NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Primary Care Commissioning & Assurance Committee - Meeting held in Public

The focus of this committee is to seek assurance on the commissioning of primary medical, pharmacy, optometry and dental services for the people of Bedfordshire, Luton and Milton Keynes. It has oversight of the decision-making processes and will challenge and assess and ensure that any risks are appropriately managed with the controls and mitigations in place to do so.

Date: 15 December 2023
Time: 0900-1200
Venue: MSTeams

Agenda

No.	Agenda Item	Lead	Purpose	Time
	Opening Actions			
1.	Welcome, Introductions and Apologies	Alison Borrett Chair		0900-0910
2.	Relevant Persons Disclosure of Interests • Register of Interests (22 November 2023)	Chair	Note changes and approve	
3.	Approval of Minutes and Matters Arising Minutes Public 16 June 2023	Chair	 Note	
4.	Review of Action Tracker	Chair	Note changes and approve	
	Strategy & Integration Assurance			
5.	BLMK Fuller Programme BLMK ICS Primary Care Prevention Delivery Plan	Craig Lister Associate Director – Primary Care Transformation Prevention Lead	Note / Endorse	0910-0930
6.	Primary Care Workforce Programme & Highlight Report	Susi Clarke Associate Director People Transformation - Fuller	Note	0930-0945
7.	Delivering Integrated Primary Care in BLMK – an update on the response to the NHSE 'Delivery Plan for Recovering Access to Primary Care'	Amanda Flower Associate Director Primary Care Commissioning & Transformation	Confirm Assurance	0945-1000
8.	Delivering Integrated Primary Care in BLMK – an update on the delivery of Integrated Neighbourhood Working in BLMK	Amanda Flower Associate Director Primary Care Commissioning & Transformation	Review / Note	1000-1020

No.	Agenda Item	Lead	Purpose	Time
9.	Primary Care Estates Refresh of Estates Strategy	Nikki Barnes Associate Director of System & ICB Estates	Note	1020-1040
Operational Assurance – opportunity for Members to raise issues for clarification or concern				
10.	Primary Care Medical Services Contracting Assurance Update	Lynn Dalton Associate Director of Primary Care Development	Note	Questions from Members
11.	Primary Care Dental Services Contracting Assurance Update	Lynn Dalton Associate Director of Primary Care Development	Note/Discuss	1040-1055
12.	Pharmaceutical Services Regulatory Committee Report - Period Quarter 2	Lynn Dalton Associate Director of Primary Care Development	Note/Discuss	
13.	Integrated Primary Care Dashboard	Amanda Flower Associate Director Primary Care Commissioning & Transformation	Note	1055-1105
14. 14.1	Primary Medical Services Financial Report (October 2023) Primary Care Pharmacy, Optometry and Dental Financial Report (October 2023)	Roger Hammond Associate Director of Finance	Note	1105-1120
15.	Primary Care Directorate and Digital Risk Registers	Amanda Flower Associate Director Primary Care Commissioning & Transformation	Note	1120-1130
Governance				
16.	Communications from the meeting	Chair	Discuss	1130-1140
17.	Review of meeting effectiveness	Chair	Discuss	
18.	Annual Cycle of Business 2023-24	Chair	Note / Discuss	
Closing Actions				
19.	Any Other Business	Chair	-	1140-
20.	Date and time of next meeting: ▪ 15 March 2024 at 0900-1230 ▪ MSTeams	Chair	-	

Members are asked to:
> Review the Register of Interests and confirm their entry is accurate and up to date.

All in attendance are asked to:
> Declare any relevant interests relating to matters on the agenda.
> Confirm that all offers of Gifts and Hospitality received in the last 28 days have been registered with the Governance & Compliance team via blmkicb.corporatesec@nhs.net

Extract from Register of Conflicts of Interest
Primary Care & Commissioning Assurance Committee
(Voting Members and Non-Voting Members where declarations made)
as at 22.11.23

Surname	Forename	Position within, or relationship with the ICB	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Description of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Begum	Fatima	Councillor, Luton Borough Council										
Blackmun	Diana	Chief Executive Officer, Healthwatch Central Bedfordshire	Yes		Y			Chief Executive Office of Healthwatch, Central Bedfordshire	April 2013	Ongoing	Declare in line with conflicts of interest policy	05/12/2022
Borrett	Alison	Non Executive Member	Yes	N	N	N	N	Director, 2Billys Ltd, Company no 14038119, Unit 8 Churchill Court, 58 Station Rd, North Harrow HA2 7SA	11/04/2022	Ongoing	No conflict, as our cookie business does not provide goods or services to BLMK ICB. If this was to change in the future I would update my DOI and declare any interest.	21/06/2022

Carr	Marimba	Deputy Director of Public Health at Milton Keynes Council, representing the Director of Public Health for Milton Keynes,Central Bedfordshire and Bedford Borough at the Primary Care Commissioning and Assurance Committee	No									05/12/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a trustee of a charity as a member (and secetary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Dalton	Lynn	Associate Director Primary Care Development	No									06/12/2022
Eliot	Elizabeth	Consultant in Public Health, Luton Borough Council	No									13/09/2023
Flower (Hubbard)	Amanda	Associate Director, Primary Care Commissioning and Transformation	Yes		Y			I am a lifetime (unpaid) Trustee for Sophie’s Moonbeams Trust who provide support grants to families who have children that would benefit from accessing therapeutic interventions. The grants allow families/children to access that support. Sophie's Moonbeams Trust Registered charity number 1182086	19/09/2018	Ongoing	Declare the interest / exclusion from meetings/decision making where applicable	09/12/2022

Freda	Emma	Deputy CEP, Healthwatch Bedford Borough	No	Y				Employed by Healthwatch Bedford Borough, 21-23 Gadsby Street, Bedford, Beds MK40 3HP	01/10/2023	Ongoing	I will declare in line with the COI policy. I will remove myself from any decision that we have a conflict or perceived conflict in, if in agreement, and declare our specific interest at all appropriate meetings given the impending agenda item(s)	11/10/2023
Garnett	Fiona	Associate Director and Head of Medicines Optimisation	No									02/11/2022
Gill	Manjeet	Non Executive Member	Yes	Y				Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes	Y				Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022
Harrison	Mike	Co-Chief Executive Officer of Beds and Herts Local Medical Committee	Yes		Y			Beds & Herts LMC Ltd, Astonbury Farm, Astonbury Lane, Aston, Stevenage SG2 7EG	03/07/2017	Ongoing	Declare in line with conflicts of interest policy	06/12/2022
Keech	Tracey	Deputy CEO, Healthwatch, Milton Keynes	No									02/11/2023
Kufeji	Omotayo	Primary Services Partner Member	Yes					The Bridge Primary Care Network Clinical Director	01/04/2021	Ongoing	May need to be excluded from decisions regarding Primary care Networks	11/05/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, NHS Confederation Primary Care Network	07/07/2019	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, National Association of Primary Care (NAPC) Council	01/10/2020	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Arts for Health Milton Keynes	01/04/2020	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Chair, Milton Keynes Christian Centre (*was previously Trustee)*	01/09/2023	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				GP partner, Newport Pagnell Medical Centre	01/02/2004	Ongoing	May need to be excluded from decisions regarding Primary Care Networks	08/12/2022

Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				Trustee, Milton Keynes Urgent Care Centre	01/08/2023	Ongoing	Declare conflict during discussions	26/09/2023
Lister	Craig	Associate Director Covid and 'Flu Immunisation Strategy Lead	No									07/12/2022
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				CEO, University of Suffolk Dental CIC	Jun-23	Ongoing	Declared in line with conflicts of interest policy	08/08/2023
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				Director - Community Dental Services Community Interest Company	Nov-17	########	Declared in line with conflicts of interest policy	10/01/2023
Poulain	Nicky	Chief Primary Care Officer	Yes		Y			Registered nurse and midwife and a member of trhe RCN			Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	17/02/2023
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022

Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, Bedfordshire Local Pharmaceutical Committee	1984	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis Primary Care Network, Luton	06/02/2020	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, New Vista Homes	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, Care is Central	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Sharp	Andy	Director, Social Care, Health & Housing, Central Bedfordshire Council	Yes	Y				Director, Central Bedfordshire Group	01/02/2023	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Stanley	Sarah	Chief Nurse Director	No									08/09/2022
Turner	Philip	Chair, Healthwatch Luton	No									06/12/2022
Westcott	Dean	Chief Finance Officer	Yes		Y			Board Advisor, London School of Commerce	01/12/2022	Ongoing	Declare in line with conflicts of interest policy	13/12/2022
Westcott	Dean	Chief Finance Officer	Yes				Y	Wife is Senior Mental Health Transformation Manager at West Essex CCB	01/06/2021	Ongoing	Declare in line with conflicts of interest policy	14/06/2022

Whiteman	Sarah	Chief Medical Director	Yes			Y		Civil partner, Advanced Nurse Practitioner (Walnut Tree Health Centre, Milton Keynes)	2013	Ongoing	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			Stonedean, Practice - Sessional GP/former partner	01/06/2007	Ongoing	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			General Medical Council Associate	2012	Ongoing	Exclusion of self from involvement in related meetings, projects or decision-making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				Akeso (coaching network) – coach – Executive and Performance Coach	01/04/2021	Ongoing	Open declaration, no monies received	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NHS England – Appraiser	2001	Ongoing	Exclusion of self from involvement in related meetings, projects or decision-making relating to any relevant practitioners	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NED role at James Paget Hospital	01/10/2023	Ongoing	No involvement in relation to decision making	18/10/2023
Whiteman	Sarah	Chief Medical Director	Yes	Y				NED role at James Paget Hospital	01/10/2023	Ongoing	No involvement in relation to decision making	18/10/2023

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 16 June 2023

Time: 1030-1230

Venue: MST

Minutes of the: **Primary Care Commissioning & Assurance Committee (PCC&AC)**

Meeting held in Public

Members:		
Name	Role	Initial
Alison Borrett	Chair / Non-Executive Member BLMK ICB	AB
Amanda Flower	Associate Director of Primary Care Commissioning &Transformation BLMK ICB	AF
Craig Lister	Associate Director Prevention Lead, Covid and Flu Immunisation & Vaccination Strategy Lead BLMK ICB	CL
Dean Westcott	Chief Finance Officer BLMK ICB	DW
Emma Freda	Deputy Chief Executive, Healthwatch Bedford Borough	EF
Lauren Sibbons	Senior Contract Manager NHSE	LS
Lynn Dalton	Associate Director of Primary Care Development BLMK ICB	LD
Mahesh Shah	Primary Medical Services Providers Partner Member BLMK ICB	MS
Marimba Carr	Deputy Director of Public Health at Milton Keynes Council, representing the Director of Public Health for MK, Central Bedfordshire and Bedford Borough	MC
Dr Matt Mayer	Chief Executive Officer, Berkshire, Buckinghamshire & Oxfordshire LMCs	MM
Mike Harrison	Co-Chief Executive, Bedfordshire & Hertfordshire LMC Ltd	MH
Phil Turner	Chair, Healthwatch Luton	PT
Sally Cartwright	Director of Public Health, Luton Council	SC
Sarah Stanley	Chief Nursing Director BLMK ICB	SS
Tracy Keech	Deputy CEO, Healthwatch Milton Keynes	TK

Apologies:		
Diana Blackmun	Chief Executive Officer, Healthwatch Central Bedfordshire	DB
Felicity Cox	Chief Executive Officer, BLMK ICB	FC
Fiona Garnett	Associate Director of Medicines Optimisation BLMK ICB	FG
Manjeet Gill	Non-Executive Member BLMK ICB	MG
Nicky Poulain	Chief Primary Care Officer BLMK ICB	NP
Dr Sarah Whiteman	Chief Medical Director BLMK ICB	SW
Dr Tayo Kufeji	Primary Medical Services Providers Partner Member, BLMK ICB	TKU

In attendance:		
Edna Muraya	Senior Finance Manager BLMK ICB (Item 15)	EM
Jill White	Senior Primary Care Contracting & Development Manager BLMK ICB (Items 10 & 13)	JW
Liz Eckert	POD Delegation and Transformation BLMK ICB (Item 7)	LE
Mark Peedle	Head of Digital Delivery BLMK ICB (Item 13)	MP
Michelle Evans-Riches	Acting Head of Governance, BLMK ICB (Item 16)	MER
Nikki Barnes	Head of System & ICB Estates BLMK ICB (Item 14)	NB

Dr Nina Pearson	Strategic Clinical Lead Primary Care Workforce (BLMK ICB), GP Partner, Lea Vale Medical Group Luton, Clinical Director Lea Vale PCN (Item 8.1)	NPE
Sarah Watts	Head of Quality (Central Beds) & Primary Care & Community Strategic Lead BLMK ICB	SWA

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies (Chair)** The Chair welcomed everyone to the meeting. The apologies were received and noted. The meeting was confirmed as quorate. The Chair informed the Committee that this was a meeting held in public and not a public meeting and therefore any questions from members of the public were requested beforehand. Members of the public attending were invited to ask questions via the chat facility in relation to the item being presented or under item 6. The meeting would be recorded for the purpose of the minutes. Members of the public were advised to mute speakers and that they may wish to turn cameras off.	
2.	**Core Purposes of Integrated Care Systems (Chair)** The Committee were reminded of the core purposes of ICSs to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and help the NHS support broader social economic development. These principles needed to be considered during discussions and when making decisions alongside the core principles of trust, respect, integrity, accountability, care and compassion.	
3.	**Relevant Persons Disclosure of Interests – Register of Interests (Chair)** Members were asked to review the Register of Interests and confirm their entry was accurate and up to date, and to confirm that all offers of Gifts and Hospitality received in the last 28 days had been registered with the Governance & Compliance team. MS declared an interest in item 8 as he is one of the three community pharmacy PCN lead roles recruited. The Chair confirmed that MS could remain for the item which was to note only. MS to update his entry on the register. No other relevant interests relating to matters on the agenda were declared. No declarations were made prior to or at the meeting for any offers of Gifts and Hospitality.	
4.	**Approval of Minutes and Matters Arising (Chair)** The Committee confirmed that the minutes of 17 March 2023 were an accurate record of the meeting.	
5.	**Review of Action Tracker (Chair)** The action tracker was reviewed, and the following update agreed: Action 13 to be closed. MC confirmed as the Public Health representative at the BLMK Fuller Stakeholder Collaborative Group.	
6.	**Questions from the Public (Chair)** No questions were raised by members of the public prior to the meeting or under this item.	

