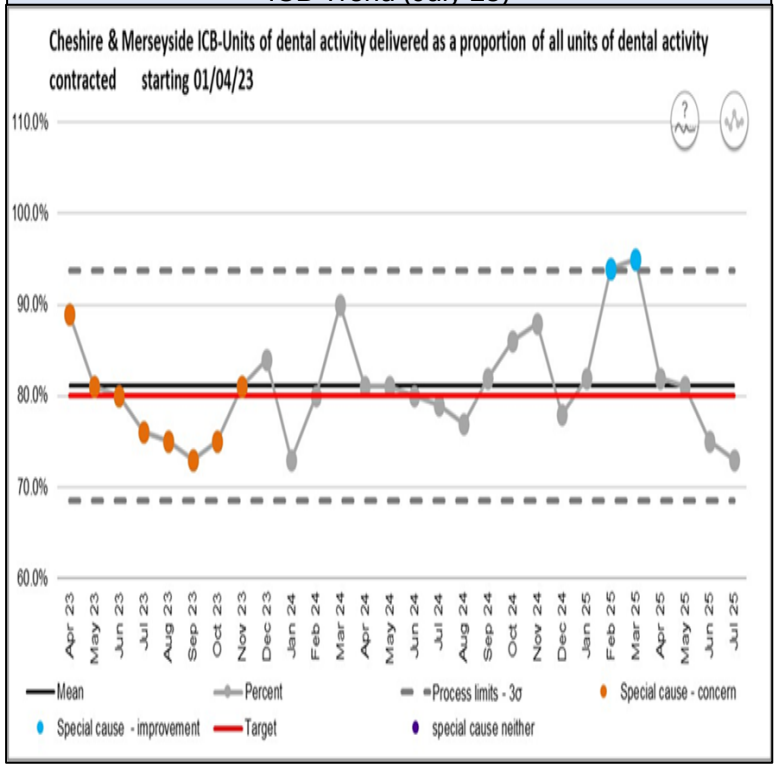
NHS OPERATIONAL PLAN – ICB PERFORMANCE SNAPSHOT

Cheshire and Merseyside

Units of dental activity delivered as a proportion of all units of dental activity contracted

Latest ICB Performance	73%	National Ranking	33/42

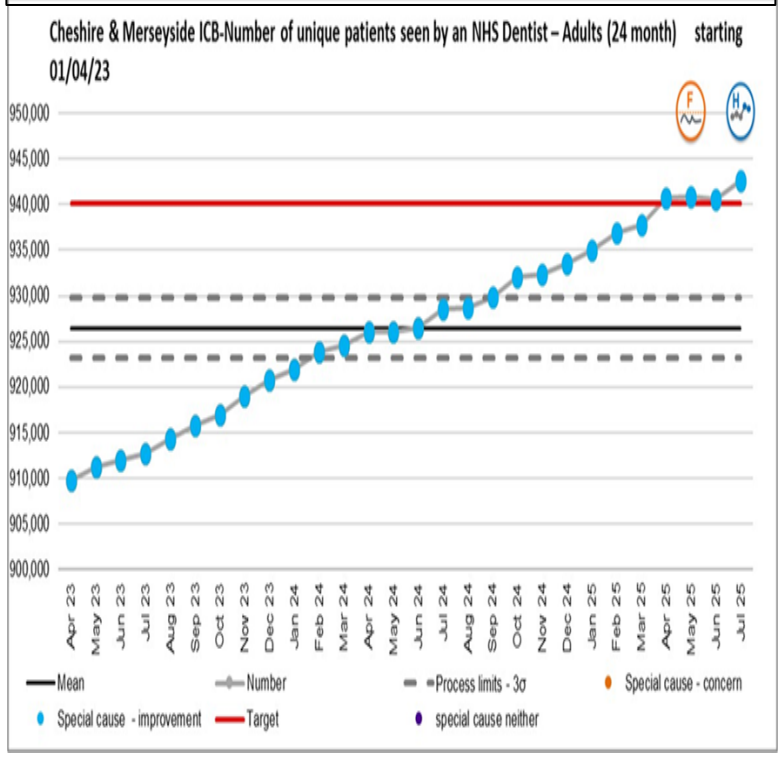
ICB Trend (July 25)



