Thursday 22 December 2022
10:45am to 12:20pm approx
Meeting Room 1, No 1 Lakeside, 920 Centre Park,
Warrington, WA1 1QY

NHS
Cheshire and Merseyside

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

Agenda

Chair: Erica Morriss

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
10:45am	**Preliminary Business**			
PCC/12/22/01	Welcome, Introductions and Apologies	Chair	Verbal	-
PCC/12/22/02	Declarations of Interest *(Board members are asked to declare if there are any declarations in relation to the agenda items or if there are any changes to those published in the Board Member Register of Interests)*	Chair	Verbal	-
PCC/12/22/03	Public Questions	Chair	Verbal	
PCC/12/22/04	Minutes of the last meeting *Held 20 October 2022*	Chair	For approval	Page 3
PCC/12/22/05	Action Log of the last meeting *Held 20 October 2022*	Chair	For approval	Page 13
10:55am	**Business Items**			
PCC/12/22/06	**Primary Care priority areas for patients** • **Community Pharmacy** : Challenges/ Integration &Future ways of working as an ICB	TK/ SL/ PS/ AI CW	Presentation For note	Tabled on day
11:40am	**Place Specific**			
PCC/12/22/07	• Primary Care Workforce Update	AL/ DB/ DC	Presentation For note	Tabled on day
11:55am	**Delegated Areas – General Medical and Community Pharmacy**			
PCC/12/22/08	**Update on Operating Model**	CW	Paper For note	Page 14
PCC/10/22/09	**Policy and Contracting Update** including Place reports	CL	Paper For note	Page 24
PCC/12/22/10 **12:10pm**	**Finance Update**	MB	Paper For note	Page 57
12:15pm	**Other Formal Business**			
PCC/12/22/11	Closing remarks, review of the meeting and communications from it	Chair	Verbal For Agreement	- -

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
12:20pm	**CLOSE OF MEETING**			

Date and time of next meeting:
tbc
A full schedule of meetings, locations and further details on the work of the ICB can be found here: www.cheshireandmerseyside.nhs.uk

Speakers

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

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

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

Cheshire & Merseyside ICB System Primary Care Committee held in Public

The Boardroom, Bevan House, Barony Court, Nantwich, Cheshire, CW5 5RD

Thursday 20 October 2022 from 10:45 am to 12:20pm

Draft Minutes

ATTENDANCE		
Name	**Initials**	**Role**
Clare Watson	CWa	Assistant Chief Executive, C&M ICB
Erica Morriss	EMo	Chair, NED
Chris Leese	CLe	Primary Care Associate Director
In attendance		
Mark Bakewell	MBa	Deputy Director of Finance, C&M ICB
Loraine Weekes-Bailey	LWB	Senior Primary Care Accountant
Louise Barry	LBa	Health Watch Cheshire
Paul Brennan	PBr	Primary Care Project Accountant
Deborah Butcher *(virtual – meeting in part)*	DBu	Place Director, Sefton
Christine Douglas	CDo	Director of Nursing and Care, C&M ICB
Tony Foy	TFo	NED
Dean Grice	DGr	Head of Primary Care - Cheshire
Jonathan Griffiths	JGr	Associate Medical Director – Primary Care
Daniel Harle (virtual)	DHa	GP, Macclesfield
Adam Irvine	AIr	Primary Care Partner, ICB
Tom Knight (virtual)	TKn	Head of Primary Care North West, C&M
Anthony Leo	ALe	Place Director, Halton
Kerry Lloyd	Kll	Deputy Director of Nursing & Care
Sally Thorpe	STh	Executive Assistant, C&M ICB

Apologies		
Name	**Initials**	**Role**
Rowan Pritchard Jones	RPj	Medical Director, C&M ICB
Fiona Lemmens	FLe	Associate Medical Director, C&M ICB
Claire Wilson	CWi	Executive Director of Finance, C&M ICB
Delyth Curtis	DCu	Place Director, Cheshire West

Item	Discussion, Outcomes and Action Points	Action by
PCC/10/22/01	**Welcome, Introductions and Apologies**	**EMo**
	EMo chaired the meeting and welcomed members of the public to the meeting. The welcome was extended to colleagues who had joined the meeting virtually via MS Teams.	
PCC/10/22/02	**Declarations of Interest**	**EMo**
	Dr Jonathan Griffiths declared that he was a GP and a member of the Dene Drive Property Partnership Group Adam Irvine declared his interest as an LPC Chief Officer, representing all contractors in both the Cheshire areas, Wirral and Warrington.	
PCC/10/22/03	**Public Questions**	
	The papers all start with a summary box highlighting the areas of the ICB Impact of the paper. “Tackle health inequality, improving outcome and access to services” Does the committee feel that there might sometimes be conflict between tackling inequality, and improving access? The papers presented today all have this statement highlighted as applying to their contents. There is no mention of how the actions intend to reduce inequality anywhere in the content of the papers. There are several risks relating to health inequality discussed, but no mitigation. (eg why might PCNs struggle to spend their budget and why others not) Health inequality is driving a significant amount of the costs in the system. Improving access without dealing with inequality may simply increase cost. Can the committee confirm that the primary care committee will make reducing health inequality a core part of its strategy and not just a box to tick on its papers? EMo commented that this theme could be picked up as part of the presentation from Place item PCC 10/22/04 and that we would revisit this as part of that agenda item. **ACTION : Following the meeting, EMo would respond to the Question on behalf of the ICB**	**EMo**
Business Items		
PCC/10/22/04	**Place Presentation** - **Access to General Practice** - **Transformational and Development Update**	
	The Presentation was given for information and for the Committee to note the update given. TLe gave the presentation ‘Primary Care Update, and outlined each of the slides, it was presented at a summary level, for each of the nine Places, noting that each Place can give an example of what is being talking about.	

	Looking at the comparison slide for GP Appointments for C&M, it was noted that this was looking at NHS Digital data, with 5.1m appointments for the same time in April an increase of 600k appointments, this was noted to be a shift of face-to-face to the change in other appointment types. Noted that data is all well and good, but the main concerns are that this is the view of the patients that use our services -, and the key headlines for C&M using national, local and regional data for the GP Patient Survey, across C&M 134,514 questionnaires were sent out with a return response rate of 29%. The survey contained lots of positive feedback regarding practice receptionists. In terms of the good overall experience of GP Practice it was noted that there is a confidence and trust in patients being asked about experiences on their last appointment. It was interesting to note on the GP workforce graph, that deprivation, plays a role in some of these results. All Places are taking active steps to address the challenges and responding to the key elements of the Fuller Stocktake. There are eight key themes, and our Places were working on this prior to the Fuller Stocktake as CCGs. Strongly built around a neighbourhood model, and engagement with communities. Alongside of this, how we plan to engage with our patients, following the Secretary of State announcement in Sept 2022 included easier access to general practice, and the launch of a new community pharmacy offer, reducing the reliance on GPs. There is a transformation programme for pharmacy model which is being working through in Halton. It was noted that there are key indicators, and how practices use the national tools to help make improvements with their workforce, the way the PCNs operate, using telephone access etc. It was reported that Halton have noted the mode of telephone consultations increasing and are now switching back to more F2F consultation and are now seeing this change. Halton PCNs are now looking at Partnerships, the 3rd sector, other PCN's and Acute Trusts. It is further noted that they are all using dashboards, but that they are all different, CWa recognised this stating that there is a view to looking to uniform/ standardise this going forwards. A key initiative to understand Access, Capacity and Demand in Cheshire East is the implementation of APEX. A project being funded via the ICB and has a confederation approach to supporting General Practice. This model can be articulated really well if we were to look at the OPEL alert system in Trusts when demand outreaches capacity, and the use of escalation calls etc, it is suggested that maybe this is something to consider for Practices in the future. There are good examples of wider support measures, in terms of Community Pharmacy Consultation Services, there is a really engaged pharmacy workforce within the ICB and development programmes can be embedded into neighbourhood delivery model approaches.	

Places are also looking at 111 usage, AED attendances - low acuity presentations, rapid discharge support projects and Accelerated Access Improvement Programmes.

Progress could further be seen in

- The progression towards a single coherent approach to urgent care and a more sustainable model for practices.
- Using the neighbourhood model, Care communities (in Cheshire East), and the integrated neighbourhood delivery unit (in Halton) for example
- Supporting PCNs to evolve into those teams, also about having place forums, talking in the right environment to challenge, regular forums', equally on estates groups, working with public sector colleagues

- ARRS workforce, having additional roles, first contact physios, dietitians, clinical pharmacists all help to compliment GPs.
- It was noted that in 2021 396 additional roles were appointed to, and brought into our Primary Care teams, this increased to 866 against a target of 726, the ambition is to do the same this year

Cheshire West was the first place in the country to have fully qualified First Contact Practitioner Dieticians working in PCNs.

Going forwards there is a requirement for national support and funding to move these things on, to supporting Primary Care Transformation, to have the resources to continue the work, initiatives such as Training Hubs, local GP retention and online consultations and international GP recruitment to name a few.

It was noted there are some key risks and mitigations to be aware of, and there are some niggles around how funding flows in, (and the ease of this or not).

We are trying to mitigate with a range of support, trying to change things for our patients but recognising there is a sense of pace needed.

TLe commented on the challenge for t for particular communities to access and navigate the system

CWa questioned if from next April would we get all that intel from the Region? And that it would be helpful to see this, adding that it is a useful BI resource. It was noted that yes can access some information, the BI team can support us to get this level of detail on an ongoing basis

Noted that it is part of the TOR, and the core mission from the ICS/ICP/ICB, and we must continuously challenge ourselves with this agenda.

One question to think about would be how are the Places working together on some of these areas

CDo stated that she was really interested in the workforce data, particularly the GPs and where there were reduced GPs and the correlation to increased patient experience, would like to see the wider information around the additional clinical workforce available.

ACTION: **It was asked whether something could be brought back to a future meeting and PDs/Place would be asked to bring some further numbers to the December meeting.**

	In terms of limited access to clinical placements, CDo questioned how to develop workforce, education and research, and that we will only get this if we invest in the young people. Secondly, what are we doing about access to Mental Health, particularly anxiety, rather than making referrals, to look at low level intervention for all age groups. In response TLe stated that firstly, this was where the integrated model will play in, and for the second aspect, it was not clear as yet that we collect enough data, there is no mechanism around the workforce groups, but that we will start to see this coming through. In terms of workforce, and the people strategy, the need to link in with Higher Education establishments, need a coherent approach for this, and to think about how we get all partners around the table, there are some obvious synergies, and it might be something for Places to look at together, recognised that this would be a great conversation to take place. It was felt this was more in the remit of the People Board and if there was an understanding that could be shared with that forum. DHa stated there was lots of data and that it was good to see the recognition of the workforce issues. He added that there was something about the data showing that we are doing well in C&M, recognising that we are doing this well, even considering that some colleagues may be working at challenging staffing levels. DBu noted that there is certainly some way to go around how we build that local picture of need and response. She gave thanks to TLe for pulling the paper together, but gave assurance that all Place Directors have contributed AIr raised the risk on the ARRS roles in terms of pharmacist recruitment to general practice under the ARRS. Also commented that the committee should ensure that all the contractor groups have similar focus at the committee meetings. CWa responded that GP access was a specific request to Place Directors for this meeting but fully acknowledged that all 4 areas should be covered. JGr noted that in additional to the forums at place, there is the Primary Care Forum and all clinical directors were meeting at the end of Nov/ early Dec for cross place conversations. Additionally he noted that we have the issue of GP and secondary care – sick note/ prescription(s) work – this will release huge numbers of appointments if this can be mastered. Also flagged was morale, in terms of wider recent media messages relating to access and appointments. There are also inequalities/ marmot communities, and these absolutely should be part of this work and flagged that there was to be a meeting in 2-weeks time with 100 practices serving the most deprived communities, what/how can we learn from this? LBa stated that it was really positive to hear about the wider multidisciplinary teams and would be interested to find out where this is happening.	

	Also the need to recognise locally at Place, that the conversations are taking place, but this was not universal . Also flagged the impact on pc staff of negative press and public perceptions, work together to address this. **OUTCOME: the update was Noted** **ACTION : TLe to bring back some further per place GP and wider disciplinary staffing numbers for the Committee**	**TLe**
PCC/10/22/05	**Update on Primary Care Operating Model**	
	The paper was presented for decision CWa outlined that at the beginning of the ICB it was agreed that the nine Place based primary care committees, plus the system primary care committee, would have a range of decision-making powers delegated to them as committees of the ICB. It was outlined that there was a further recognition of the extensive resource required to manage nine place-based committees, and additional scoping work was undertaken as to how this work for general practice could be signed off by Place Directors if in line with scheme of delegation (SORD) / standing financial instructions (SFI), but to continue with Community Pharmacy through a centralised ICB function as this is not delegated. The recommendation is to have a single system primary care committee, but that Places manage decisions, this gives Place greater authority and autonomy to make decisions but under a framework. It was added that the Place Director would still want to have a group wrapped around them to make decisions, this was not about a single person making decisions. It was noted that this has been discussed with the LMCs and subject to them seeing the later iteration, they were in broad agreement, noting the expectation of due LMC involvement at place and system level, in line with the matrix. CLe highlighted the changes that had been made since this iteration was included in the papers, and stated that most decisions can be made at Place using a wider forum but in line with SORDs and SFIs. It was noted that limited company applications whilst waiting for legal advice would still come direct to this committee. It was noted that the Places would be asked to produce a mini report to the system primary care committee, so as to be aware of consistency of approach and any decisions made, MBa added that they were currently working through an iteration of the SORD, and when this is agreed it would be really good to use this to help us when making such decisions. Noted that behind this, there also needs to be a greater understanding between teams, as well as an understanding between finance and contracting colleagues so that everyone knows their roles and the conversations that have been had between the teams and to reflect this in the SORD documents behind this.	