7.	**Pharmacy, Optometry and Dental (POD) and Primary Care Medical Services Delegation updates and proposed stakeholder briefing (Liz Eckert)** The delegation process for Pharmacy, Optometry and Dental (POD) on 1 April 2023 and Primary Care Medical Services on 1 July 2022 has proceeded as planned and NHS England (NHSE) teams transferred to the ICB. The Pharmacy and Optometry team will be hosted by Hertfordshire and West Essex ICB. ▪ The responsibility for responding to complaints has transferred to the ICB with the transition of staff planned for July 2023. ▪ Plans for the NHSE Transformation Team are still to be formalised. ▪ ICB inherited four large dental procurements and are currently reviewing the position with the other ICBs in the region to agree a proposed approach by 30 September 2023. ▪ An NHS Confederation report and BLMK ICB briefing have identified the same POD commissioning challenges. ICB to share these with stakeholders to help manage expectations. The Hewitt Report further highlighted that change needed to be enacted at a national level to support ICBs on local implementation / initiatives. ▪ POD governance is in place and a Primary Care POD Delivery Group to be established for 2023-24 to run in parallel with the existing Primary Care Medical Services Delivery Group. The Groups will merge once all processes are embedded. Both Groups report into the PCC&AC which will also receive assurance from the Pharmaceutical Services Regulations Committee (PSRC). ▪ The regional Local Dental Network will remain in place during 2023-24 to provide clinical advice and expertise for revising or developing new clinical pathways (subject to funding). ▪ ICB to develop a Local Dental Steering Group with local authorities and other partners in BLMK or with neighbouring ICBs to work on local needs and priorities. ▪ ICB has secured additional local clinical support on specific clinical contractual issues. ▪ ICB has commenced engagement with contractors, stakeholders, public health and local authorities. A dental provider engagement event scheduled for 29 June 2023. ▪ Meetings commenced with local providers on specific contractual issues and regular meetings with Healthwatch being set up to ensure effective feedback on local issues. ▪ ICB completed an internal 'lessons learned' review with the transition team and fed into the NHSE national lessons learned process. This will inform any future service transition. ▪ ICB has taken on the following number of contracts: 162 pharmacy, 148 dental, 86 optometry in addition to the 93 GP practices. This is a significant piece of work but provides the ICB with the opportunity to influence change at a local level whilst using 2023-24 as a year of stabilisation to understand the contracts, needs, performance and activity. ▪ NHSE have initiated discussions on the transition of immunisations and vaccinations to the ICB in shadow format from next year. Points raised by the Committee resulted in the following actions: ACTION15: discuss plans for engagement with the Health and Wellbeing Boards for feedback and dialogue particularly around pharmacy and dental. ACTION16: raise MS's query to the PSRC about the approval process of new contractors for change of ownership if under a different Health and Wellbeing Board. ACTION17: ICB Contracts and Communications Teams to engage with the Working with People and Communities Committee on communications for patients and public.	LD, MC LD LD

7.1	**Primary Medical Care Services (GP Delegation update)** Primary Medical Care (GP) contracting was delegated from NHSE to ICBs in 2018 and redelegated in July 2022. The ICB is now responsible for the following additional functions previously managed by NHSE: 1. Complaints management, 2. Gateway process implementation, 3. e-DEC annual contractual requirement and 4. Management of the Directed Enhanced Services (DES). The team of four staff to support this function has transferred from NHSE to the ICB. Both the Delivery Groups (POD and Medical Services) will report to PCC&AC and combine once processes are embedded. The lessons learned process will be combined with the POD process to inform future transfers. The GP contract re-issue process has been transferred from NHSE to the ICB to ensure all contractors have contemporaneous contracts. Collaboration work on the development of the delivery plan for recovering access to primary care will involve enhancing community pharmacy provision and scope of delivery.	
8.	**BLMK Fuller Programme - progress update** **An ambitious and joined up approach to prevention (Craig Lister)** The prevention of avoidable conditions developing or ill health worsening due to lack of care is the basis of the prevention delivery plan. The plan focuses on both primary and secondary prevention by primary care and supports a population health management approach. The rising levels of avoidable conditions are placing significant pressures on primary care and other parts of the system; the plan has the potential to reduce those pressures. These conditions are disproportionately felt by those within the lowest socio-economic deciles and the plan will aid enhanced identification and support for these groups to reduce inequalities. The introduction of an Integrated Care System (ICS) provides an opportunity to work collaboratively with colleagues across public health and the Voluntary, Community and Social Enterprises (VCSE) to develop a joined-up approach to prevention with aligned communications and messaging. ICB are working with the national team to utilise the 'Better Health' NHS brand for behaviour change and supporting positive behaviours. The main risk identified is engaging the population through discussion and communications about personal and shared responsibilities and how we can support that. The Committee raised the following points: ▪ CL to engage with Healthwatch to ensure that public communications are in the required formats and languages and published at the same time. ▪ The Fuller programme is an enabling and collaborative piece of work to move to integrated neighbourhood working which will provide a different approach to prevention, proactive care and access. ▪ A workshop is planned with the Working with People and Communities Group focusing on the Fuller programme and how to work collaboratively with community engagement for co-production to deliver change at place. ▪ CL noted point raised on the clarity of the scope of the plan and where it fits with the primary care and community agenda. The plan is for primary and secondary prevention within primary care (general practice, pharmacy, optometry and dental).	