Number of unique patients seen by an NHS Dentist – Adults

Latest ICB Performance (July-25)	942,639	National Ranking	n/a

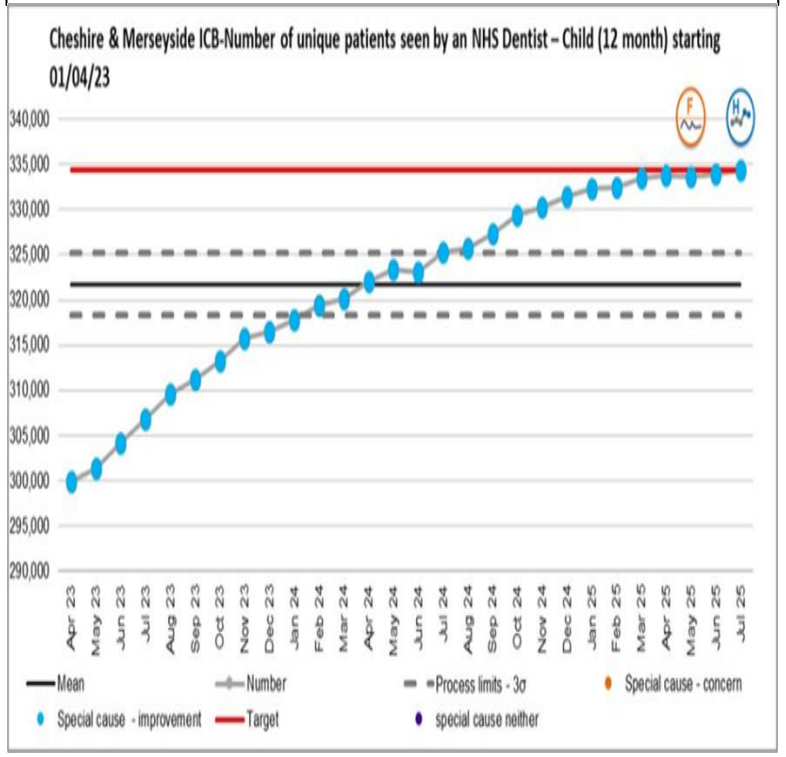
ICB Trend July-25)