	Credit was given to the format of appendix 1 in the paper as this was really clear to understand. Noted that the Place Directors should be mindful of any significant risk, that is, that some conversations could start at Place, but to recognise when those discussions need to be curtailed and escalated into the system meeting. Recognise that if it is around contract or financial risks place should escalate **ACTION A: CLe agreed to share the final version of the LMC involvement information with DHa/ LMCs** **ACTION B: CLe further agreed to communicate out decision to PDs and Place PC leads to commence work in line with the matrix.** **ACTION C: CLe to formulate a reporting template with place PC leads that is included in papers to this Committee** **ACTION D : CLe to bring the final copy of this matrix as part of the papers to the next meeting** **OUTCOME:** **noted** the updates in respect of Primary Care TOM **Supported** the recommendation to agree the next steps for this, as outlined within the paper **Noted** that further work is required in some of the areas given in Appendix one and that a further paper will follow in due course when this is amended or updated significantly	**CLe** **CLe** **CLe**
PCC/10/22/06	**Primary Care Policy and Contracting Update**	
	The paper was presented to note CLe presented the paper, in particular noting section 7 (risks), stating that this was not in the correct template, but that the Committee will see this correct at the December meeting. He noted that the CQC ratings for all practices were in appendix 2, noting some ratings may have changed as inspections are live and ongoing. SDF reporting and deadlines were flagged. LBa questioned regarding the involvement of Healthwatch with the Place Enhanced Access offer. Cle would contact place leads to clarify and discuss with LBa outside of the meeting JGr noted that the key was to get the money out to Place, unless there was a good reason not to. In terms of each place, each now has a place Clinical Director appointed, and Primary Care is in their workplan, he added that there has been a slight delay for Cheshire East, but there has been an interim in post whilst working though this delay. **OUTCOME** : The Committee **noted** the contents of the report	
PCC/10/22/07	**Primary Care Finance Update**	
	The paper was presented to note MBa presented and gave thanks PBr LWB in their production of the information. He summarised that this was the month 5 (M5) to the end of	

	August 2022, and that more information would come to the December meeting which would show more information including the areas of spend. Hi outlined that the report covered the four areas of spend, and outlined the 2022/23 financial position as presented. He stated that the Committee will gradually see the underspend turn into the overspend over the year. Section 6 was highlighted that at this point principles had been developed as there is variation at CCG/ICB level (recognising the former CCG format). He added that there was a non-recurrent/ in year basis to maximise resource It was outlined that this was the M5 position, and that there is lots of work being done to get the forecast with more certainty. He added that he was more confident moving from M5 into M6 and onwards, and that the staffing structures will help with this. TLe sought clarity around the ARRS, asking what would happen if any place cannot spend its money. MBa stated that we would not be able to just keep giving that level of spend and that we would want to maximise this. Funding has not been confirmed for next year, and there is more work do on forecasting. It was further questioned as to how QIPP featured in the numbers? MBa acknowledged there was more work to be done, but that the values as stated are what was being working to. We need, throughout the Finance Committee, to work out where we are on that journey and to maximising where we can. Rebates for example, and whether we are doing this consistently across the nine Places. JGr noted an error in paragraph 8, on the SDF funding, and that the figures are in thousands not millions – **noted.** It was added that this was about fair shares, and that they intend to go out to Place, if they cannot demonstrate where they would spend the money then we would have to pull it back into system. It was questioned that if just doing an in-year, temporary, in particular funds, for example a PCN, then could you employ if only one year, and what would happen the next year? In response, MBa stated that this was a bit of a model, and that the logic is that one would hope the PCNs would take a degree of that model as to what 'risk' value they have. However, we know sometimes there is a bigger over-recruitment because we know that things are going to change, we recognise it is a calculated risk. TFo noted that there is incredible variation as to what roles they employ and whether these can be sustained longer term. It was noted that this was due to the variation in General Practice, it is the PCN to decide who they want to employ, and this is from the make-up of the demographics of the patients. CWa stated that everyone was supportive of this, but that it builds on the question of the non-recurrent nature of this, that this could perhaps lead to an increase in the inequalities.	

	MBa added to remember this is a reimbursement scheme rather than an allocation. We only get the money if we get people in (capacity), we can take a measured approach, and this is the calculated risk. **OUTCOME:** **Noted** the financial summary position for C&M ICB as at the 31.08.22 (M5) **Noted** the future requirements for reporting the ARRS to NHSE **Supported** the principles outlined in the paper in relation to maximisation of ARRS spend	
fPCC/10/22/08	**New Pharmacy Contract Update**	
	The paper was presented to note TKn presented the update paper on the community pharmacy contractual framework, 5 year deal, outlining that this was in C&M and across the North West. He noted that there was a recurrent theme, the pharmacy framework, and that this has been built into the future to show how to build on health inequalities. There is proof of delivery and track record across C&M. **OUTCOME:** **Noted** the content of the paper	
PCC/10/22/09	**Dental and GOS Progress paper/next steps and PDAF**	
	The paper was presented to note CLe outlined the paper noting that the PDAF (Pre Delegation Assessment Framework) would now go forward to the regional moderation panel to formally approve the take on of Dental and GOS (General Ophthalmic Services). He added that He gave thanks to everyone around the table for their involvement and for the work within the paper and the good progress made. It was noted that there was no response within the last box of the Domain 3 table. MBa stated that there would be another staffing cohort, and that this was still an area of work to do in the next quarter. There are some areas of organisational development, and deep dives as part of the work. AIr noted that some ICBs have already done this as part of the national work, there is a meeting for pharmacy next week, we could look to share the learning from those early adopters. **OUTCOME: Noted** the contents of the paper	
Other Formal Business		
PCC/10/22/10	**Closing remarks, review of the meeting and communications from it**	
	EMo brought the meeting to a close, she thanked everyone for their active participation. Comments have been well thought out, it is noted there are no silver bullets, but with small well evidenced steps we will improve the lives of our communities with Place absolutely centred to this, especially around design and delivery. Suggested that as this was only the second meeting, **after the December meeting, the proposal is to send out a survey monkey**, along with a copy	

	of the workplan, asking members what they might consider for addition/ deletion and develop. Thank you!	
Date of Next Meeting: 22nd December 2022		

End of Meeting

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD System Primary Care Committee - PUBLIC

Action Log 2022-23

Updated: 20.10.22

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
PCC/10/22/03	20.10.22	Public Question	Following the meeting, response to be made on behalf of the ICB	Erica Morriss	ASAP		COMPLETED
PCC/10/22/04	20.10.22	Place Presentation - access to General Practice - Transformational and Development Update	It was asked whether something could be brought back to a future meeting and PDs/Place would be asked to bring some further detail to the December meeting	Mark Bakewell	22.12.22		ONGOING
PCC/10/22/04	20.10.22	Place Presentation - access to General Practice - Transformational and Development Update	to bring back some further per place GP and wider disciplinary staffing numbers for the Committee	Tony Leo	22.12.22	on agenda for meeting 22.12.22	ONGOING
PCC/10/22/05	20.10.22	Update on Primary Care Operating Model	A : Share of final version fo the LMC involvement information with Dha/ LMCs	Chris Leese	22.12.22		ONGOING
PCC/10/22/05	20.10.22	Update on Primary Care Operating Model	B: Agreement to communicate out the decision to PDs and Place PC leads to commence work in line with the matrix	Chris Leese	22.12.22		ONGOING
PCC/10/22/05	20.10.22	Update on Primary Care Operating Model	C: to formulate a reporting template with place PC leads that is included in papers to this Committee	Chris Leese	22.12.22		ONGOING
PCC/10/22/05	20.10.22	Update on Primary Care Operating Model	D: to bring the final copy of this matrix as part of the papers to the next meeting	Chris Leese	22.12.22		ONGOING
PCC/10/22/10	**20.10.22**	**Closing remarks, review of meeting**	suggested that after the December meeting the proposal to send out a survey monkey along with the workplan, asking members what they might consider for addition/ deletion and develop	Erica Morriss			ONGOING

Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 22nd December 2022

Date of meeting:	22 December 2022
Agenda Item No:	PCC/10/22/08
Report title:	**Primary Care TOM (Target Operating Model) Update**
Report Author & Contact Details:	Christopher Leese Associate Director of Primary Care c.leese@nhs.net
Report approved by:	Clare Watson

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

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

Executive Summary and key points for discussion
This paper is to provide the Primary Care Committee with an update on the Primary Care Target Operating Model (TOM) **Appendix** 1 – Final framework for key decisions made at place, as previously agreed at the System Primary Care Committee in October (contains the amendments discussed and agreed at that meeting)

Recommendation/ Action needed:	**The Committee is asked to:** ***Note*** the updates in respect of the progress and planned next steps Primary Care TOM (Target Operating Model)

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	

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: *(Place to add)*	
Please insert **'x'** as appropriate:	
Supports place working in respect of primary care leadership and decision making	x

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? **No** 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*) **NO**					
	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**					

Next Steps – Primary Care TOM (Target Operating Model) - Place based governance.

1.0 Update since last meeting

1.1 The original Primary Care Target Operating Model (TOM) for Day 1 of the ICB was drawn up in conjunction with each of the former CCG/Place Primary Care Leads in a process that commenced in January 2022.

1.2 At the last meeting, the Committee agreed a framework to support place to make key decisions, and the final version of that is given in **Appendix 1**. This has been shared with Place who have confirmed arrangements at a local place level for decisions to be made in line with this document and therefore the Policy and Guidance Manual (PGM). This document was also shared with the LMCs after the last meeting. Updates from each place's primary care forums are given in the **Policy and Contracting Update**.

1.3 It was agreed this would be reviewed, with feedback from Place/LMC colleagues and practices prior to March 31st for any further revisions to be agreed at the Committee meeting in April.

1.4 At the time of writing this paper, the ICB's internal management of change is ongoing and therefore some of the supporting governance processes and named leads at place, supporting this, cannot yet be confirmed.

1.5 Feedback from the LMC's has been incorporated into the document and as part of the reporting given in the Policy and Contracting Update, specific assurance has been sought as to LMC engagement in these local primary care decision making forum(s).

2.0 Next Steps in relation to the Primary Care TOM

2.1 Following the process referred to in 1.4 further names and responsibilities will be added to the overall governance document, to ensure further connectivity between place forums, place teams and the corporate primary care system teams and this Committee. This should be finalised during January.

2.2 During January and February there will be a review of the existing governance arrangements for **Community Pharmac**y, and how these align to the System Primary Care Committee and overall governance model. Proposals as to how this will be managed moving forward will return to the Committee in February for agreement

2.3 Also during January and February we will review the overall incoming governance arrangements for **Dental** and **General Ophthalmic Services (GOS).** The overall aim is for all primary care contractor groups to be managed through the System Primary Care Committee, but in line with 1.2 above, decisions related to Primary Medical Services (General Practice) will continue to be managed by place (subject to the three month review). A proposal regarding Dental and GOS is also planned to return in February.

2.4 It should be noted that workforce planning and transfers to the ICB involving NHSE/I staff that currently undertake functions for Dental, Community Pharmacy and GOS are ongoing. This could include staff who undertake quality, complaints and clinical advisory roles. Estates and IT issues in relation to Dental and GOS are less of a consideration as the level of responsibility within the commissioning side is minimal.

2.5 In terms of functions already within the ICB, further discussion is required as to how primary care quality can be overseen as part of the System Primary Care Committees role. Quality considerations are closely aligned to the delivery of the national GP contract and system oversight for these issues is important. In addition, estates and digital streams are integral to the work of the Committee – during January these will need to be factored into the overall governance discussions.

3.0 Next Steps

3.1 In January ICB and NHSE/I officers will meet to help shape governance moving forward for 2.2 and 2.3. Similar work will be required colleagues in relation to 2.5. A proposal with the support of the Chair of the System Primary Care Committee will be put forward for discussion and agreement at the February Primary Care Committee. In tandem discussions with place colleagues will be required to ensure the dovetailing of place governance arrangements.