	▪ ICB has no specific budget for prevention. The system to work collaboratively, create headroom from within budget and maximise all preventative programmes already in place. ▪ The importance of getting the balance right between system level and individual interventions was highlighted. ▪ AF to continue to develop consistent and shared language through the Fuller Programme Collaborative Stakeholder Group meeting. The Committee **noted** that the plan was in progress with the first draft by 31/07/23; the plan would take a Population Health Management (PHM) approach while focused on primary care and there is an intention to engage the population in communications about responsibilities.	
8.1	**Building Additional Capacity for Primary Care Workforce (Dr Nina Pearson)** Building additional capacity within the Primary Care Workforce is critical to meet increasing patient demand, improve access, aid recruitment and retention, prevent burnout and maximise utilisation of the resource available for 2023-24 through the Additional Roles Reimbursement Scheme (ARRS). The report outlined the programmes of work and initiatives in place to build the supply of people interested in health careers, particularly in primary care: ▪ GP recruitment programme and development of GP portfolio career opportunities ▪ evaluation of the New to Practice Programme has received positive feedback from GP Trainees who want to work permanently in BLMK ▪ Practice Nurse development to increase recruitment and retention ▪ development of integrated neighbourhood working with partners will support additional capacity and flexible working ▪ working with PCN Training Teams to create the right infrastructure and retention factors to allow people to develop and flourish in their training and into their career in primary care ▪ support for PCNs workforce planning based on population health needs and to maximise ARRS funding ▪ maximise utilisation of primary care digital staff bank (all professions) and raise awareness of the correlation between flexible working and retention. The key risks of (i) estates constraints which reduces the creative options for delivery and impacts on focus to serve the most deprived populations in BLMK, (ii) retention of staff, (iii) capacity to supervise existing staff, (iv) supply of staff and (v) underutilisation of ARRS funding were highlighted with proposed mitigations. The Committee **noted** the programme of work in place to build additional capacity for the Primary Care Workforce.	
9.	**Primary Care (Medical) Services Contracting Assurance Update (Lauren Sibbons)** The Committee were advised that the correct processes required contractually to fulfil the ICB's statutory responsibilities had been followed. ▪ Remedial breach notices were approved and sent to three practices for non-submittal of their Electronic Practice Declaration (e-DEC) which is a contractual obligation. One practice submission remains outstanding and due for return within the next week to be reviewed by the ICB and Local Medical Committee (LMC).	

	▪ It has been agreed by both parties to extend the timeline to complete due diligence checks for the novation application for Malzeard Road Medical Centre. ▪ Malzeard Road Medical Centre caretaker contract for Ivel Medical Centre mobilised on 1 June 2023 with positive feedback. ▪ Cobbs Garden Surgery request for a further list closure for a period of up to six months was approved by the Primary Care Medical Services Delivery Group on 6 June 2023. This request is whilst there are ongoing discussions with the practice and partners to inform future arrangements for changes in the current partnership, a potential practice merger and options for new premises. ▪ ICB continue to progress the contract re-issue project to ensure all contractors have contemporaneous contracts in place. The Committee **noted** the updates and were assured that the required contractual, governance, patient and practice considerations and actions had been followed and applied in any decisions made and implemented.	
11.	**Quality and Outcomes Framework (QOF) 2022-23 (Lynn Dalton)** The Quality and Outcome Framework is a nationally set framework and an optional element of General Medical Services (GMS) contracts. It provides remuneration and rewards practices for providing evidence based clinical care to patients and funds work to further improve the quality of healthcare for patients. There were concerns for the achievement of QOF due to winter pressures and Streptococcus A infection in 2022-23, but all BLMK practices completed their QOF submission and declared their achievement. 58 of the 93 BLMK practices achieved a higher QOF achievement compared to 2021-22. ICB paid out funding of £12,618,952.4 to practices. Two practices are appealing the outcome of their QOF achievement. ICB to hold an appeals panel and include the LMC to ensure all practices are treated equitability through a fair and transparent process. As a result of the redelegation of GP contracts to the ICB, the transferred NHSE staff are able to work closely with practices and ICB place teams for local oversight of the QOF programme and provide support to practices. The outcome of the Investment and Impact Fund (IIF) will be known at the end of July 2023 and reported to the Committee once the process is complete. The Committee **noted** the achievement of the QOF for 2022-23.	
10.	**GP Alternative Provider Medical Services Contracts re-procurement update (Jill White)** The Committee received assurance on the progress of the significant programme of procurement. Procurements for four practices had recently concluded plus an additional procurement due to a contract resignation. ▪ Emergency procurement exercise held for Ivel Medical Centre following contract resignation by the GP partnership who held the GMS contract. The successful bidder was Malzeard Road Medical Centre and the new contract started successfully on 1 June 2023. ▪ One Medical Group were the successful bidder for Brooklands Health Centre. Contract planned to start 1 July 2023 but due to delays during the procurement process the current	

provider Operose Health has agreed to a contract extension to 31 August 2023 to ensure a safe and seamless transition of services. Opening hours to change to core hours from 1 July 2023 as previously advised to patients. Patients can still access evenings/weekend appointments through enhanced access.

- East London Foundation Trust (ELFT) were the successful bidder for Kingsway Health Centre and Bramingham Park Medical Centre. The two practices to merge with both sites retained (main and branch surgery) under one contract. ICB took legal advice to satisfactorily conclude a challenge from an unsuccessful bidder which caused a significant delay to the process. Operose Health have agreed to a contract extension to 30 September 2023 to allow sufficient mobilisation time. Opening hours to change to core hours from 1 July 2023 as previously advised to patients.
- ICB unable to appoint following procurement process for a GMS contract holder to take on Neath Hill Health Centre as a branch surgery. One Medical Group have agreed for Neath Hill to be a branch surgery of Whitehouse Surgery from 1 July 2023.

ICB in discussion with Operose Health to extend the contract for Kingfisher Surgery for a further two years which is within the scope of the current contract and further to positive patient feedback on current arrangements.

Milton Keynes Council are funding the development of a community hub to include a GP surgery as part of the East Milton Keynes development. A local expression of interest exercise will be undertaken to offer as a branch site to existing practices.

Lea Vale Medical Group to continue the current contract for an additional year to provide PCN managed services on behalf of Greensands Medical Practice and Ivel Medical Centre. ICB published notice to market of the direct contract award to advise of the position.

The Committee **noted** the outcomes of recent procurement exercises; commissioning intentions for upcoming procurements, contract award for the managed PCN services APMS contract for 2023-24 and the plans for East Milton Keynes branch surgery opportunity.

12. **Implementing the Universal Offer Framework (Amanda Flower)**

The plans to move to a Universal Offer (UO) for BLMK from April 2023 and commence a review of Enhanced Services was communicated throughout 2022-23, recognising that the financial year 2023-24 would be transitional and the ICB would need to support practices to move from legacy arrangements to the UO.

The reinvestment proposal was approved by the Primary Care Medical Services Delivery Group in October 2022 and presented to the PCC&AC in November 2022 and March 2023. The UO specification was developed through a collaborative approach with clinical leadership and stakeholders and issued to practices for sign up from April 2023. The ICB facilitated a series of roadshows to support implementation and receive feedback. Feedback indicated the specification was well received with agreement on priority areas, but there was concern that the move from the old schemes to the new UO could potentially destabilise practices and income.