Number of unique patients seen by an NHS Dentist – Children

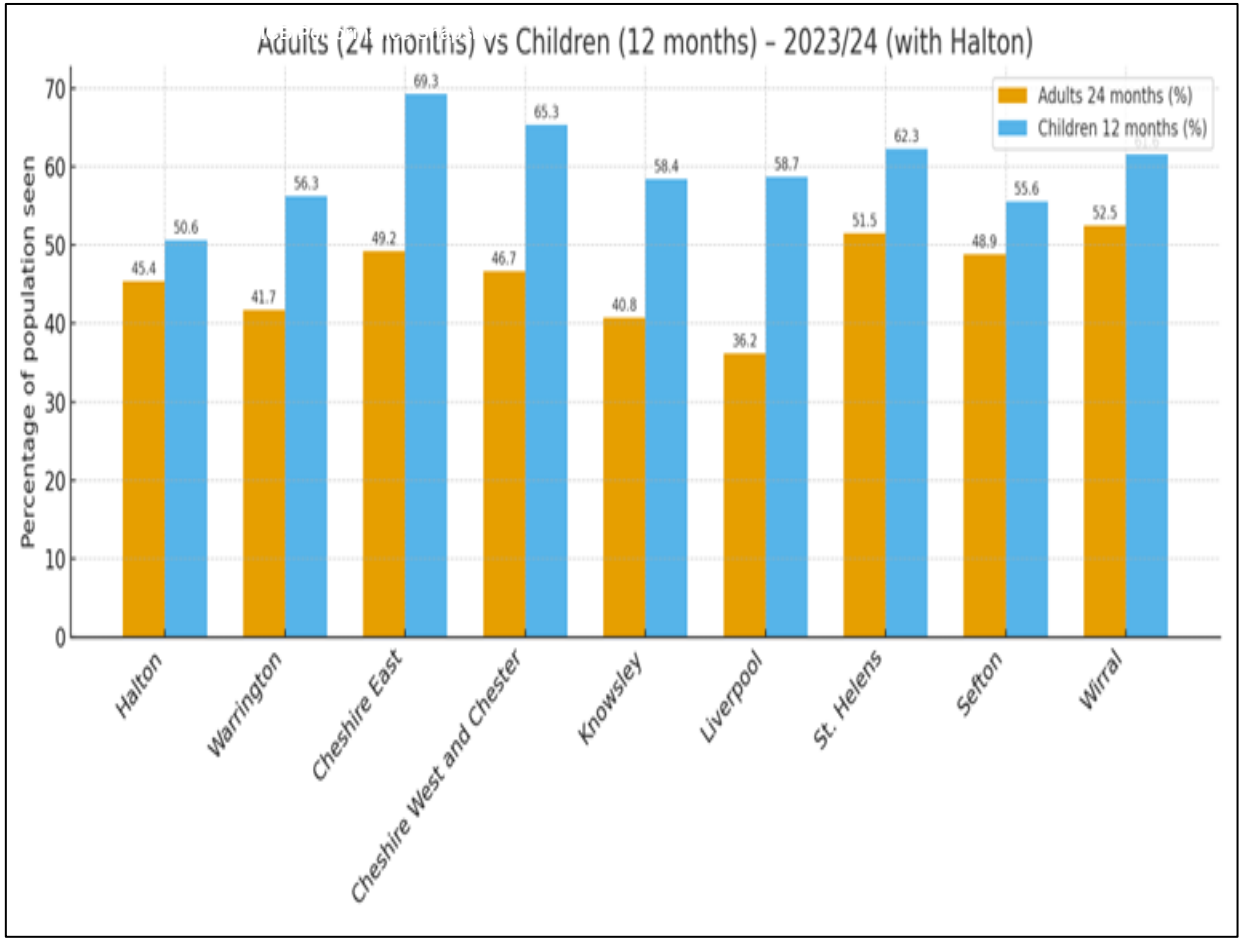
Latest ICB Performance (July-25)	334,352	National Ranking	n/a