4.0 Recommendations

4.1 The System Primary Care Committee are asked to ***note*** the progress and planned next steps in relation to the Target Operating Model (TOM) for Primary Care.

5.0 Officer contact details for more information

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

Appendix 1 Decision Matrix – Version 9 (final version) to be reviewed by this Committee in 3 months. Colour coding indicates level to which the importance of SPCC oversight may increase depending on the issue.

Issue	Original position	Place forum considerations	Central Team involvements	Comments/feedback	Final Position
General Contract Letters non formal/general correspondence	Contracts Team or escalation checking with PDs/Ads		PC Contracts Team to log		Place managed/LMC involvement as required
GMS PMS APMS Contract Variations (post decision process)	Final formality paperwork Place Director /AD sign off	As per some of the the scenarios below assuming they have gone through due process	PC Contracts Team prepare in line with PGM	Sign off at place if In line with PGM process and delegation/SOD/SFI	Place managed in line with SFI/Sord and PGM process, this may well be that the decision is made in place but the actual contract is signed off by another ICB officer
Remedial Notice	Place Director / AD sign off	Exec discussion depending on severity	PC Contracts Team confirm process followed in line with PGM	Sign off at place if In line with PGM process and delegation/SOD/SFI Note may involve LMC	Place managed in line PGM Process. LMC involvement Reported as part of summary update to SPCC (for information
Breach Notice and onwards sanctions agreement	Place Director / AD sign off	Should be discussed at place Execs	PC Contracts Team confirm process followed in line with PGM	Sign off at place if In line with PGM process and delegation/SOD/SFI Note involvement of LMC	Place managed in line with PGM Process LMC involvement Reported as part of summary update to SPCC (for information
Practice Merger (non urgent)	Place Director / AD signs or recommend if combined contract value above SFI	Recommend a forum discussion in line with the process to prepare/but due to contract challenge may have to come to SPCC	PC Contracts Team confirm process/application followed in line with PGM. Risk of contract challenge so also engage with ICB	Sign off at place if In line with PGM process and delegation/SOD/SFI or if above that value recommendation to SPCC. Note involvement of other practices/LMC	Place managed in line with PGM Process. Note wider process of engagement required. Final (new) contract sign off must be in line with SFIs. Reported as part of summary update to SPCC (for information) System to develop some key principles to support LMC involvement

			corporate regardless of value		
Temporary List Closure (B.5.2 PGM noting ICB does not recognise informal list closure)	Place Director / AD signs off		PC Contracts Team confirm meets the criteria for temporary closure	ICB does not recognise informal list closure and any other circumstances must be a formal list closure	Place Managed in line with PGM process Reported as part of summary update to SPCC (for information) System to develop some key principles to support LMC involvement
Boundary Change	Place Director / AD signs off	Recommend a forum discussion	PC Contracts Team confirm process/application in line with PGM	Suggest a forum decision to enable other parties to be involved Note involvement of LMC and local practices boundary considerations. Any removal requests would need to be discussed	Place Managed in line with PGM process Reported as part of summary update to SPCC (for information) System to develop some key principles to support LMC involvement
Termination/Options of main contract including APMS contracts (non urgent)	Place Director/Execs offer a recommendation	Recommend a forum discussion to consider options	Contracts team to advise regarding APMS VEAT notices, extensions and procurement Patient Engagement team recommendations for consultation	Note - interim provision would be included as an option/ Procurement would follow general contracting process in line with legislation Urgent termination requires further work to outline process. Note involvement of LMC. Note any follow on dispersal must be undertaken in line with the PGM principles	Place Managed in line with PGM process Reported as part of summary update to SPCC (for information) System to develop some key principles to support System team to be involved at an early stage/kept updated Via appropriate place forum LMC involvement Clear risk management expectations – system PCC may request additional assurances in respect of this
Branch Surgery Closure (non urgent	Place Directors/Execs offer a recommendation	Forum discussion highly	PC Contracts Team for	*Note sign off of patient engagement exercise	Place Managed in line with PGM process

where provider initiated)	(note sign off * would be required following a forum discussion) Sign off at place for patient engagement exercise	recommended (TAF group) Must be engagement with OSC	process and paperwork Patient Engagement Team for advice and sign off in relation to the Patient Engagement exercise and OSC engagement	required as part of the approach in the PGM Place would also need to take to OSC locally and consult. Note closure due to CQC advice would be immediate and would form part of remedial notice (if capable of remedy) or Commissioner led process if C led by place up to System PCC/ Note involvement of LMC	Reported as part of summary update to SPCC (for information) System to develop some key principles to support System team to be involved at an early stage/kept updated Via appropriate place forum, must be held in public. LMC involvement
Special Allocations Scheme / Appeals **Assignment of patient direct outside of PGM**	PD/AD for Quality sign off	*Should* involve panel including AD for Quality/Safeguarding Lead and Place CD as appropriate, signed off by PD/ADQ following panel	PC Contracts Team Safeguarding Team Potentially other agencies such as Probation depending on issue	ICB to define overall appeals approach and assignment process further but for now work to local place processes There will be a central ICB collation of SAS in due course and review of schemes	Managed via place following the process in the PGM Set of system principles to be agreed Other place teams could be part of the panel, Reported as headline to system PCC only (no names, in confidential section)
Investigations – Quality. Finance, Fraud	An appropriate place led/ICB corporate Task and Finish group would be set up depending on issue and value		Finance, Quality, PC Contracting	PGM denotes some actions but otherwise would be on a case specific basis as to reporting mechanisms	Managed via place following the TAF suggestions in the PGM Set of system principles to be agreed Reported as headlines to system PCC with outcomes, in confidential section
Limited Company Applications	For legal reasons and consistency reasons	Should be considered by Finance	PC Contracts team confirm in line with	PGM process must be followed. Carries risk of legal challenge .	For the time being these applications should be escalated to system pcc – legal advice is currently being sought in

	these will need to go to System PCC	representatives at place, risks assessed so some forum discussion recommended	PGM assessment process		respect of the overall approach to these applications.
PCN DES Changes (e.g core membership, orphan, disputes)	PD/AD sign off	Depending on issue a forum may be required	PC Contracts team confirm in line with PCN DES Guidance	Risk of some challenge so ICB corporate should be notified	Place Managed in line with DES process Reported as part of summary update to SPCC System to develop some key principles to support System team to be involved at an early stage/kept updated for any urgent areas LMC involvement
CQC Contract follow up	PD/AD sign off	Place contract follow up process with quality should be defined and followed (e.g quality and performance)	PC Contracts team Quality Engagement with CQC officers		Place Managed Reported as part of summary update to SPCC for RI and Inadequate System to develop some key principles to support / templates LMC involvement
Practice termination / sudden collapse and related options (e.g interim provider, urgent merger etc)	PD/AD sign off				Place Managed in line with PGM pbut SPCC alerted to ongoing issues/through summary report System to develop some key principles to support along the lines of existing interim provider policy(s) to underpin, LMC involvement Note further work required in relatio to Section 96 funding.

Appeals GMS PMS APMS **Follow agreed process here which demarks role for place** System Level dispute resolution v2.docx	Refer to policy attached Place oversee informal initially then policy escalates		Refer to policy	Refer to policy	Refer to policy – place managed initially with escalation only at later stage, LMC involvement
Other - QOF follow up and management	Place quality and performance structures				Managed by place in line with usual quality processes. System to develop some key principles to support and expectations as an ICB.
Other quality issues (general) and performance	Place quality and performance structures and processes			Reference to PGM where applicable.	Managed by place in line with usual quality processes. System to develop some key principles to support and expectations as an ICB.

- In all cases, **place must confirm that due process under the pgm has been met.**
- There can be **no onward delegation of decision making for these areas outside of the ICB decision making process/outside of the NHS including seeking views of external partners unless an explicit part of the process.**
- **The LMC (Local Medical Committee) must be involved** as part of the pgm processes managed at place, and where not an explicit requirement place should still ensure LMC engagement in line with the overall operating model.
- **Conflict of interest** must continue to be managed through place and documented accordingly.
- **Legal advice** should be sought for areas where this could prevent challenge working with the advice and support of the contracts team
- Recommend that place have a **primary care forum** to undertake some of the detailed work up for these areas, and ensuring all relevant policy considerations are covered as above, as part of the decision making process.
- Each place will be asked to produce **a key summary of decisions made at place for onward reporting to the system primary care committee** –
- **Where indicated forums for decision should be held in public** to ensure compliance with necessary patient engagement and consultation requirements.
- System will ask for pre assurance that these areas are in place as part of this
- Note – further additions and iterations will need to be developed – in particular recent discussions about the approval of Section 96 funding where current thinking is agreed at place level but SPCC will have final decision due to financial implications.

Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 22nd December 2022

Date of meeting:	**22nd December 2022**
Agenda Item No:	PCC/10/22/09
Report title:	**Primary Care Update** **Policy, Contracting and Assurance** • including specific updates on decisions made at Place via agreed reporting template
Report Author & Contact Details:	Christopher Leese Associate Director of Primary Care c.leese@nhs.net
Report approved by:	Clare Watson

Purpose and any action required	**Decision/ Approve →**		**Discussion/ Gain feedback →**	x	**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 Primary Care Policy and Contracting Update for December provides the Committee with information and assurance in the following areas ;

- Background
- Key National Priorities
  - Workforce and ARRS
  - Health Inequalities
  - Access
- Primary Care Risk Register
- Place decision making reporting
- SDF System Development Funding
- Development of a Primary Care strategic framework
- 'Christmas and New Year' period assurance

In addition, the following Appendices are included ;

Appendix 1 – Summary of KLOE Assurance required
Appendix 2 – Risk(s) transferred to the System Primary Care Risk Register
Appendix 3 - Individual reporting templates from Place on primary care contracting decisions and priorities

Recommendation/ Action needed:	**The Committee is asked to:** ***Note*** the updates in respect of Primary Care Policy and Contracting Update which is ***for information and assurance.***

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	

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: ***(Place to add)***	
Please insert **'x'** as appropriate:	
Covers all Places in terms of contracting and national policy in relation to Primary Care	x

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? **Yes**					
What level of assurance does it provide?					
Limited		**Reasonable**		**Significant**	**x**
Any other risks? **NO** 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*) **NO**					
Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken. **COI for members of the Committee will be as stated in the declarations or advised at the meeting. Chair will take appropriate action as they arise.**					
Any current services or roles that may be affected by issues as outlined within this paper? **NO**					

Primary Care Update – Policy and Contracting

1.0 Background (General Medical/Pharmacy)

1.1 Cheshire and Merseyside ICB is responsible for the management of the national contracts for General Practice via a Delegation agreement with NHSE/I (NHS England and NHS Improvement). This delegation agreement commenced 1st July following a national assurance process.

1.2 The ICB holds the following number of National GMS/PMS/APMS for Cheshire and Merseyside by which the General Medical Contracting function is discharged across the ICS (more details can be found in Appendix 1);

GMS/PMS Contracts = 336
APMS Contracts = 47

1.3 The number of GP Practices across Cheshire and Merseyside is 355 looking after a population of 2.7 million people with the GP Practices grouped into 55 Primary Care Networks to deliver certain functions under the relevant Contracts.

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

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

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

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

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

2.0 Delivery against National Priorities

2.1 In September, North West Region requested a series of assurances related to key national priorities, the summary ask of which is given in **Appendix 1.** Each Place completed a template answering each of the points. These related to **workforce, health inequalities**

and access noting the bulk of the work and solutions are undertaken at place level. These individual returns are available to members of the Committee if required.

2.2 A presentation summary was given to the North West Region in November, collating the place responses into one overall position. With regards to the workforce elements, at this Committee meeting supplementary information will be provided by the Place Directors, reviewing overall headcount and impact of the Additional Roles scheme (ARRS) from a Place perspective.

2.3 The overall feedback in relation to ARRS and workforce is summarised below ;

- Roles specific webinars and support have delivered to help PCN to understand, embed recruit and retain ARRS Roles.
- Work is ongoing to support PCN to develop roles to suit their patient need(s) and to support Personalised Care
- Challenges – recruitment, retention, particularly certain groups such as MHP (Mental Health Practitioners)
- All places have plans to meet their target for ARRS but currently not consistently on target – internal process for realigning funding is now in place following last System Primary Care Committee meeting agreement, to support PCNs who are able to spend more of their initial allocated ARRS allowance.
- Consistent asks for further flexibilities and change in rules/new posts have been escalated to the Regional team (but it should be noted that currently the ICB has no authority to change the national DES rules that govern the ARRS).
- Estates constraints for new staff to be able to work in practices/PCNs are still a challenge but underpin much of the bids for new Capital funding, (referenced in Part A of this meeting).