In response to this, the ICB proposed a fixed/block income approach for 2023-24 to reduce the impact on practice financial stability in return for sign up to the offer, mobilisation and activity to deliver the specification. The 2023-24 funding level is in line with previous year in return for 'best endeavours' to deliver the specification. The offer is not protection; if practices do not sign up and do not deliver the activity then the funding will not continue to be available to that practice. The scheme will be offered for three years with commitment for a continual review process with a first review in September 2023.

ICB has extended the notice period to six months for Enhanced Services impacted by the UO with income protection for April to September 2023.

Terms of Reference drafted for a review group to monitor delivery and further development of the UO in parallel to the Enhanced Services review to ensure that the ICB are commissioning appropriately for the needs of the BLMK population.

The Committee asked for further clarification on the following points:

- questioned whether income was not 'protected' if practices just need to sign up and the ICB are not moving to an activity / performance approach this year
- questioned how performance would be measured particularly for component 2 and the under and over performance in terms of additional funding
- the overall financial position of the ICB and the system requires every element of expenditure to be under scrutiny including the management of all provider contracts.

AF clarified that the ICB approach this year was to continue payment at the same level as last year, i.e., a fixed payment amount with the expectation of sign up and delivery of activity which will be reviewed continually. There is a full specification which details how the activity will be measured and monitored. The ICB has made it clear to practices the importance of the transitional year to monitor and track activity to establish the activity baseline before the move to payment-based activity levels and performance thresholds in terms of component 2 in 2024.

The Committee **noted** the status update of the programme of work.

13. **Primary Care Directorate and Primary Care Digital Risk Registers (Jill White & Mark Peedle)**

The Committee were assured that risks had been correctly identified and were suitability managed on an ongoing basis as part of the relevant programmes of work. Registers were reviewed at the end of the financial year with risks closed or significantly updated.

- Primary Care risk 12 'GP practices resilience and ability to transform with national direction of travel for primary care' is a new risk added to the register. This is due to increasing demand, cost pressures, recruitment and retention challenges, difficulties in maintaining training and mentorship provision and estates pressures. Mitigations and how these issues are being managed to offset risks and impact to service provision were provided.
- Primary Care risk CRR76 '111 capacity and resilience' remains on the corporate risk register noting the actions completed and that planned mitigations are progressing effectively.
- Digital risk ITS0001 - ICB are continually vigilant of emerging cyber-attacks, known and unknown, to the continuity of its digital estate.

	The Chair noted the importance of the Committee being sighted and updated on risks and mitigations which were reflected and supported by other discussions at the meeting. The Committee **noted** that risks relating to the primary care directorate and digital primary care workstream are being identified and managed appropriately.	
14.	**Primary Care Estates: Report from Estates Working Group (Nikki Barnes)** Good progress reported across the wide range of projects and initiatives in line with the ICB's prioritised list of estates schemes. Current risks to delivery of the following schemes were outlined: ▪ ICB continue to work with partners to identify a workable solution to the financial viability challenges for the Biddenham new premises scheme. ▪ NHSE have approved the business case and capital funding for the North Bedford scheme / reprovision of De Parys Group. The delay in NHSE approval has caused challenges with cost pressures and further complexity around the relocation of other services to enable delivery of scheme. Target commencement of works in November 2023. ▪ Lower Stondon Surgery: ICB previously approved a business case to use S106 funding for the extension and reconfiguration of the surgery to provide extra clinical capacity. Partnership changes have necessitated a sale and leaseback position for the surgery with the remit that the purchaser carries out the premises project. The practice is aware that this delay risks the loss of significant amounts of the S106 funding earmarked for the project and an increase in costs to the original quotes when they are ready to proceed. Planning permission expired but will be renewed. - The Committee questioned the amount and expiry dates of the S106 funding and length of time to renew planning permission. The S106 funding is made up from multiple pots of funding with different expiry dates throughout 2023 and 2024. The amount of funding earmarked for the project is approximately £300k (a third of the total projected cost). Loss of the S106 funding would see the project significantly descoped or undermine its feasibility. ICB estates team are working closely with CBC to maximise flexibilities to retain and direct as much of the funding as possible to the project. Planning permission would take a few months to be renewed. The biggest delaying factor is the time to market the surgery to investors and secure a purchaser which could be 6-12 months or longer. The Committee **noted** the progress and risks on the key primary care estates activities/developments.	
15.	**Primary Medical Services Budgets 2023-24 (Edna Muraya)** BLMK ICB delegated primary care baseline allocation for 2023-24 is £173m which is an increase of £9.7m from 2022-23. The additional funding reflects the full year impact of PCNs taking on enhanced access services, further investment in PCN ARRS and GMS contract general uplift of 2.7% on global sum. Population growth (increase in weighted list sizes), price increases and other pressures have added further financial challenges. - Full breakdown of the delegated budget provided with the majority spend on GMS and APMS contracts (£106m) and PCNs (£33m which includes £14.6m Additional Roles	

	Reimbursement Scheme (ARRS) allocation). The remaining £8.5m ARRS funding is held centrally by NHSE until the ICB spends its current baseline allocation. - Total delegated budget is fully committed and represents 9% of the total ICB planned expenditure. - Service Development Funding allocation has been issued of which some full year funding received, and other allocations are indicative. - Other GMS primary care services budgets are £8m for Local Incentive Schemes, IT, investments, social prescribing and other GP commissioned services based on last year's levels of expenditure and anticipated additional activity or costs. - Same Day Access budget of £23.5m includes Urgent Care Centres, Walk in Centres, Out of Hours and NHS 111). - ICB budgets have fully committed the allocation of £85m for Pharmacy, Optometry and Dental (POD) services delegated from NHSE to the ICB from 1 April 2023. These will be monitored through the BLMK Primary Care POD Delivery Group. - Prescribing experienced significant financial pressures in 2022-23 with an overspend of £8m due to drug price changes, supply issues and increased volume of prescriptions. Budget for 2023-24 set at £143m. There is a significant risk of expenditure exceeding budget, and that risk would need to be managed across all ICB budgets. The Committee discussed the prescribing financial pressures: - risk highlighted through the POD delegation that from this year the dental budget is ringfenced so there is no flexibility to use for pharmacy overspend - ICB has flagged the increase in costs to regulators and to NHSE. ICB finance team completed analysis on prescribing and are working with the national team but it is unlikely there will be additional allocation. The potential £8m cost pressure is part of the factoring of the £15m unmitigated risk flagged to the ICB Finance and Investment Committee. - Chair requested that modelling of system (prescribing) savings through the delivery of the prevention strategy be added to cycle of business for the BLMK Quality & Performance Committee and PCC&AC. The Committee **noted** the Primary Care (Medical Services) Delivery Groups approval of the Primary Care Budgets for the 2023-24 financial year and the risks to delivery of a balanced financial position. ACTION18: Modelling of effective system savings through using our prevention strategy be added to cycle of business for the BLMK Quality & Performance Committee and PCC&AC.	CL/SS
16.	**Annual Review of Committee Effectiveness (Michelle Evans-Riches)** All ICB Board Committees should carry out an annual review of their effectiveness as part of the ICB's constitution and as good practice. Since the formation of the ICB in July 2022 each Committee has asked attendees at every meeting to review that meetings effectiveness. The Committee were given the opportunity to review and discuss the report before it was presented to an extraordinary meeting of the ICB Board on 23 June 2023 and any amendments to the terms of reference to the Audit & Risk Assurance Committee Members discussed and raised the following points: - Members agreed with the extract from the annual report approved by the PCC&AC Chair	