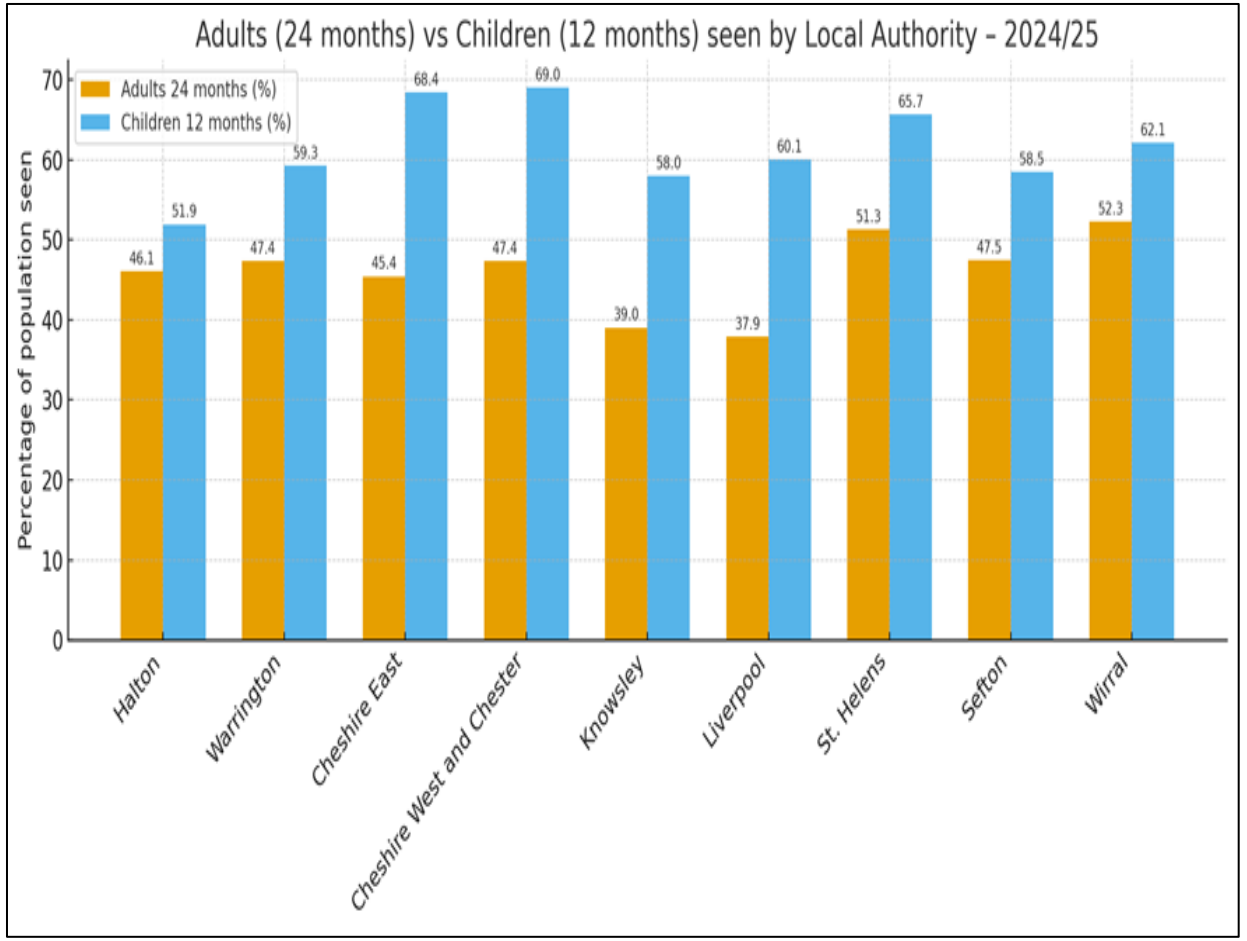
ICB Trend (July-25)



SIDE BY SIDE COMPARISON BROKEN DOWN BY PLACE (FUNDING FOR NHS DENTISTRY CIRCA 50% OF POPULATION)

NHS
Cheshire and Merseyside





Adults in past 24 months 45.28% (in 23/24 it was 45.95%)
Children in past 12 months 62.24% (in 23/24 it was 61.60%)
Overall a stable picture similar to GM and LSC.

NATIONAL URGENT DENTAL CARE 700k SCHEME

NHS Cheshire and Merseyside

ICB Name	NHS Cheshire and Merseyside ICB	Month Completed	Aug-25

Operational Planning Guidance - Delivery Trajectories Submitted Apr-25 — Latest Data: Jul-25

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Baseline Activity	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	206,244
ICB Planned Trajectory to deliver share of 700k (as agreed through the planning process)	3,882	3,885	3,885	3,885	3,885	3,885	3,885	3,885	3,885	3,885	3,885	3,885	46,617
Total Baseline +700k Contribution	21,069	21,072	21,072	21,072	21,072	21,072	21,072	21,072	21,072	21,072	21,072	21,072	252,861
BSA FP17 Delivery Activity (for incomplete months due to 62 day claims window for FP17's, the position has been synthesised using expected delivery activity percentages)	Complete	Complete	Incomplete Data Systhesised by 1%	Incomplate Data Systhesised by 5%									
	17,480	17,831	18,450	18,825									72,586
Difference (Baseline +700k Contribution) - BSA FP17 Delivery Activity	-3,589	-3,241	-2,622	-2,247									-11,699