2.4 In relation to Health Inequalities a summary of key areas is given below ;

- All Places have confirmed named PCN HI Leads in line with the PCN DES (Directed Enhanced Services) requirements
- Themes emerging from Places/PCNs
    - St Helens -Mental Wellbeing, Tackling Obesity and Resilient Communities
    - East Cheshire -Hypertension case finding, diabetes, homeless/AS
    - West Cheshire - Veterans, gypsies and traveller communities, childhood obesity, children and young people's mental health, social prescribing in care homes, social isolation and rural transport, cardiovascular health and a focus on High Intensity Users across the system.
    - Halton- Learning disability and/or autism in order to reduce health inequalities and premature mortality for this group. improving care for patients on the SMI register
    - Wirral -Vulnerable patient cohorts identified by PCNs to target cost of living/fuel poverty support via social prescribing services.
    - Liverpool - Hypertension, screening /imms, ICT/Neighbourhood specific plans more details in wider available document. Creation of one Liverpool Partnership
    - Knowsley - young mums perinatal health, Carers, Obesity and Mental Health
    - Sefton - Housebound, LD healthchecks, homelessness, mental health initiatives
    - Warrington - Identifying and supporting Carers, Digital inclusion for all patients who feel digitally disadvantaged and the Diabetic Housebound

2.5 In relation to Access assurance, Appointment activity during Aug 2022 is higher than the same pre-pandemic period (Aug 2019) using a 4-month rolling aggregate May-Aug 2019 vs May-Aug 2022.

2.6 More recent aggregate data to September also supports this, but the direct comparison of the 2 blocks of data confirms the restoration of pre pandemic level of appointments overall.

2.7 In that period, Cheshire & Merseyside ICB saw an increase of 11.2% in General Practice appointment activity (this includes GP, Other staff and unknown appointments carried out each month)

2.8 The mix of appointments across Cheshire & Merseyside however shows that face to face appointments, are overall lower than pre pandemic but there has been a relative increase in telephone appointments which have remained relatively steady and, in some places, double the numbers seen prior to February 2020.

Table 1 – May/Aug 19 Comparison to May/Aug 22

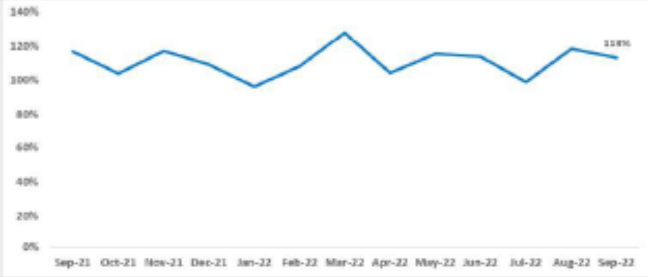
	Face-to-Face	Home Visit	Telephone	Unknown	Video/Online	Total Appt
May-19	851544	25133	153061	22270	1506	1053514
Jun-19	803681	23142	143020	20129	1322	991294
Jul-19	929023	27327	163569	23422	1817	1145158
Aug-19	797302	23063	142564	20222	1610	984761
	3381550	98665	602214	86043	6255	4174727
	Face-to-Face	Home Visit	Telephone	Unknown	Video/Online	Total Appt
May-22	744953	18423	432625	16475	4059	1216535
Jun-22	701123	17483	393620	12328	3882	1128436
Jul-22	710446	17371	386308	12248	3811	1130184
Aug-22	741016	18732	391286	12020	3762	1166816
	2897538	72009	1603839	53071	15514	4641971
% variance	↓ -14.3%	↓ -27.0%	↑ 166.3%	↓ -38.3%	↑ 148.0%	↑ 11.2%

Table 2 – Further analysis from Board Report comparison between ICB, North West and England

NHS Cheshire and Merseyside

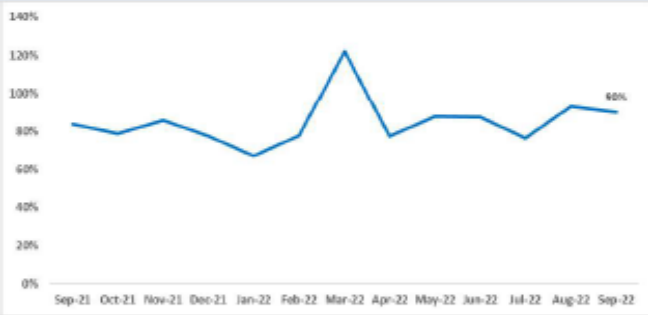
Section V: Primary Care

Total appointments delivered against pre-covid baseline



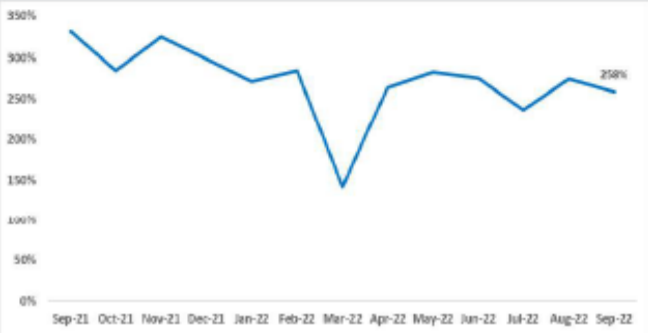
Organisation	Jul-22	Aug-22	Sep-22
Cheshire and Merseyside	100.1%	118.5%	113.2%
North West	99.7%	122.4%	113.8%
England	98.5%	117.7%	111.1%

Face to Face appointments delivered against pre covid baseline



Organisation	Jul-22	Aug-22	Sep-22
Cheshire and Merseyside	76.5%	92.9%	89.8%
North West	81.2%	94.0%	93.3%
England	81.0%	93.5%	92.9%

Telephone appointments delivered against pre-covid baseline



Organisation	Jul-22	Aug-22	Sep-22
Cheshire and Merseyside	236.2%	274.5%	258.4%
North West	278.8%	322.6%	299.9%
England	225.1%	256.6%	241.0%

2.10 Further actions in relation to Access captured as part of the KLOE return were ;

- Further data analysis and data cleansing to drill down to place, pcn and practice level
- Ensure that the impact of Enhanced Access (appointments outside of core hours) are captured and included in new data sets from 1.10
- Further work in care navigation support for practice and patients in understanding the various forms of consultation available and why a certain type of appointment is used in some circumstances.

- Further funding maximisation – ARRS, Improvement Grant applications, SDF funding held at place and system level - and the availability of future capital funding to support premises expansion all form parts of solutions to support the various priorities given above.

2.10.1 A small number of PCNs Enhanced Access provision is still not at full capacity. Assurance regarding this is being followed up by Place with the relevant PCNs to ensure this is addressed.

2.11 The ICB has now received a further set of assurance follow up questions in relation to the priority areas identified in 2.1 and these will be followed up with place colleagues for response by 11.1.2023. This will be reported to the Committee in February as part of the Policy update.

3.0 Primary Care Risk Register – System Level

3.1 At the last Primary Care Committee meeting it was asked that risks transferred over to the Primary Care Risk register (PCRR) from CCGs at system level were reviewed. Two overall risk(s) were identified to remain on the system PCRR following amendment to reflect the current policy landscape. These are given in **Appendix 2** in the format required for the risk team

3.2 Place risk registers also capture primary care risks that are managed through place, which depending on the severity, could be transferred to this system risk register for oversight by this Committee.

3.3 The risk team are currently working through this, but the ask is for the Committee to note the content, mitigations and actions in relation to the two risks being managed currently through this forum.

3.4 A process remains in place for Community Pharmacy risks which have been transferred over to the ICB Risk Register, but these will be combined into an overall system level risk register which will include Dental and General Ophthalmic Services for oversight and discussion at future meetings.

3.5 Primary Care Estates, Digital and Finance risks are captured separately. However there is further discussion required as to whether these also need to be part of due diligence by this committee along with the areas in 4.4.

4. Place Reporting

4.1 At the last Committee meeting, the Primary Care Decision(s) Matrix referred to in the Target Operating Model update was agreed, which enabled Place to move forward with decisions in relation to Delegated Primary Care Medical Services. As a condition of this, it was requested that Place complete a short reporting template for the System Primary Care Committee for assurance purposes.

4.2 The reporting templates from each Place where submitted are given in **Appendix 3**. Each place has confirmed it has a primary care forum in place to enable the decisions required in line with the Policy and Guidance Manual (PGM) and the Decision(s) Matrix to be discharged. Each Place has also confirmed it has engaged with the LMC (Local Medical Committee) as part of this, in line with the Matrix.

4.3 Items for escalation for ***noting*** by the Committee from Place ;

- Knowsley
  - Reconfiguration of service provision with two practices, and related issue, ongoing
- West Cheshire
  - the contract extension for the West Cheshire Wellbeing Service was reviewed by the Place-based Primary Care Forum on the 22/11/2022 (current contract expires on the 31/03/2023), with agreement reached that Place will support a proposed extension for a further 12 months to allow for future procurement options to be considered in greater detail. Cheshire West place will now submit a full procurement paper to the ICB board to seek their approval for this approach.
- Liverpool
  - SDF (System Development Funding) devolved funding allocations to Place were received 12/12/22, place advising potentially delaying development of plans with PCNs
  - APMS procurement outcome for 7 lots across Liverpool (note this is scheduled to be a paper in Part A)

5. SDF (System Development) Funding

5.1 At the last meeting the Committee received a brief update in relation to new **System Development Funding (SDF)** released under the following guidance https://www.england.nhs.uk/wp-content/uploads/2022/09/B1605-Primary-care-system-development-funding-SDF-and-GPIT-funding-guidance-analysis-of-programmes-and-funding.pdf

5.2 The Committee was also briefed on actions to support new, yet to be released Capital funding referenced in this letter https://www.england.nhs.uk/wp-content/uploads/2022/09/B1998-supporting-general-practice-pcn-and-teams-through-winter-and-beyond-sept-22.pdf

5.3 Each place was asked to submit a series of documentation as requested by NHSE/I to bid forward for any potential future funding that may be released. The main criteria was that the scheme/funding was capital in nature, that schemes met the SDF priorities within the Guidance, but would be delivered in total with full spend, this financial year. This was presented for decision in the private session of this Committee today.

5.4 For funding already assured, as agreed at the last meeting, the funding was allocated between Place and system level and this allocation is detailed in the finance paper.

5.5 Place will be asked to summarise SDF spend plans and progress for presentation to the System Primary Care Committee in February by Place Directors on behalf of place. There will be a requirement before then to complete returns for the regional team

detailed spend and outcomes - and it is therefore extremely important that place plans are progressing to spend this funding in line with the guidance.

6 Development of a Primary Care Strategic Framework

6.1 ICB officers have met with the NHS Innovation Agency to discuss support for developing an overall ICB strategic framework for Primary Care, commencing with General Practice and related issues. Current plans are to present a draft strategy framework to the ICB Board in March and the April meeting of this Committee.

6.2 The Agency has indicated it can support the following circa 1 day per week without cost;

- Supporting Primary Care strategy design group/task & finish
- Supporting the development of the strategy – communicating with strategy section leads, timeline planning, providing population health expertise
- Engagement and collaboration around the strategy development – this could include collaborating with key people from PCNs/neighbourhood teams
- Leading the drafting of the innovation section in collaboration with key stakeholders and ensuring that an innovation lens is reflected throughout the strategy.
- Design and deliver a workshop to engage and develop the strategy with key stakeholders
- The objectives, content and audience for the workshop to be agreed with the design group

6.3 Further discussion is continuing around this with Execs, but the current thinking is the strategy should be an overall framework that gives Place the freedom to develop their own strategies that reflect place need and local integration - yet meet(s) national asks as part of the overall framework. The balance of a strategy that incorporates all 4 contractor groups against immediate priorities for general practice which are being asked for regionally, need to be accounted for in the document content.

7 Christmas and New Year Arrangements

7.1 As the time of writing this paper we are currently waiting for any additional final national instructions from NHSE/I regarding further assurances in relation to Primary Care over the Christmas and New Year period. At Weekends and Bank Holidays General Practice are not contracted to be open but 24.12 is a Saturday and therefore a usual worked day for Enhanced Access arrangements under the PCN DES (Primary Care Network Directed Enhanced Service). Enhanced Access hours that would have been undertaken by PCNs on the Bank Holidays can be re-provided elsewhere within a timescale agreed by place, if so requested.

8 Recommendations

The System Primary Care Committee are asked to

- ***Note*** the contents of the report which is for ***information*** and ***assurance*** including
    - in particular the ongoing key areas of enquiry from NHSE/I
    - **and** the place specific reports in **Appendix 3** required in line with the decision making matrix agreed at the last meeting.

9 Officer contact details for more information

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

Appendix 1 – KLOE Return Information request for Regional Assurance

KLOE 1 – Workforce

Context

Commissioners and systems are expected to explore different ways of supporting PCNs. These should include, but not be limited to:

a. the immediate offer of support from their own staff to help with coordinating and running recruitment exercises;
b. the offer of collective/batch recruitment across PCNs. Where groups of PCNs wish to advertise vacancies collectively, commissioners should support this;
c. brokering arrangements to support full-time direct employment of staff by community partners, or to support rotational working across acute, community and (in time) mental health trusts, as well as community pharmacy; and
d. ensuring that NHS workforce plans for the local system are as helpful as possible in meeting PCN intentions.