	- LD confirmed that the PCC&AC terms of reference were currently under review due to the ICB taking on responsibility for Pharmacy, Optometry and Dental. Terms of reference are being written for the new PCC&AC subgroup - Primary Care Pharmacy, Optometry and Dental Delivery Group - Members review the Committee's effectiveness at each meeting but recognised time constraints due to the number of agenda items required - Committee has developed and progressed over the year with good challenge, discussion and questions from Members - Committee recognised there was always opportunity for improvement. ACTION19: updated PCC&AC terms of reference to be shared with MER/new subgroup of the PCC&AC the Primary Care Pharmacy, Optometry and Dental Delivery Group. The Committee: - discussed the Annual Review of Committee Effectiveness report - did not propose for changes to be made to the Committee's ways of working - noted that changes were being made to the Committee terms of Reference - noted that the report would go to the Audit & Risk Assurance Committee alongside reports from other Committees to provide an overall assessment of committee effectiveness.	LD/MER
17.	**Annual Cycle of Business** Action 18 to be added to PCC&AC and Quality and Performance Committee's cycle of business.	
18.	**Communications from the meeting** The Committee did not identify any additional communications required to the ICB Board.	
19.	**Any other Business (Chair)** No other business or questions were raised.	
20.	The next meeting to be held on 15.09.23. at 1030-1230.	

Approval of Minutes:		
Name	Role	Date
Alison Borrett	Chair	03.08.23.
Primary Care Commissioning & Assurance Committee		15.09.23.

Key

Escalated	**Escalated** - items flagged RED for 3 subsequent meetings - BLACK
Outstanding	**Outstanding** - no actions made to progress OR actions made but not on track to deliver due date - RED
In Progress	**In Progress.** Outstanding - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due - BLUE
COMPLETE: Propose closure at next meeting (insert date of meeting)	**COMPLETE** - GREEN
CLOSED	Actions to be marked closed and moved to 'Closed Actions" Tab once approved for closure at meeting.

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
15	16.06.23.	Pharmacy, Optometry and Dental (POD) and Primary Care Medical Services Delegation updates and proposed stakeholder briefing	Discuss plans for engagement with the Health and Wellbeing Boards for feedback and dialogue particularly around pharmacy and dental.	Lynn Dalton / Marimba Carr		15.12.23	**Update: Marimba Carr and Lynn Dalton meet on a monthly basis. Agreed an update from the pharmacy team on closures that have taken place in the last year to agree with Health & Wellbeing Boards (HWBB) on progressing next steps in terms of pharmacy provision. Updates can be provided to HWBB on an ongoing basis as requested. Plan to provide update end of financial year.**	**In Progress**
17	16.06.23.	Pharmacy, Optometry and Dental (POD) and Primary Care Medical Services Delegation updates and proposed stakeholder briefing	ICB Contracts and Communications Teams to engage with the Working with People and Communities Committee on communications for patients and public.	Lynn Dalton		15.12.23.	**Update: LD agreed with Communications Team she will attend future meetings subject to being invited. New Target Operating Model will facilitate comprehensive integration. New chair of People Board has scheduled for primary care's attendance.**	**COMPLETE: Propose closure at next meeting (15.12.23.)**
18	16.06.23.	Primary Medical Services Budgets 2023-24	Modelling of effective system savings through using our prevention strategy be added to cycle of business for the BLMK Quality & Performance Committee and PCC&AC.	Craig Lister / Sarah Stanley	10.11.23.	15.12.23.	**Update: Following reflections from Craig Lister & Sarah Stanley there is a recommendation that this task is taken through the Quality Improvement (QI) route and supported by using Verto. It is anticipated that specific prevention interventions will be prioritised through the QI approach. Check agreement with members.**	**In Progress**

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
5. BLMK ICS Primary Care Prevention Delivery Plan

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐(please advise):			

Report Author	Craig Lister Associate Director – Primary Care Transformation-Prevention Lead
Date to which the information this report is based on was accurate	1st December 2023
Senior Responsible Owner	Nicky Poulain Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Development of this report- Craig Lister (Associate Director-Primary Care Transformation, Prevention Lead ICB); Faith Haslam (Prevention Programme Manager, ICB), Elizabeth Elliot, Marimba Carr and Megan Gingell (Public Health Consultants). An early draft of the main delivery plan, supporting documents and action plan has been shared with a wide range of stakeholders across the ICB, Public Health teams and VCSE colleagues.

This report has been presented to the following board/committee/group:
Earlier draft of the plan was presented at the BLMK Integrated Care Board executive meeting on the 8th November and at the Pharmacy, Optometry and Dental Delivery Group on 6th November 2023. It will be presented at the People Directorate SLT meeting on the 7th December. The attached draft will be reviewed at the Primary Care Medical Services Delivery Group on the 12th December.

Purpose of this report - what are members being asked to do?
The members are asked to **note** and **confirm their endorsement** of the following: A) The progress of the BLMK Primary Care Prevention Delivery plan B) The next steps for delivering this plan.

Executive Summary Report

The primary care delivery plan outlines a coordinated, ambitious approach to prevention across primary care settings, involving professionals working across the ICS who deliver, commission, or influence primary care settings. Whilst undertaking these actions will require time and effort, improving and maximising the approach to prevention across primary care settings will have a positive impact on the health and wellbeing of the BLMK population and a stronger focus on prevention should lead to a reduction in future demand on primary care settings.

1. Brief background / introduction:

The increasing prevalence of long-term conditions (LTC), increasing multi-morbidity and an ageing population is leading to an ever-increasing demand for health care services. The pressures on primary care and the wider NHS services are significant and growing. Without an ambitious, joined up approach to prevention (as outlined in the Fuller Stocktake), these services eventually risk becoming overwhelmed.

Preventative health care is cost effective and has the potential to reduce future need and demand for health care.[i] A paradigm shift to a greater focus on prevention and preventative healthcare is therefore crucial to improving the health of the whole population, reducing inequalities across BLMK, and helping to secure the health and social care services we value and rely on.