New Recovery Trajectory - Please enter your revised trajectories in row 21 (your Jul-25 submission has been entered for your convenience)

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Baseline Activity	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	17,187	206,244
New Recovery Trajectory Please provide a recovery trajectory that takes into account any shortfall experienced in previous months and will deliver your baseline activity and 700k contribution.	293	644	1,263	1,638	5,347	5,347	5,347	5,347	5,347	5,347	5,347	5,350	46,617
Total Baseline +700k Contribution	17,480	17,831	18,450	18,825	22,534	22,534	22,534	22,534	22,534	22,534	22,534	22,537	252,861
BSA FP17 Delivery Activity (for incomplete months due to 62 day claims window for FP17's, the position has been synthesised using expected delivery activity percentages)	Complete	Complete	Incomplete Data Systhesised by 1%	Incomplate Data Systhesised by 5%									
	17,480	17,831	18,450	18,825									72,586
Difference (Baseline +700k Contribution) - BSA FP17 Delivery Activity	0	0	-0	0									0

ICB Planned Trajectory to deliver share of 700k	46,617	Total Additional Urgent Dental Appointments to commission	0
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NATIONAL DENTAL CARE INCENTIVE SCHEME

NHS
Cheshire and Merseyside

- Launched 25 September 2025 and runs from 25 September to 31 March 2026 and to support delivery of the 700k.
- Aims to incentivise eligible Dental Providers and their oral healthcare teams to provide more Unscheduled Care to patients in 2025/26.
- Incentive payment will be in addition to the Dental Provider's current annual contract value.
- Commissioners will offer all eligible Dental Providers the option to participate in the Scheme by 11.59pm on 3 October 2025. This offer will set out the Dental Provider's Baseline Activity, Additional Activity Target, Total Activity Target and Lower Activity Threshold figures.

Period/Deadline	Date
Baseline Period*	1 April 2025 to 31 July 2025
Commissioner deadline to invite Dental Providers to participate	11.59pm on 3 October 2025
Dental Provider sign-up deadline	11.59pm on 17 October 2025
Sign-up Period*	25 September 2025 to 11.59pm on 17 October 2025
Commissioner deadline to notify BSA of confirmed participants	11.59pm on 24 October 2025
Activity Period*	1 April 2025 to 31 March 2026

DELIVERY ISSUES

NHS
Cheshire and Merseyside

- Baseline recalculation
- Patient behaviour and seasonal factors
- Pathway alignment issues and current reporting only captures “traditional” urgent FP17s.
- New clinical guidance for unscheduled dental care includes patients presenting with 7-day dispositions, but these are not yet reflected in NHS111 or Dental Helpline algorithms.
- Displacement of local innovation – Our locally designed urgent care pathway, which was more effective and patient-centred, has been sidelined to meet national reporting requirements.

- Tick-box compliance – resources are diverted to training and reminding providers on form-filling and reporting processes, rather than supporting improvements in care delivery.
- Disincentive to manage complex patients – the focus on appointment numbers can discourage providers from spending longer with patients who have complex needs, as this reduces throughput against targets.
- Short-termism – To “stay on trajectory”, there is an incentive to prioritise quick-fix urgent slots, potentially at the expense of embedding prevention or longer-term improvements.
- Erosion of professional motivation.