- *How is the ICB (place) supporting PCNs to recruit Additional Roles in Primary Care and address the above*
- *What barriers to recruitment of ARRS roles have been identified and how are these being addressed?*

KLOE 2 – Health Inequalities

Context

Throughout the Fuller stocktake, we heard that the PCNs that were most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people and communities and local authority colleagues. This partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare.

To enable the region to support systems with any emerging themes linked to the implementation of the Tackling Neighbourhood Health Inequalities Service within the PCN DES and the development of PCNs into Integrated Neighbourhood Teams aligned to the Fuller stocktake, it would be helpful in the first instance to review and garner any learnings from the implementation of the PCN TNHI service.

As a requirement of the PCN DES, PCNs must:

- Identify their key health inequality populations (described in the core 20 plus 5 approach)
- Identify specific populations within the ICS as requiring additional support and interventions & develop a plan to tackle the unmet needs

Use locally defined measures, business intelligence and input from those communities to develop those local plans

- *The number/percentage of PCNs that have a nominated health inequalities (HI) lead*
- *The themes/areas in which PCNs and HI leads are focussing their attention and if any development support has been provided for HI leads*
- *The themes/cohorts which have been identified within PCN plans*
- *What business intelligence or support or development needs have been highlighted to promote this work by PCNs/HI leads (also in ICB Framework)*
- *How Integrated Neighbourhood Teams are being developed to support Tackling Health Inequalities.*
- *What and how can region colleagues support delivery of the Health Inequalities agenda in Primary Care and the development of Integrated Neighbourhood Teams*

KLOE 3 – Access Plans

i) Appointment restoration

- How place based data, focusing on appointment restoration, is being considered (present compared to pre-pandemic)
- Any processes for places and practices to routinely review appointment data?
- How systems are preparing for the publication of GP appointment numbers and appointment/length of wait (2 week) data?

ii) Appointment Modes

- The local assessment and understanding of the current modes of delivery (Face to Face v's telephone/digital) and trends.
- How the balance of appointment mode is meeting local patient population needs?

iii). Winter planning

- How variations in AED attendances for low acuity presentations by practice are being reviewed?
- Any local initiatives or plans in place to enhance support for winter demands and appointment capacity?
- What actions have been taken to support PCNs to deliver the priorities identified in the winter letters?

iv). Enhanced Access Update following 1 October 2022

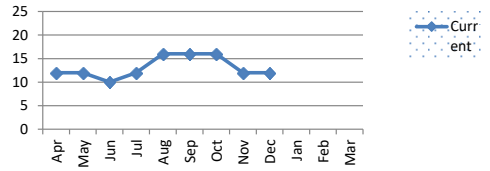
- Any PCN exceptions to delivering the required capacity?
- Current levels of patient utilisation?
- Type of patient communication in place?
- Any other delivery concerns (non-digital)

Appendix 2 – Risk Summary – System Primary Care

Risk 1 – Meeting National Asks regarding restoration of services and access to services

	Risk Title: Meeting National Asks regarding restoration of services and ensuring access to services

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*				
Current Risk Score	3	3	9	
Risk Appetite/Target Risk Score	1	3	3	



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

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
	quality,performance, transformation, commissioning, .	A	Corporate and Place	Manage

Date Raised	Last Updated	Next Update Due

Risk Description
Almost all previous CCG risk registers for Primary Care had a variation of this risk on their risk register regarding the ability of the (now) ICB to meet the national asks regarding restoration of services to pre pandemic levels and maximisation of access for patients for all appointment types including face to face appointments. Place will manage individual practice level access/restoration challenges via their local approaches – this risk is the overall achievements of national asks and patient demand.

Current Controls		Rating
Policies	**National Stocktakes and Guidance in relation to Primary Care**	
Processes	**System Primary Care Committee** **Managed operationally at place level through place structures.**	
Plans	**Primary Care Strategy – ICB Level (tba)** **Primary Care Strategy – Place Level** **Place Access Plans/KLOE responses**	
Contracts	**GMS PMS APMS Contracts** **Local Enhanced/Quality Contracts** **Directed Enhanced Services – Primary Care Networks – Enhanced Access**	
Reporting	**Place reporting to place primary care structures** **Place reporting to System Primary Care Committee** **System Primary Care Committee reporting through to North West Regional Structures (KLOE reporting)**	

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

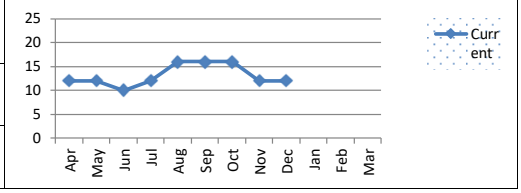
Actions planned	Owner	Timescale	Progress Update
Reporting Template for Place	CL	1.11.2022	In train
Place Governance	Place Leads	By 1.12.2022	In train
BI data – Place cuts have been released but practice level and ongoing reporting still a gap	CL/BI	TBC	In train
Defining overall aim in terms of appointments/demand targets beyond restoration	TBC		

Assurances		
Planned	**Actual**	**Rating**
Overall report to System Primary Care Committee in October on Access confirming place on target for PP level restoration	*Completed – October 2022* *Data both regional and place shows pre pandemic levels achieved overall but some differences re face to face and other types of appts*	
KLOE update to region re Access – 9.11.2022		
BI access information for core/enhanced and appointment types – 1/12/2022 next checkpoint (note constricted by national data restrictions for some practice level data)		
Gaps in assurance		
That we have a defined goal for all place to work towards past restoration of pre pandemic levels		

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

Risk 2 – Sustainability/ Resilience of General Practice including Workforce

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

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*				
Current Risk Score	3	3	9	
Risk Appetite/Target Risk Score	1	3	3	

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

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
	quality,performance, transformation, commissioning, .	A	Corporate and Place	Manage

Date Raised	Last Updated	Next Update Due

Risk Description
Almost all previous CCG risk registers for Primary Care had a variation of this risk on their risk register. Individual examples of place based practice resilience and operational concerns should be captured on local place risk registers, but this combined issue needs capturing on the overall corporate ICB risk register so that there can be assurances in respect of the overall resilience and sustainability of primary care – and that enabling factors should as workforce are included.

Policies	**National Stocktakes and Guidance in relation to Primary Care -**	
Processes	**System Primary Care Committee** **Managed operationally at place level through place structures.**	
Plans	**Primary Care Strategy – ICB Level (tba)** **Primary Care Strategy – Place Level** **Place workforce plans** **Clinical Strategy** **Workforce / People plans via People Board**	
Contracts	**GMS PMS APMS Contracts** **Local Enhanced/Quality Contracts** **Directed Enhanced Services – Primary Care Networks**	
Reporting	**Place reporting to place primary care structures** **Place reporting to System Primary Care Committee** **System Primary Care Committee reporting through to North West Regional Structures**	

Gaps in control

Confirmation required as to Place reporting and governance structures for primary care, currently in train
Reporting templates for Place to SPCC and beyond currently under development, for primary care
ARRS maximisation actions re underspend currently being finalised
BI data on workforce needs standardising and reporting

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

Assurances

Planned	Actual	Rating
Overall report to System Primary Care Committee in December on Workforce plans		
KLOE update to region		
BI workforce information		

Gaps in assurance

That place primary care structures are managing this with practices, this needs to be more a robust reporting

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

Appendix 3 – Place reporting summarys

Report of Halton Place to System Primary Committee

Report author & contact details	Sarah Vickers Head of Transformation – Primary & Community Care Sarah.vickers1@nhs.net

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
N/A	As there have been no decisions required, no decisions have been made at Halton place under arrangements for delegated primary care.

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
N/A	There are no issues for decision /escalation from Halton Place to the System Primary Care Committee.

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update
Halton Place have developed a Primary Care Governance proposal which was approved at the Senior Leadership Teams Monthly Governance Meeting on 8th December 2022. The proposal describes: • The establishment of a quarterly Primary Care Commissioning Group to make decisions detailed in the Policy Guidance Manual and C&M Primary Care Target Operating Model • SOPs will set out the process for managing decisions detailed in the Policy Guidance Framework and C&M PC Target Operating Model • Decisions will be made at PCCG and/or assurance provided that the SOP has been implemented retrospectively (to enable timely decision making.) • The establishment of a Primary Care Development Group to bring local Place partners together to support the development and transformation of primary care. This will meet twice in each quarter. • Both Groups will support the triangulation of Primary Care Contracting, Quality & Performance, Transformation & Development • The groups will support Place to provide an update to C&M System PCC bi-monthly, Place Performance & Quality Group, and One Halton Delivery Programme boards.

For information/update
The Primary Care Commissioning Group will meet in January 2023.

Report of NHS St Helens Place to System Primary Committee

Report author & contact details	clare.otoole@sthelensccg.nhs.uk

Decisions taken at place under arrangements for delegated primary care *Please refer to decision matrix for issues that should be reported in the summary below*

Meeting Date	Decisions taken
09/11/2022	Agenda items for Noting and Discussion

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
09/11/2022	N/A

Issues for information/update purposes to the System Primary Care Committee *Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting*

For information/update
Primary Care Practice and Contracts Update: A detailed paper was presented which highlighted eleven practices who have been identified as needing priority support, this includes practices which have poor CQC ratings, poor Access as highlighted in the National Patient survey, increased number of complaints, practices with sole providers on the contract or gone through significant changes to long standing GPs or Management. The group discussed the paper at length, common themes in the discussion included difficulties with: • GP Recruitment • Practice Nurse Recruitment • Recruitment in general • Retention

- Workforce
- Financial pressures on Practices
- New Practice Managers with insufficient Primary Care experience to meet complexity and demand of Primary Care
- Capacity and Resource available with the Primary Care team to support all practices experiencing difficulties

Enhanced Access/ Access update

St Helens PCNs are working with their sub-contractor to confirm assurance that all Contractual requirements are met. Discussions taking place with Apex who are supporting PCNs/Practices with required reporting and recording in line with National GPAD slot types.

Primary Care Decision Making

The process was discussed and the Group were sighted on the new decision-making matrix.

Training Proposal for Receptionists

A local bespoke training package has been developed for Receptionists across the PCNs – 'The role of the Receptionist – We value you'.

A recent review of incidents in Primary Care has identified that a large number of issues are related to errors in admin processes, for example, incorrect patient contacted; e-consult not entered onto correct patient record; patient booked in for the wrong date/ wrong clinician; incorrect follow-up entered etc.
This has also been noted as an issue across C&M.

The proposal for the training will be aimed at – **The Receptionist – 'We Value you'** with a focus on:

- The role of the Receptionist - Understanding the NHS and Role and Responsibilities of the Receptionists
- Customer Essentials - providing staff with essential skills and techniques to deliver a professional service. **Including managing conflict and dealing with difficult people & situations**
- Handling Complaints – communication barriers, communication and good customer service
- Confidentiality Risks – understanding of the key guidance and legislation as well as practical ways in which confidentiality should be maintained/transmitting information
- Conversation/Telephone techniques – Assertiveness techniques, positive language
- The NHS Zero Tolerance campaign
- Who are your Patients – Local Population

The proposal will also be to linked to the Health and Wellbeing of Front-line staff.

In addition, Cheshire and Merseyside People Board has approved an allocation of £250,000 from the Cheshire and Merseyside Workforce Development funding for 2022-23 to be utilised in Primary Care. It is proposed this funding is used to upskill reception and/or administrative

For information/update
staff to be able to better manage the demands from patients. This will improve the relationship between patients and the practice team which will reduce conflict and increase trust. The St Helens 'Place' team has agreed to be included in the C & M offer which is now in the process of planning and has been submitted to the People's Board for review. **We believe this will complement the local training we are planning.** **Primary Care Risks** There are currently eight corporate level risks on the Primary Care Corporate Risk Register. Updates were provided to the Primary Care Group. The risks have been transferred onto ICB standard risk templates, in line with work being done by the ICB Risk Assurance Task & Finish Group. ***Note from CL – St Helen's have confirmed they have a primary care forum in place and operating, LMC engaged***

Report of Knowsley Place to System Primary Committee

Report author & contact details	Alistair Macfarlane alistair.macfarlane2@knowsleyccg.nhs.uk

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
30/11/2022	Place Primary Care Forum met Wednesday 30th November, no formal decision making was required under arrangements for delegated primary care.

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
30/11/2022	Place Primary Care Forum noted that, following implementation of planned cessation of PMS+ premia payments to Knowsley practices in Oct 2022 (as previously reported to system PCC), Knowsley ICB place team have received an initial proposal outlining potential changes to service provision at two Knowsley GP practice providers.