Frontline professionals working in primary care settings are in a unique position to highlight, influence and support people towards healthier behaviours. In addition, frontline professionals play a key role at identifying conditions at an early stage and supporting the ongoing management of LTCs, in line with evidence-based guidance.

This delivery plan takes stock of the current preventative work occurring across primary care settings and outlines general priorities that apply to prevention. It also highlights where the gaps are and how to maximise the value and effectiveness of prevention work by greater co-ordination and collaboration across the ICS.

2. Summary of key points:

2.1 This delivery plan articulates a commitment across BLMK ICS to have a far greater focus on prevention across primary care settings, allocating resources to pro-actively support the prevention agenda.

2.2 Delivering this plan will require organisations across the ICS to be collaborative, through strong partnership working.

2.3 This plan stipulates that the greatest effort and focus is on those most likely to experience health inequalities e.g., people living in the most deprived areas, people from ethnically diverse

communities, LGBTQ+. Population Health Management (PHM) techniques will be used to target our preventative work across the ICS.

2.4 Across the ICS we need to recognise the potential across all primary care settings (GPs, community pharmacies, dentistry and optometry) to deliver more preventative healthcare. This will include signposting or making referrals into preventative services, identification of undiagnosed long-term conditions, their role in better management of LTCs via monitoring and structured medicines reviews and earlier initiation of therapies where appropriate.

2.5 Key actions for each organisation (General Practices, Pharmacies, ICB, Local Authority and wider ICS settings) are highlighted within the plan. Key messages include:

2.5.1 Have more, brief, focused and high-quality conversations with people about the importance of healthy behaviours in preventing future illness

2.5.2 More referrals into preventative services

2.5.3 More proactive management of diagnosed long-term conditions, following evidence-based care processes. In particular, improvement management of people with hypertension and care processes for people with diabetes.

2.6 We need to strengthen our support to the Voluntary, Community and Social Enterprise (VCSE) sector across BLMK to support the shift towards greater prevention and self-care.

3. Are there any options?

No.

4. Key Risks and Issues

A key risk to the delivery of this plan is the challenge of the ongoing acute pressures across primary care settings and therefore their capacity to deliver prevention activities. Mitigation measures include encouraging the re-direction of resource and capacity into more prevention work to reduce future workload. Another mitigation measure includes making the referral process into preventative services more streamlined and efficient. Another risk is the lack of ring-fenced funding for prevention activities.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

5. Are there any financial implications or other resourcing implications, including workforce?

6. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

The plan recognises environmental sustainability as a core theme that runs throughout and links into the BLMK ICS Green Plan and the Green Plan Health Impact Assessment. By preventing illness, we can reduce the need for healthcare services, which are typically environmentally damaging, with high emissions and high waste.

The plan highlights the importance of medicines optimisation, including an aim to reduce medicines waste, reduce polypharmacy and using medications with reduced environmental impacts (e.g., propellant inhalers).

7. How will / does this work help to address inequalities?

Reducing health inequalities is a key priority of this delivery plan. The plan recognises the existing health inequalities that are present, including inequalities in access into preventative and primary care services, quality of life and health outcomes. The plan articulates a clear priority to have the greatest effort and focus on those most likely to experience health inequalities e.g., people living in the most deprived areas, people from ethnically diverse communities, LGBTQ+. Population Health Management (PHM) techniques will be used to target our preventative work across the ICS. These techniques can help to identify groups of people who have a higher prevalence of risk factors for long-term conditions (LTCs), who are less likely to attend vaccination and screening offers that they are eligible for, less likely to attend other preventative services (e.g., weight management, stop smoking and drug and alcohol services) or where LTCs are less well managed. We can then target interventions to support these groups and reduce health inequalities in access and outcomes. This will require partnership working across the ICB, primary care settings and LA public health.

8. Next steps:

- The delivery plan was circulated for feedback to a wide range of stakeholders in November. This latest draft will be amended based on this feedback and finalised early January 2024.
- It will then be presented to the Primary Care Medical Services Delivery Group on the 9th January 2024 for final sign off.
- An inaugural BLMK Prevention Group will be established which will report into the Medical Services Delivery Group. Oversight will be provided by the relevant ICS Health Inequalities and Prevention governance structures as they develop.
- It is intended that the action plan will be iterative and will be brought to the four place boards to shape and prioritise actions.
- Promotion of the plan across 2024 through attendance at PLTs, clinical director meetings, Local Authority opportunities and VCSE events.
- Development of one or more population facing one side infographics.

9. Appendices

Appendix A Draft BLMK Primary Care Prevention Delivery Plan.

10. Background reading

Main document- Draft BLMK Primary Care Prevention Delivery Plan.

[i] [i] Secondary prevention: reducing disparities and improving life expectancy. NHS England [cited August 2023). Available from: https://www.england.nhs.uk/our-work/prevention/secondary-prevention/

A Delivery Plan for Prevention in Primary Care Settings across BLMK

An ambitious and joined up approach to prevention.
Fuller Programme - Integrated Neighbourhood Working

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Contents

Key messages

- This delivery plan articulates a commitment from across the BLMK ICS to have a far greater focus on prevention across primary care settings, allocating resources to pro-actively support the prevention agenda.
- Delivering this plan will require organisations across the ICS to be more collaborative, with strong partnership working.
- This plan stipulates that the greatest effort and focus is on those most likely to experience health inequalities e.g., people living in the most deprived areas, people from ethnically diverse communities, LGBTQ+. Population Health Management (PHM) techniques will be used to target our preventative work across the ICS. These techniques can help to identify groups of people who have a higher prevalence of risk factors for LTCs, who are less likely to attend vaccination and screening offers that they are eligible for, or where LTCs are less well managed. We can then target interventions to support these groups and reduce health inequalities in access and outcomes.
- Across primary care, we need to recognise the great potential within Community Pharmacies (particularly the Health Living Pharmacies), as well as dentistry and optometry to deliver more preventative healthcare, including in signposting or making referrals into preventative services, identification of undiagnosed long-term conditions, their role in better management of LTCs via monitoring and structured medicines reviews and earlier initiation of therapies where appropriate.
- A principle thread throughout this plan is how prominent, consistent action from primary care professionals, supporting people to (re)introduce physical activity in their day-to-day lives, with an additional emphasis on enhancing social interaction, will have significant benefits across many of the common health challenges we face (ref). The good news is that the greatest benefits and lowest risks come from when people move from sedentary to a moderate level of activity.
- We need to strengthen our support to the Voluntary, Community and Social Enterprise (VCSE) sector across BLMK to support the shift towards greater prevention and self-care.

For General Practice settings

- Have more brief, focused and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- More referrals into preventative services (e.g., stop smoking, weight management, drugs and alcohol), either making the referrals or signposting as appropriate.
- More proactive management of diagnosed long-term conditions, following evidence-based care processes and pathways.
- Improved management of people with hypertension and care processes for people with diabetes (particularly completing urine albumin creatine ratio).
- Offer more fitting of more LARC devices in primary care settings and smoking cessation services in-house.