ACTIONS TAKEN TO DRIVE UP PERFORMANCE

NHS
Cheshire and Merseyside

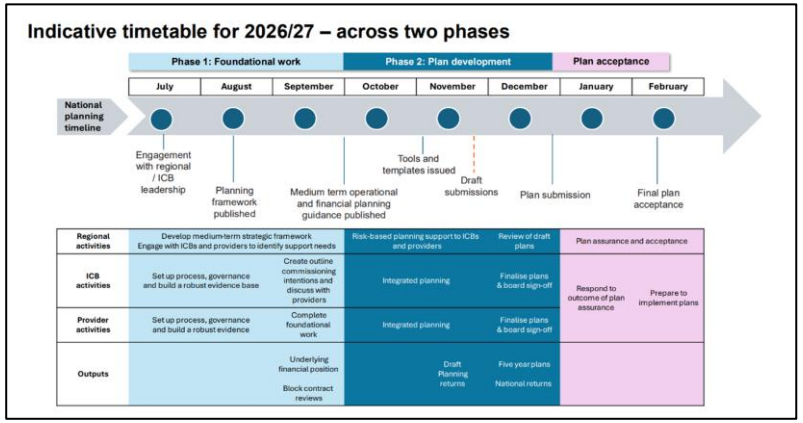
- 3 local webinars delivered to providers facilitated by Dental LPN Chair. Supported by NHSE NW and Dental Advisors.
- Review of Advice Triage Helpline demand management and utilisation.
- Reviewed capacity of existing commissioned urgent care sessions.
- Communications shared with local stakeholders including Healthwatch, Place Leads, GPs, ICB social media and the LDC. NHS 111 will direct patients to the local Dental Helpline during hours of operation; 8am to 10pm, 7 days a week, including Bank Holidays.
- Shared learning with other NW ICBs facilitated by NHSE NW.
- NHSE Dental Public Health NW working on updates to unscheduled care algorithm
- FAQS for providers.
- Progress reports to NHSE NW on monthly basis.

COMMISSIONING CONSIDERATIONS

NHS
Cheshire and Merseyside

- Dental contract reform implementation 26/27
- Strategic commissioning intentions and Road Map
- Collaborating with NHSE Dental Public Health team to a) undertake strategic review of commissioned activity to streamline current dental unscheduled dental care access pathway and b) develop a prioritisation matrix to strategically commission future unscheduled dental care access
- National Planning Process 2026-2031 (Multi Year Planning)

Phase	Timeframe	Key Activities	Outcome Framework Role
Needs Assessment & Planning	Mar–Jun 2026	Workshops with commissioners, public health, Healthwatch, and LA partners; review JSNAs; population oral health analysis; agree baseline data.	Establish baseline metrics for access, efficiency, and equity.
Prioritisation & Strategy Development	Jul–Sep 2026	Multi-stakeholder sessions; align proposals with NHS 10 Year Plan & Planning Guidance; option appraisal of PoC and prevention programmes; embed Neighbourhood Health Services priorities.	Assess impact potential against outcome framework.
Contract Design & Procurement	Oct–Dec 2026	Co-design contracts with providers; embed quality-linked payments; prevention metrics; capitation pilots; align to reform proposals; ensure integration with Neighbourhood Health Services Framework.	Embed outcome measures directly into contracts.
Implementation & Monitoring	Jan–Mar 2027	Mobilise delivery; launch reporting dashboard; establish	Use framework as monitoring and assurance tool.



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

Date: 16th October 2025

Primary Care Services - Quality Report

Agenda Item No: SPCC 25/10/B13

Report Author: *Lisa Ellis – Associate Director Quality & Safety Improvement (St Helens) – SRO Primary Care Quality (C & M), Megan Harris – Quality Manager*

Primary Care Services - Quality Report

1. Purpose of the Report

1.1 This paper provides the Committee with assurance and information to effectively deliver Quality in Primary Care Services contracted by NHS Cheshire and Merseyside at a system level relating to:

- General Practice
- Dental Services
- General Ophthalmic Services
- Community Pharmacy Services

1.2 This paper includes an update on quality assurance across Cheshire and Merseyside by highlighting:

- ALERT – matters of concern, non-compliance or matters requiring response.
- ADVISE – general updates of ongoing monitoring.
- ASSURE – where assurance has been received.