	The proposal specifically relates to provision of services at branch sites and is designed to ensure sustainability of practice provision. The Knowsley ICB place team have identified dedicated resource to support the practices concerned as they establish and undertake a range of projects to ensure that a formal service change proposal is fully developed with appropriate evidence of engagement/consultation and completion of required impact assessments ahead of consideration by Local Scrutiny processes and ICB prior to approval.

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update
Knowsley Place Primary Care Forum meeting held 30th November included discussion on following issues: Noted actions being taken to support improved uptake of physical health checks for patients with severe mental illness, including learning from successful approaches used elsewhere within Cheshire and Mersey and the necessity of ensuring that GP practice SMI registers are reflective of MH provider records to ensure that all appropriate patients are being targeted for review. ICB and LMC representatives on the forum wished to commend collaborative approach taken by Knowsley ICB place team, Mid Mersey and Liverpool Local Medical Committees and GP practices in addressing concerns raised by two Knowsley practices with regard to ensuring sustainable clinical staffing. Both practices have now submitted detailed plans which provide assurance with regard to clinical staffing over the winter period. Noted the success of Cheshire and Wirral Partnership 'Live Well' mobile unit in establishing relationships with local communities to promote uptake of Covid 19 vaccinations and NHS health checks. The service have made further enhancements including PCN social Prescribing resource, Healthwatch signposting support and initial successful introduction of men's mental health support as part of service offer to Knowsley. The group were advised that the potential to include seasonal flu vaccinations was currently inhibited by access to vaccine supplies.

Report of Wirral Place to System Primary Committee

Report author & contact details	Iain Stewart – iainstewart@nhs.net – 07887 503 262

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
22/11/2022	- District Valuer VFM assessment to be undertaken for Civic Medical Centre premises conversion

Meeting Date	Decisions taken
	- Increased QOF achievement payment approved for a practice after consideration of completed due diligence - Practice membership dispute within a PCN to be managed in accordance with the appropriate section of the *Network Contract Directed Enhanced Service Contract specification 2020/21 - PCN Requirements and Entitlements*

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update
<u>ARRS position November 2022</u> Outline ARRS position update paper presented to the Primary Care Group in November 2022. From the total Wirral Place allocation of £6,148,000 the majority of PCNs are currently forecasting an overall underspend of £1,408,332 at year end. PCNs are aware of their position and are progressing to ensure Wirral maximises the use of this funding this year, ensuring a timely claims process and bringing forward any planned ARRS recruitment from 2023-24 workforce plans. Wirral Place Primary Care Group has met twice since September 2022. Membership is being concluded with the addition of two representatives from the Place Voluntary, Community, Faith sector, one of whom will assume the role of Chair for the purposes of a wider perspective and partnership emphasis. Wirral Local Medical Committee are involved in matters in relation to the decision matrix as appropriate and have a standing invitation to meetings. Cost of Living plans – each PCN has developed and are implementing their respective plans targeted at specific vulnerable patient cohorts in line with the Personalised Care requirement, supported at Place level by an updated "Keep Wirral Well" campaign. Neighbourhoods – work has recommenced on defining the requirements for neighbourhoods with communities at the core of the transformation and how PCNs can collaborate to effect changes on population needs.

Report of Sefton Place to System Primary Committee

Report author & contact details	Jan Leonard Jan.Leonard@southportandformbyccg.nhs.uk

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
Nov 22	Nil return

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
Nov 22	Nil return

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update
• We are continuing to support practices to improve the data quality of GPAD data and are working closely with BI to understand the data flows and identify a more accurate picture of access, now that we have GPAD data at practice level. • We are implementing plans against all SDF areas. • New models of care; we are working with the LMC to explore super partnership arrangements and are planning a development session in Jan 23 regarding this. • Our coms team has worked with us to develop a proactive coms plan around access for Jan 23. This builds on previous work and explores new roles, triage and different appointment types. There are also short video clips of staff in some of our ARRS roles explaining what they do. We hope to address some of the negative media recently received. • Our PCNs continue to work to maximise the ARRS roles locally, through an offer of GP assistants to all practices (SF PCN) and Healthcare at Home models using care coordinators and Social Prescribing Link Workers (SS PCN). • SS PCN is the first PCN to become an approved learning environment through HEE. • The Integrated Care Board approved the recommendation regarding contract award for the APMS practices under procurement in Sefton. Bidders have been notified of this decision, we will be notifying stakeholders of the outcome on 13th December 2022. • The Sefton Primary Care Forum met in November 22. Revised terms of reference recognising the Decision Making Matrix and role of the System Primary Care Committee

For information/update
have been approved by the Sefton Place Executive Team. Healthwatch and the LMC are represented at this meeting.

Report of Cheshire West Place to System Primary Committee

Report author & contact details	Dean Grice dean.grice@nhs.net

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
27/10/2022	Hope Farm Medical Centre, Ellesmere Port has a closed patient list previously agreed, running from 01/09/22 for a four month period. An application from the GP practice to extend the list closure period was reviewed by the Place-based Primary Care Forum on the 27/10/2022 and it was agreed that the GP practice could extend their list closure for a further six months running from January until the end of June 2023. The list closure was supported based on the current excessive pressures the GP practice is experiencing around estates and workforce.

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
25/11/2022	The contract extension for the West Cheshire Wellbeing Service was reviewed by the Place-based Primary Care Forum on the 22/11/2022 (current contract expires on the 31/03/2023), with agreement reached that Place will support a proposed extension for a further 12 months to allow for future procurement options to be considered in greater detail. Cheshire West place will now submit a full procurement paper to the ICB board to seek their approval for this approach.

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update

- **Provision of centrally funded clinical systems for PCNs – request for clarity of funding**
  Cheshire West Place requests the support of the Cheshire and Merseyside Primary Care Committee in escalating the need for national clarity on the funding route for the provision of PCN level clinical systems in order to facilitate greater PCN wide clinical services, such as respiratory hubs, Enhanced Access provision, etc. Clarity is needed on whether this will be funded nationally, and if so when, or if this needs to be funded out of Place development funding, or funded direct by each PCN.

- **CQC**
  CQC reports published for two Place GP practices:
  - Handbridge Medical Centre, Chester - inspected October 2022, CQC report's overall outcome – Requires Improvement.
  - Witton Street Surgery, Northwich – inspected July 2022, CQC report's overall outcome – Good.
  - The Cheshire Primary Care Team (Quality and Performance) have engaged with the Handbridge Medical Centre to review the areas of concern raised by CQC and work with the GP practice on their improvement plan.

- **Development of Place-based Primary Care Advisory Forum**
  The first Cheshire West Place Primary Care Advisory Forum was held on 24/11/2022 and the Place team will continue to develop this process with the Place leadership team along with other key partnership organisations such as the LMC.

- **Contracting**
  Kelsall Medical Centre continues to have a closed patient list while it completes the final stages of a practice relocation into new larger premises, with the list closure previously agreed to run until 03/04/2023. The latest position on the building relocation is that the GP practice hope to be moved into the new premises by the end of February 2023.

  The Cheshire Primary Care team continues to work through the potential waiver arrangements for the four APMS contracts reviewed by the Cheshire and Merseyside Primary Care Committee on the 20/10/2022, these being:
  - Willaston Surgery
  - Westminster Surgery
  - Old Hall Surgery
  - St Werburgh's

- **Protected Learning Time - December through February**
  Cheshire West Place does not routinely schedule GP practice PLT afternoons for December or January but do usually have a PLT planned for February. Following the publication of the NWAS letter regarding system pressures and the inability for NHS111 to be able to support GP practice PLT December through February, the Place GP practices have been informed and have been given the option to continue with the February PLT afternoon (but with each GP practice needing to cover their main telephone line and field a GP for any urgent patient needs), or for GP practices to cancel their February PLT and remain fully open.

- **PCN DES Enhanced Access**
  All nine PCNs continue to develop the PCN DES Enhanced Access scheme with the Place team receiving monthly activity reports from each PCN to demonstrate

For information/update
compliance with commissioned weekly activity. The Place team will continue to review, and monitor Enhanced Access activity levels and work with PCNs to further optimise delivery of this scheme. • **PCN DES Additional Roles Reimbursement Scheme** All nine PCNs continue their work to maximise the benefits of the ARRS for the benefit of growing the primary care workforce and improving patient access. A number of PCNs have requested access to ARRS underspend, bring forward 2023-24 plans in order to gain earlier benefits for the PCN practices and patients. • **Discretionary Spend** The Cheshire East and Cheshire West Places are commencing a review of locally commissioned services with each Place. Historically, the four CCGs had a range of enhanced quality schemes developed under legacy arrangements. The schemes significantly varied in the funding arrangements and the scope of the services commissioned by General Practice. Place Executive teams have asked support from the Primary Care Development teams to review these arrangements and to work with Primary Care colleagues, including, clinical leads, GP practice and PCN Managers, GP Federations and the Cheshire LMC to undertake a scoping exercise with the aim of aligning a single quality plan within each Place. The work will be undertaken in a phased approach during 2022-23 and 2023-24, with a view of fully understanding the financial envelopes within each Place, the range of services currently commissioned and the timescales for delivery of any amended framework. Both Places have been clear that any review and subsequent revisions to commissioned services will align to the strategic priorities of each Place and as part of possible support in the delivery of those strategic aims, including financial recovery.

Report of Cheshire East Place to System Primary Committee

Report author & contact details	Dean Grice dean.grice@nhs.net

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
25/11/2022	Special Allocation Scheme appeal panel held to review a patient appeal against being placed on the scheme. The panel consisted of: - A Cheshire Primary Care GP Clinical Lead (voting member) - The Associate Director of Quality for Cheshire East Place (voting member) - A representative of HealthWatch Cheshire East (voting member) - A Cheshire Primary Care Contracts Manager (facilitating only) - The Head of Primary Care - Cheshire (facilitating only)

Meeting Date	Decisions taken
	Panel outcome decision available to committee members on request.

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
	None at the current time

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update
• **Provision of centrally funded clinical systems for PCNs – request for clarity of funding** Cheshire East Place requests the support of the Cheshire and Merseyside Primary Care Committee in escalating the need for national clarity on the funding route for the provision of PCN level clinical systems in order to facilitate greater PCN wide clinical services, such as respiratory hubs, Enhanced Access provision, etc. Clarity is needed on whether this will be funded nationally, and if so when, or if this needs to be funded out of Place development funding, or funded direct by each PCN. • **CQC** CQC reports published for two Place GP practices: - Knutsford Medical Partnership inspected July 2022, CQC report's overall outcome – Good. - Hungerford Medical Centre, Crewe – inspected August 2022, CQC report's overall outcome – Requires Improvement. - The Cheshire Primary Care Team (Quality and Performance) have engaged with and met up with the Hungerford Medical Centre to review the areas of concern raised by CQC and work with the GP practice on their improvement plan. • **Development of Place-based Primary Care Advisory Forum** The first Cheshire East Place Primary Care Advisory Forum was held on 24/11/2022 and the Place team will continue to develop this process with the Place leadership team along with other key partnership organisations such as the LMC. • **Contracting** As per the national Primary Care Policy and Guidance Manual, a memorandum of understanding is being progressed between to support long stay patients under the care of a long stay mental health facility, eligible for GMS services locally.

For information/update

For the Committee's awareness, Place continues to progress the novation of a PMS contract agreed by the former Cheshire CCG Primary Care Committee in March 2022 with the support of legal advice. This work is now in its concluding stages

- **Protected Learning Time - December through February**
  Cheshire East Place does not routinely schedule GP practice PLT afternoons for December or January but do usually have a PLT planned for February. Following the publication of the NWAS letter regarding system pressures and the inability for NHS111 to be able to support GP practice PLT December through February, the Place GP practices have been informed and have been given the option to continue with the February PLT afternoon (but with each GP practice needing to cover their main telephone line and field a GP for any urgent patient needs), or for GP practices to cancel their February PLT and remain fully open.

- **PCN DES Enhanced Access**
  All nine PCNs continue to develop the PCN DES Enhanced Access scheme with the Place team receiving monthly activity reports from each PCN to demonstrate compliance with commissioned weekly activity. The Place team will continue to review, and monitor Enhanced Access activity levels and work with PCNs to further optimise delivery of this scheme.

- **PCN DES Additional Roles Reimbursement Scheme**
  All nine PCNs continue their work to maximise the benefits of the ARRS for the benefit of growing the primary care workforce and improving patient access. A number of PCNs have requested access to ARRS underspend, bring forward 2023-24 plans in order to gain earlier benefits for the PCN practices and patients.

- **Discretionary Spend**
  The Cheshire East and Cheshire West Places are commencing a review of locally commissioned services with each Place. Historically, the four CCGs had a range of enhanced quality schemes developed under legacy arrangements. The schemes significantly varied in the funding arrangements and the scope of the services commissioned by General Practice. Place Executive teams have asked support from the Primary Care Development teams to review these arrangements and to work with Primary Care colleagues, including, clinical leads, GP practice and PCN Managers, GP Federations and the Cheshire LMC to undertake a scoping exercise with the aim of aligning a single quality plan within each Place. The work will be undertaken in a phased approach during 2022-23 and 2023-24, with a view of fully understanding the financial envelopes within each Place, the range of services currently commissioned and the timescales for delivery of any amended framework. Both Places have been clear that any review and subsequent revisions to commissioned services will align to the strategic priorities of each Place and as part of possible support in the delivery of those strategic aims, including financial recovery.

Report of Warrington Place to System Primary Committee

Report author & contact details	Chris Kelly (Christopher.kelly10@nhs.net)

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
07/12/2022	Agreed temporary reduction in telephone answering capacity at a practice from 12.30 to 1.30pm each day for 8 weeks. The practice has reduced staffing levels due to due to maternity, jury service, vacancies and Annual Leave.

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
07/12/2022	N/A

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update
Warrington now has a primary care forum set up able to make decisions in line with the decision matrix previously circulated, The forum has met in December and is meeting monthly. Warrington Place is engaging with the LMC as part of this matrix work as detailed within the document. ***Forum Representation*** • ***Place Clinical Director*** • ***Place Director (Chair)*** • ***Associate Director of Finance*** • ***Associate Director of Quality and Safety Improvement*** • ***Associate Director of Transformation and Partnerships*** • ***Public Health Representative (nominated by the Director of Public Health)*** • ***Contract & Performance Manager – Primary Care*** • ***Senior Engagement & Equality Manager*** • ***Senior Commissioning Manager - Primary Care*** • ***Head of Quality & Safety***

For information/update

• ***Medicines Management Representative***
• ***Chief of Information, Technology and Estates***
• ***Governance Lead (for advice where necessary)***
• ***Healthwatch Chief Executive (or nominated deputy)***
• ***PCN Clinical Directors (or nominated deputies)***
 	
Key Updates
 	
ARRS
• *Warrington Place intends to fully utilise the place ARRS allocation and has recently submitted bids against the C&M ARRS underspend. All five Warrington PCNs have requested funding from the underspend.*
 	
System Development Funding
• *Plans to utilise System Development Funding including GP transformation funding are being mobilised, plans include:*
  • *Focused piece of work around ensuring the low-level mental health needs of our population are met within our neighbourhoods and communities.*
  • *Online Patient Triage*
  • *Paramedic Development to managed LTCs*
 	
CLEAR Projects
• *To support the CORE20 Plus 5 approach, Warrington East and Central & West Warrington PCNs have been successful in a bid to work on a CLEAR project for Cardio Vascular Disease, this involves working closely with partners to understand local issues, develop solutions and make recommendations. This work is being supported by the ICB Primary Care team in Warrington.*
 	
CQC Position
• There have been no changes to the CQC rating of Warrington Practices with 25 rated Good overall and one practice rated outstanding (Springfields Medical Centre).

Report of Liverpool Place to System Primary Committee

Report author & contact details	Rachel Arvanitis, Senior Programme Delivery Manager, rachel.arvanitis@liverpoolccg.nhs.uk 0151 295 3939

Decisions taken at place under arrangements for delegated primary care

Please refer to decision matrix for issues that should be reported in the summary below

Meeting Date	Decisions taken
13/12/22	• *A potential breach of information and data security was reported to IMerseyside on Thursday 22nd November 2022: (1) Formal letter from Liverpool Place to the practice - action completed on 30th November 2022 via KC. (2) I Merseyside to commence investigation - CM to inform I Merseyside to start the investigation following the letter communicated to the practice.*

Issues for decision/ escalation to the System Primary Care Committee

The following items were considered by place and it was agreed that they should be drawn to the attention of the System Primary Care Committee for its consideration/formal escalation. If a decision is required a more detailed paper should be forwarded.

Meeting Date	Issue for escalation
22/12/22	SDF devolved funding allocations to Place were received 12/12/22, potentially delaying development of plans with PCNs
22/12/22	APMS procurement outcome for 7 lots across Liverpool

Issues for information/update purposes to the System Primary Care Committee

Place should include key information here including any change in status for a practice's CQC rating and updates by exception in relation to key national priorities including access. There may be a request to include certain updates to minimise onward additional reporting

For information/update

Key areas to cover prompt(s) may be for example ;

- *Access to General Practice Improvement Plan including NHSEI KLOEs drafted: Leads identified and work has commenced; Plan is being discussed with PCNs at support meetings.*
- *Health Inequalities: PCN sharing forum established and will meet 18th Jan*
- *Currently working with Healthwatch to run patient surveys and arrange Practice visits*

ARRS/Workforce maximisation

Current spend position

2022/23	
Liverpool total ARRS allocation	£10,430,094
Liverpool projected spend	£8,126,614 (78%)
PCN projected spend range %	55% - 100%+
Projected underspend	£2.3m

based on claims to date not accounting for further recruitment

2022/23	
Liverpool indicative spend	£10,315,815 (100%)
PCN indicative spend range %	68% - 100%+
Underspend	£114k

based on PCNs completing all planned recruitment which is unlikely given the feedback from PCNs on current recruitment and estates challenges

For information/update

ARRS spend by PCN

PCN	2022/23 ARRS allocation	Spend to date (30.11.22)	% Spend to date (30.11.22)	Month claimed up to	Projected spend based on claims to date £	Projected spend based on claims to date %	Potential under/over spend	Indicative spend based on recruitment plans £	Indicative spend based on recruitment plans %	Indicative under/over spend
Central Liverpool PCN	£2,008,696	£1,219,337	60.70%	Oct 22	£2,199,024	109.48%	£190,328	£2,130,309	106.05%	£121,613
The Picton Network	£732,792	£376,969	51.44%	Oct 22	£797,568	108.84%	£64,775	£731,283	99.79%	-£1,509
Childwall & Wavertree PCN	£704,638	£245,897	34.90%	Aug 22	£584,415	82.94%	-£120,223	£766,891	108.83%	£62,253
iGPC	£1,018,402	£504,896	49.58%	Nov 22	£832,675	81.76%	-£185,727	£992,146	97.42%	-£26,256
Aintree PCN	£682,132	£325,356	47.70%	Nov 22	£494,774	72.53%	-£187,358	£699,427	102.54%	£17,295
North Liverpool PCN	£1,891,111	£823,615	43.55%	Nov 22	£1,326,222	70.13%	-£564,889	£1,728,052	91.38%	-£163,059
Anfield and Everton PCN	£743,423	£293,135	39.43%	Nov 22	£478,548	64.37%	-£264,875	£871,169	117.18%	£127,746
Liverpool First PCN	£812,660.51	£270,288	33.26%	Nov 22	£462,179	56.87%	-£350,481	£554,010	68.17%	-£258,651
SWAGGA PCN	£1,735,299	£447,988	25.82%	Sept 22	£951,209	54.82%	-£784,090	£1,842,529	106.18%	£107,230
Care Enterprise	£100,941	£39,799	39.43%	May 22						
Liverpool Place Total	**£10,430,094**	**£4,547,280**	**43.60%**		**£8,126,614**	**77.92%**	**-£2,303,480**	**£10,315,815**	**98.90%**	**-£114,279**

The above information was presented to PCNs at the Liverpool ARRS Working Group in early December. General Practice Liverpool (GPL) is working with its 6 member PCNs to support in maximising recruitment plans in 2022/23 but significant challenges around suitable estate and recruitment and retention still exist. It is anticipated the total underspend for Liverpool Place will be between £1m and £2.3m, with North Liverpool PCN and SWAGGA PCN having the largest underspend.

However, recruitment does continue with a further 3 WTE adult MHPs starting in post in quarter 3 and successful recruitment across PCNs for pharmacy technicians, care coordinators and physiotherapists.

Currently two PCNs, Central Liverpool PCN and The Picton Network, are on track to overspend as detailed in the above table. PCNs will be asked to submit applications in line with DES requirements, to be considered by the Liverpool Primary Care Forum and agreed by the ICB Primary Care Committee. **Liverpool Place would welcome further information on any standardisation of this process across Place teams.**

NWRS PCN submissions

When highlighting to PCNs the requirement for NWRS data and ARRS claims to corelate, PCNs have fed back (although the NWRS system is going to monthly data collection from 31st January) one of the difficulties with this having been quarterly is that the period that has been counted by NWRS has been different to ARRS reimbursement system, with that being monthly. If an employee starts in June (month 3, quarter 1) for example, then there may be some discrepancy between NWRS quarter 1 and June ARRS monthly reimbursement. They also noted similar with retention issues, somebody leaves in May (month 2, quarter 1) and NWRS would not be updated until the next quarter. We expect the information will be more streamlined when both systems go monthly.

SWAGGA PCN have been highlighted as not completing the most recent NWRS submission. This has been highlighted to PCN and asked to be complete by 16th December.

For information/update
Within this section could each place also confirm - Local Primary Care Commissioning Committee is due to take place in January 23. Governance team is supporting the primary care leads to establish a forum which includes appropriate representation. LMC support continues on a regular basis in reviewing decisions and supporting items of escalation where required. - Primary care related items have continued to be raised and discussed at Senior Leadership team meetings with suitable escalation to system committee where appropriate.

Committee Report

NHS Cheshire and Merseyside Primary Care Committee (System Level)

Date: 22nd December 2022

Date of meeting:	**22nd December 2022**
Agenda Item No:	PCC/12/22/10
Report title:	**Primary Care Update – Finance**
Report Author & Contact Details:	Lorraine Weekes-Bailey Senior Primary Care Accountant Paul Brennan Primary Care Project Accountant
Report approved by:	Mark Bakewell- Deputy Director of Finance

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

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

Executive Summary and key points for discussion

The report provides the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position related to primary care expenditure as at the end of October 2022 (M7).
The report covers four areas of spend:-

- the national allocation for Primary Care Co-Commissioning
- Local Place Primary Care funding commitments
- Prescribing
- Primary Care Delegated Pharmacy

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

The paper highlights both the Months 1-3 (April-June CCG financial position) and the Months 4-12 financial position and a combined, Months 1-12 overall position, for the 22/23 financial year.

It also provides a breakdown of the Additional Roles Reimbursement Scheme (ARRS) allocation and the central drawdown available, with agreement required regarding allocation methodology towards over / under utilisation at 'place' (and potentially PCN level) to ensure the ICB maximises potential resources within the financial year.

Recommendation/ Action neeed:	**The Committee is asked to:** • Note the financial summary position for Cheshire and Merseyside ICB as at the 31st October 2022 (M7). • Note the future requirements for reporting the Additional Roles Reimbursement Scheme (ARRS) to NHS England. • Support the principles outlined in Section 7, in relation to maximisation of ARRS spend.

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

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

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

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

Primary Care Finance Update

1.0 Introduction

1.1 This report provides the Primary Care Commissioning Committee of the Cheshire and Merseyside Integrated Care Board (ICB), with a detailed overview of the financial position in relation to primary care expenditure.

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

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

2.0 22/23 Financial Position

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

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

2.3 The five tables are as follows: -

- Table 1- illustrates an overall summary of the Primary Care financial position.
- Table 2 summarises the Cheshire & Merseyside Local Primary Care financial expenditure as at 30th November 2022 (M7) and forecast.
- Table 3 summarises the Delegated Primary Care financial expenditure as at 30th November 2022 (M7) and forecast.
- Table 4 a summarises the Prescribing financial expenditure as at 30th November 2022 (M7) and forecast.
- Table 5 a summarises the Delegated Pharmacy financial expenditure as at 30th November 2022 (M7) and forecast.

Table 1

Primary Care Position Summary October 2022	CCG Month 1-3 Budget (£000's)	CCG Month 1-3 Actual (£000's)	CCG Month 1-3 Variance (£000's)	ICB Month 4-12 Budget (£000's)	ICB Month 4-12 Forecast (£000's)	ICB Month 4-12 Variance (£000's)	Combined M1-12 Budget (£000's)	Combined M1-12 Forecast (£000's)	Combined M1-12 Variance (£000's)
Cheshire & Merseyside ICB Primary Care									
ICB Local Primary Care	26,320	24,611	1,710	71,137	71,585	(448)	97,458	96,196	1,262
Delegated Primary Care	112,024	110,939	1,085	353,031	355,856	(2,824)	465,055	466,794	(1,739)
Prescribing	121,364	118,593	2,771	379,759	381,939	(2,179)	501,123	500,532	591
Delegated Pharmacy	0	0	0	52,239	54,525	(2,286)	52,239	54,525	(2,286)
ICB Primary Care Total	**259,708**	**254,143**	**5,566**	**856,167**	**863,905**	**(7,738)**	**1,115,875**	**1,118,047**	**(2,172)**

2.4 The overall Primary Care and Prescribing budgets at the end of the period Months 1-3, shows an underspend of £5.56m and in line with the financial agreed regime, this results in a reduction in CCG allocation for the period and increase in ICB allocations for the period Months 4-12. This underspend was due to timing of expenditure and based on available information at the end of the reporting period.