2. Ask of the Committee and Recommendations

2.1 The Committee is asked to:

- **Note** the updates relating to Quality in Primary Care Services for the four contractor groups listed above.
- **Note and be assured** of actions raised to support any quality issues.
- This report is for **information** and **no decisions** are required.

3. Quality Issues for Alerting (matters of concern, non-compliance)

3.1 General Practice

Clinical Waste (note this also covers Community Pharmacy) – following an update, the group were concerned that the specification under development may not be complete for a full procurement to be complete ready for awarding of contracts from 1.4. The group were supportive of potential contingency plans in the event of this occurring, noting any agreement would need to go to FIRC within a very short space of time. The steering group should make the recommendation to FIRC as soon as possible for contingency and explore potential timescales for any extensions. This would be highlighted again at System Primary Care Committee for exec oversight/awareness and clarification of who would be the SRO within the ICB for the work moving forward.

It was highlighted that Occupational Health elements that commissioners should have in place for primary care medical and dental, which mainly relate to needlestick/blood borne virus management are still being commissioned by NHS England and need to move over to the ICB. Details on this can be found in the Policy and Guidance Manual

for both Dental and Primary Medical. Further work is required to manage this transfer and allocate resources/responsibility for oversight.

3.2 Dental Services

No update

3.3 General Ophthalmic Services

Advised of breach notice issued managed through Optometry Operations Group

3.4 Community Pharmacy Services

No update

4. Quality Issues for Advising (ongoing monitoring)

4.1 General Practice

- **Screening & Vaccinations –** it was discussed that screening and vaccinations were already managed and discussed via the ICB population health routes supported by place level outlier discussions – and therefore no duplication was required. Outbreaks were managed at place/ICB level accordingly.

- **Awareness and discussion re Implementation of Jess's Rule – three strikes and we rethink** NHS England » Jess's Rule: Three strikes and we rethink. Awareness re this area was discussed and agreed.

4.2 Dental Services

- Clinical Governance visits and record card audits. One Dental Practice Advisor report was noted at June's Dental Operational Group meeting relating to a provider/performer who has completed more than 12,000 Units of Dental Activity within a 12-month period, which is considered high for one dentist. The report concluded that the clinical records did not meet the required standard. Actions have been agreed with the dentist and the practice will be re-visited in 3 months.

4.3 General Ophthalmic Services

- Ongoing PPV (Post Payment Verification) work was highlighted.

4.4 Community Pharmacy Services

No Update

5. Quality Issues for Assurance (assurance received)

5.1 General Practice

- NWROC 2655 – SNOMED Coding Issue – A number of GP Practices have used a vaccine administration code in their batch messages, instead of the intended vaccination invitation code, resulting in vaccine administration being incorrectly saved to some patient records.

  All affected patient records have been reviewed, confirming for each patient whether they have received or declined the vaccination. Patient records have been updated. No harm has been identified. A collated response across the 9 places has been returned to NHSE. Full assurance received.

- You and Your GP – awareness was raised of this area – and a general discussion around impact on complaints/quality and patient experience NHS England » You and your general practice – English

5.2 Dental Services

- Clinical Governance visits and record card audits. Two further Dental Practice Advisor reports were noted at June's Dental Operational Group meeting relating to providers/performers who have completed more than 12,000 Units of Dental Activity within a 12-month period, which is considered high for one dentist. The practice visits and record audits concluded for both performers that there were no clinical concerns, the record keeping was of the required standard and that no further actions were required. Two practice visits also took place because of applications to relocate premises. The Dental Practice Advisor reported at June's Dental Operational Group meeting that both practices passed the inspection, and no further actions are required.