2.5 The current ICB Months 4-12 Primary Care and Prescribing budgets show an overspend of £7.73m.

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

2.7 The overall Primary Care and Prescribing budgets, therefore, shows an overspend of £2.17m projected for the full financial year.

2.8 Further analysis is provided below on each of the relevant budgets and forecasts and their associated variances.

2.9 It should be noted that there is still a time lag in respect of some areas of the information being made available (e.g 8-week time lag for prescribing/pharmacy information). It is expected that confidence in forecast outturn position will improve during the second half of the year, as in year run rates are established.

3.0 Local "Place" Primary Care

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

Table 2

Primary Care Position Summary October 2022	CCG Month 1-3 Budget (£000's)	CCG Month 1-3 Actual (£000's)	CCG Month 1-3 Variance (£000's)	ICB Month 4-12 Budget (£000's)	ICB Month 4-12 Forecast (£000's)	ICB Month 4-12 Variance (£000's)	Combined M1-12 Budget (£000's)	Combined M1-12 Forecast (£000's)	Combined M1-12 Variance (£000's)
ICB Local Place Primary Care									
Primary Care Local Enahnced Services/Other	15,946	14,473	1,472	39,030	39,721	(691)	54,976	54,194	782
Primary Care IT	4,089	3,927	162	12,527	12,836	(309)	16,617	16,763	(147)
Out of Hours	6,285	6,210	75	19,580	19,028	552	25,865	25,238	627
ICB Local Primary Care Total	**26,320**	**24,611**	**1,710**	**71,137**	**71,585**	**(448)**	**97,458**	**96,196**	**1,262**

3.2 The local "Place" Primary Care budget is showing a full year forecast underspend of £1.262m at the end of the financial year.

3.3 The underspend in Months 1-3 Primary Care Local Enhanced services, reflects a change in funding allocation between local and delegated (co-commissioning budget). Prior to the 2022/23 the '£1.50 Core PCN funding' guidance was that this element was funded via Local Primary Care resources. However, NHSE Guidance now states that this should be part of Primary Care Co-

Commissioning delegated budget and therefore has been reflected as appropriate in local budget forecast (but with equivalent spend now being reflected within the Delegated Co-Commissioning budget).

3.4 The main driver of the overspend within the Months 4-12 period, is within the Primary Care Local Enhanced services/other and Primary Care IT by £0.691m and £0.309m. Further investigation of expenditure is currently underway. This reported is partly due to the 'underspend' in Month 1-3 time period, relevant timing of expenditure between CCG / ICB periods and also an increase in activity, as we come out of the pandemic and local enhanced service activity begins to increase.

4.0 Primary Care Delegated Commissioning

4.1 The below table illustrates the budget and anticipated forecast for Primary Care Co-Commissioning for the period up to 31st October 2022, combining the 9 place positions into a single ICB consolidated position as far as possible. There is, further work required to ensure consistency of reporting and methodologies.

Table 3

Primary Care Position Summary October 2022	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Delegated Primary Care									
Core Contract	70,368	73,821	(3,453)	215,295	215,341	(46)	285,664	289,162	(3,498)
QOF	10,048	7,542	2,506	30,350	30,263	87	40,398	37,805	2,593
Direct Enhanced Schemes	1,611	1,666	(55)	4,903	4,835	68	6,514	6,500	13
Premises Reimbursements	11,975	11,966	8	36,122	36,521	(399)	48,097	48,488	(391)
Other Premises	164	147	18	494	441	53	658	587	71
Fees	1,298	771	527	7,314	7,413	(98)	8,613	8,184	429
Primary Care Network	6,130	5,926	205	29,474	29,609	(135)	35,604	35,535	70
Additional Roles Reimbursement Scheme	7,216	7,742	(526)	22,251	30,722	(8,472)	29,467	38,464	(8,998)
Other - GP Services	3,213	1,358	1,855	6,829	9,709	(2,880)	10,042	11,067	(1,025)
Adjustment for ARRS Drawdown					(8,998)	8,998		(8,998)	8,998
Delegated Primary Care Total	**112,024**	**110,939**	**1,085**	**353,031**	**355,856**	**(2,824)**	**465,055**	**466,794**	**(1,739)**

4.2 The devolved Primary Care budgets have been set based on known recurrent Primary Care commitments for the 22/23 financial year and included relevant contract uplifts as per national negotiations

4.3 The Primary Care core contracts are showing an overspend of approximately £3.498m. This is mainly due to the impact of contract uplifts and list size adjustments across the GP Practices across Cheshire and Merseyside.

4.4 Quality Outcomes Framework (QOF) is currently showing an underspend of £2.593m. This is, due to the revised forecast outturn compared to the original plans as set at the beginning of the year including the impact from 21/22 QOF payments that were paid in Month 4.

4.5 With regards to the 'Other' Expenditure category and £1.025m forecast overspend this includes pressures relating to some of the former Clinical Commissioning Groups (CCG's) such as: -

- Cheshire- where allocations received, were not sufficient to cover the contractual requirements needed to fund the required expenditure.
- Knowsley-combined impact of local primary care investments above available allocation (as previously reported to the committee).

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

5.0 Prescribing

5.1 The ICB prescribing budget for the financial year is projected to underspend by £0.591m against the combined budget.

5.2 However, as previously stated, prescribing data is generally provided 6-8 weeks in arrears, with only 6 months data being received to date, for the financial year period. Forecasts will continue to be monitored, with further work required to ensure consistency of reporting methodology between the 9 former places.

5.3 The Oxygen service is anticipated to overspend by £0.529m, this is due to the increase in tariff costs that have been applied to all 9 places.

Table 4

Primary Care Position Summary October 2022	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
Prescribing									
Cheshire and Merseyside Itemised Prescription Payments	117,549	115,451	2,098	359,666	361,620	(1,953)	477,215	477,071	144
Central Drugs	1,730	1,728	2	9,635	9,538	96	11,365	11,267	98
Oxygen	1,205	1,220	(15)	3,687	4,202	(514)	4,892	5,421	(529)
Local Schemes	880	194	686	6,771	6,579	192	7,651	6,773	878
Prescribing Total	**121,364**	**118,593**	**2,771**	**379,759**	**381,939**	**(2,179)**	**501,123**	**500,532**	**591**

6.0 Delegated Pharmacy

6.1 The delegated pharmacy budget for Months 4-12 is £51.4m. In August the ICB were forecasting an overspend of £3.4m to the end of the financial year.

6.2 The forecast has now slightly improved and the ICB are now showing a projected overspend as at 31st October 2022 of £2.286m.

Table 5

Primary Care Position Summary October 2022	CCG Month 1-3			ICB Month 4-12			Combined M1-12		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
ICB Delegated Pharmacy									
Delegated Pharmacy	0	0	0	52,239	54,525	(2,286)	52,239	54,525	(2,286)
ICB Delegated Pharmacy Total	**0**	**0**	**0**	**52,239**	**54,525**	**(2,286)**	**52,239**	**54,525**	**(2,286)**

6.3 The ICB is currently working with partners in NHS England to review drivers for the overspend and is exploring options with NHSE to mitigate this in 2022/23.

6.4 The ICB and NHSE are anticipating that the projected pharmacy forecast outturn will improve further over the coming months, due to the reduction a reduction in “Transition fee payments”.

7.0 Additional Roles Reimbursement Scheme (ARRS) 2022/23

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

7.2 The total funding available for Cheshire and Merseyside PCN's is £47,748m, with £29.468m included in the Primary Care Co-Commissioning baseline. Once the PCN's costs exceed this, a further request of up to £18.280m can be made by the ICB to draw down from the central team at NHS England as per the below table.

Cheshire & Merseyside ICB -Additional Roles Reimbursment Scheme	Total £000
CCG Allocation M1-3 (Baseline)	7,369
ICB Allocation M4-12 (Baseline)	22,100
Total Baseline Allocations	**29,468**
Central Drawdown	18,280
ARRS Total Allocation	47,748
Anticipated claims (FOT) Finance Assumptions	38,464
Remainder available from Central Drawdown	9,284

7.3 As at Month 7, 31st October 2022, the Additional Roles Reimbursement scheme is forecast to spend £38,464m of the £47,747m available, as shown below.

CHESHIRE & MERSEYSIDE ICB QYG	CHESHIRE EAST	CHESHIRE WEST	HALTON	KNOWSLEY	LIVERPOOL	SEFTON	ST HELENS	WARRINGTON	WIRRAL	Total
CCG Allocation M1-3 (Baseline)	1,013	975	325	599	1,484	784	573	516	949	**7,216**
ICB Allocation M4-12 (Baseline)	3,038	2,925	1,147	1,796	4,740	2,353	1,718	1,689	2,846	**22,251**
Total Baseline Allocations	**4,050**	**3,900**	**1,472**	**2,394**	**6,224**	**3,137**	**2,291**	**2,205**	**3,794**	**29,467**
Central Drawdown	2,512	2,420	913	1,485	3,861	1,944	1,421	1,369	2,354	**18,279**
ARRS Total Allocation	6,562	6,320	2,385	3,879	10,085	5,081	3,712	3,574	6,148	**47,747**
Anticipated claims (FOT) Finance M1-3	1,117	1,160	321	612	1,680	501	578	697	1,078	**7,744**
Anticipated claims (FOT) Finance M4-12	4,334	4,656	972	2,007	7,490	2,153	2,921	2,525	3,662	**30,720**
Total Finance FOT	**5,451**	**5,816**	**1,293**	**2,619**	**9,170**	**2,654**	**3,499**	**3,222**	**4,740**	**38,464**
Remainder available from Central Drawdown	**1,111**	**504**	**1,092**	**1,260**	**915**	**2,427**	**213**	**352**	**1,408**	**9,283**

7.4 Based on the current expenditure and data, none of the 9 places are projected to overspend over and above their allocated "Place" budget. Therefore, £9.283m is currently not anticipated to be drawn down or utilised by the ICB.

7.5 Most of the Cheshire and Merseyside PCN's have submitted workforce plans into the ICB that forecast that they will utilise, their whole 2022-23 ARRS budget.

7.6 However, analysis of current actual spend indicates, that PCNs may fall short of full utilisation of their ARRS budget. The ICB have asked PCN's to review their plans and adjust as needed, to maximise the ARRS funds.

7.7 Overall ARRS underspend will be pooled across the whole of Cheshire and Merseyside, so there is potentially a bigger underspend funding pool for PCNs to draw from.

7.8 The ICB having been working with the PCN'S and suggested that any PCN who is approaching their budget threshold, and where the PCN would like to exceed their 2022-23 budget should

highlight this to the Place Primary Care Lead This will trigger an escalation to the ICB Finance Team.

7.9 Place working with the PCN, should provide details of how the planned overspend will be utilised in line with the PCN DES service specification requirements/limitations. Once Place teams have confirmed that it meets the requirements of the DES and are supportive of the plan from their PCN. The ICB corporate team will then review / look to confirm their current proposed spend position and should be able to approve in line with the overall position and the DES rules.

7.10 Any overspend requests would need to be for used against ARRS roles defined within the service specification and would need to be claimed for in the usual way via the ARRS Portal, factoring in the monthly claim caps in place per ARRS role.

7.11 PCNs have been made aware that any overspend is for 2022-23 and is not recurrent funding, i.e. the 2023-24 budget will not be increased based on any 2022-23 overspend.

7.12 PCNs have been asked to focus any overspend plans on starting early, with any 2023-24 ARRS recruitment plans, (e.g., starting a 2023-24 role from January 2023 rather than April 2023) using the requested overspend to cover the required budget, for Jan-Mar 2023. Alternatively, for them to factor in that any overspend ARRS roles on short term contracts, that only run until the end of March 2023.

8.0 Sustainability Development Funding (SDF)

8.1 The ICB has been awarded Sustainability Development Funding as shown in the table below.

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

8.2 The guidance on these streams of funding is available within the Primary Care Contracts reporting paper.

8.3 The funds have been allocated to place on fair shares basis. However, the GP Fellowship and Supporting Mentors funding posts will be managed at an ICB system level.

8.4 The GP Transformational Support fund is being utilised to fund two schemes- Digital projects and PCN support funding. Places have shared digital proposals that will be supported at an ICB level, the remaining funds will be allocated out to place on fairs shares.

9.0 Recommendations

9.1 The Primary Care committee are asked to note the combined financial summary position as at the 31st October 2022, noting the relative availability of in-year information.

9.2 In future the committee will be provided with more detailed information on the projected ARRS reimbursement to PCNs. This will include details of what projected drawdown of additional funding is expected to be required from NHSE. This will take account of current and future recruitment in line with the revised workforce plans each PCN will be submitted shortly.

9.3 The Committee is asked to support the principles for ARRS maximisation outlined in section 7 above.

10.0 Officer contact details for more information

Lorraine Weekes-Bailey
Senior Primary Care Accountant– lorraine.weekes@nhs.net

Paul Brennan Paul.brennan3@knowlseyccg.nhs.uk
Primary Care Project Accountant