5.3 General Ophthalmic Services

- None to report/escalate

5.4 Community Pharmacy Services

- Previous clinical and patient safety concerns reported by a GP Practice and Place colleagues around a group of pharmacies (same owner and SI). Local resolution meeting took place, with a site visit and input from a Clinical Advisor. Ongoing monitoring is in place via regular feedback from local GP Practices. Full assurance received.

6. Complaints

6.1 Table 1 – Primary Care Formal Complaints

Contact Type	Q1
Community Pharmacy	2
Optician	0
Dental	13
GP	58
Total	**73**

6.2 The number of primary care formal complaints managed by PACT in this quarter is a 24% increase when compared to the previous quarter, when 59 complaints were received.

6.3 The number of GP and dental formal complaints fluctuate each quarter, with a mean quarterly average for 2024/25 of 50 GP complaints and 12 for dental complaints. During this quarter, there was slight decrease of 3 dental complaints and an increase of 20 GP complaints, when compared to the previous quarter.

6.4 The PACT has not received any formal complaints for optical services during this quarter.

6.5 **Primary Care Complaint Themes**

The main themes and trends relating to the primary care complaints closed during Quarter 1 are as follows in table below:

Prescription Issue	4
Medication Issue	3
Communication Issue	2
Clinical Care	11
Removal from List	2
Staff Attitude	3
Access to Services	1

6.6 **Patient Advice Liaison Service**

- During the reporting period, the PACT assisted with 897 enquiries / concerns. Note: This number includes primary care and non-primary care enquiries. The main themes of primary care enquiry / concern relate to:

- Access to NHS Dental services – 139 enquiries were received by the PACT.

- GP (access to appointments, registration, de-registration, referral, care) – 85 patient enquiries were received by the PACT and included difficulties with registration/ /deregistration, access to appointments, and referral concerns.

- Patient covid vaccination requests – 232 enquiries were handled by the PACT with the majority of the contacts being housebound patients who had been signposted from their GP Practice to the NHS119 covid booking service, who in turn directed the patient to the ICB PACT. Actions were taken by the PACT to liaise with vaccination leads in Place and housebound vaccination providers, to ensure that housebound patients received their vaccinations.

7 Reasons for Recommendations

7.1 The System Primary Care Committee is asked to be alerted, advised and assured by the detail contained within this report and more detailed description of the key issues affecting general practice quality in the subsequent nine place-based reports.

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

8.1 The paper supports the delivery of the ICBs duties in respect of Quality Primary Care Services and supports the wider themes of:-

- Tackling Health Inequalities in access, outcomes and experience
- Improving Population Health and Healthcare
- Enhancing Productivity and Value for Money
- Helping to support broader social and economic development

9 Link to meeting CQC ICS Themes and Quality Statements

9.1 Quality & Safety - QS2, QS3, QS5
9.2 Integration – QS7, QS8
9.3 Leadership – QS10, QS13, QS15

10 Risks

10.1 Supports the mitigation following BAF risks – P1, P4, P5, P8

11 Finance

11.1 Will be covered in separate Finance update.

12 Communication and Engagement

12.1 Not required in respect of this paper.

13 Equality, Diversity and Inclusion

13.1 Nationally negotiated terms in respect of this area are already agreed.

14 Next Steps and Responsible Person to take forward

14.1 Lisa Ellis, Associate Director of Quality & Safety Improvement (St Helens Place) (SRO for Primary Care Quality C & M)

15 Appendices

Appendix One: *General Practice Quality Indicators & Process*

General Practice - Quality Indicators &

Appendix Two: *Optometry Quality Oversight Process*

OPTOMETRY QUALITY OVERSIGHT

Appendix Three: *Dental National Assurance Process*

NHS England » Policy book for primary dental services

Appendix Four: *Community Pharmacy Quality Scheme*

Pharmacy Quality Scheme.pdf