For pharmacies

- Have more brief, focused, and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- Increased awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Offer case finding for hypertension within pharmacy settings to support with improved identification and recording of hypertension and monitoring of blood pressure.

For dentistry

- Have more brief, focused, and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- Increased awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Further discussion with LDC to agree additional interventions.

For optometry

- Have more brief, focused, and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- Increased awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Further discussion with LOC to agree additional interventions.

For BLMK ICB

- Develop and share the Better Health branding toolkit within our system wide approach to prevention.
- Create opportunities to support the work of the Voluntary, Community and Social Enterprise (VCSE) sector working within the system.
- Strengthen the relationships with the newly delegated pharmacy, optometry and dental services based within the ICB.
- Support primary care services with proactive management of long-term conditions, using population health management techniques, to identify improvement opportunities and inequalities.
- Increase the delivery of annual health checks to our eligible SMI and LD population. Continue to support primary care services to understand their cohorts living with an SMI and/or learning disability and identify which people require their annual Physical Health Checks.

For Local Authority Public Health

- Work with commissioned providers to design and deliver tailored education, training, and support for healthcare professionals across primary care settings to increase the engagement with, and referrals into, preventative services.
- Work with PH preventative services and primary care to streamline the referral process into these services where possible.
- Work with individual practices to ensure targeted uptake and delivery of NHS health checks to increase the uptake in our eligible population. Develop innovative, opportunistic approaches to promoting the NHS Health Check service and use PHM methodology to ensure that all population groups have equal access to NHS Health Checks. Maximise onward referrals into preventative services.
- Consider options for outreach to improve access for those who currently find it challenging to access the NHS Health Check.
- Support primary care services with proactive management of long-term conditions, using PHM techniques, to identify improvement opportunities and inequalities.

For other organisations across BLMK ICS

- Work with communities to develop meaningful relationships, especially with those communities that the NHS has traditionally struggled to engage with.
- Deliver services and projects that support individual health needs.
- Have confidence in commencing conversations with people about the importance of healthy behaviours in preventing future illness. Deliver culturally competent communication to raise awareness of health promotion and preventative services.
- Increase awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Utilise social prescribing to connect people to interventions provided by the VCSE such as befriending services, practical information including benefits and financial advice, community activities, arts, and culture, and those that take place in nature.

Introduction

Foreword

Many people across Bedfordshire, Luton and Milton Keynes (BLMK) spend many years in poor health, with people living with more complex illnesses for longer. The increasing prevalence of long-term conditions (LTC), increasing multi-morbidity and an ageing population is leading to an ever-increasing demand for health care services.

The pressures on primary care and the wider NHS services are significant and growing. Without an ambitious, joined up approach to prevention, these services eventually risk becoming overwhelmed. Preventative health care is cost effective and has the potential to reduce future need and demand for health care.[i,ii] A shift to a greater focus on prevention and preventative healthcare is therefore crucial to improving the health of the whole population, reducing inequalities across BLMK, and helping to secure the health and social care services we value and rely on.

We know that good or bad health is not simply the result of individual behaviours, genetics, and medical care. Housing, education, work arrangements, access to and affordability of good quality food, air quality and social connections all have a significant impact on our health and wellbeing as shown in Figure 1. Whilst recognising this, we want to empower people to look after and improve their own health and wellbeing. Each of us has a responsibility to look after our own health and wellbeing so far as we can, taking responsibility for that which we can influence. This is not easy, and it is harder for those with lower household wealth or with other challenges, so this plan takes a proportionate universalism approach, underpinned by population health management techniques. This is the resourcing and delivery of universal services at a scale and intensity proportionate to the degree of need, directed intelligently using population wide datasets.

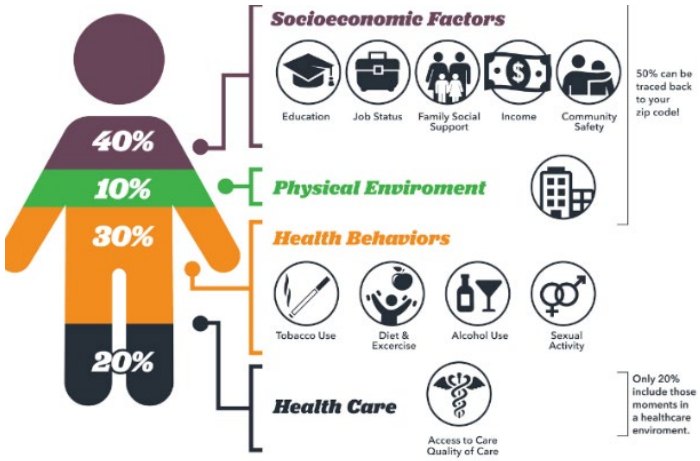


Figure 1: Determinants of health.

Frontline professionals working in primary care settings are in a unique position to highlight, influence and support people towards healthier behaviours.[iii] In addition, frontline professionals play a key role at

identifying conditions at an early stage and supporting the ongoing management LTCs, in line with evidence-based guidance.

This prevention plan articulates a commitment for a far greater focus on the prevention agenda across primary care settings.

Recognising the different determinants of health, this delivery plan has been developed with colleagues from across the Integrated Care System (ICS) including pharmacy, Public Health, the Voluntary, Community and Social Enterprise (VCSE) sector and through wider consultation.

Craig Lister
Associate Director of Primary Care and Prevention
Bedfordshire, Luton, and Milton Keynes
Integrated Care Board

Aims

This delivery plan outlines an **ambitious and joined up approach** to prevention within primary care settings across the BLMK footprint, as part of the Fuller neighbourhood programme of work.

There is a significant amount of work being done on prevention across different primary care settings and across different organisations. This delivery plan takes stock of the current preventative work occurring across primary care settings and outlines general priorities that apply to prevention. It also highlights where the gaps are and how to maximise the value and effectiveness of prevention work by greater co-ordination and collaboration across the ICS.

These documents are aimed at key professional partners across the ICS who deliver, commission, or influence primary care services, and allied services that support prevention in primary care settings.

Scope

This delivery plan focuses on **primary, secondary, and tertiary prevention** within **primary care** settings across BLMK. Primary care settings include general practices, community pharmacies, NHS dental practices and optometry practices.

NHS England delegated the commissioning of pharmacy, optometry and dental (POD) services to the ICB in April 2023. The focus in year one (2023/24) will be to stabilise existing contracts, with further work in 2024/25 and 2025/26 to improve access to POD services including targeting inequalities in access, experience, and outcomes. The focus of this delivery plan will therefore focus primarily on GP practices and pharmacies initially with the view to embed more prevention work in optometry and dental settings in future. A task and finish group has been established to progress prevention discussions in POD services.

Prevention in secondary care is not within scope of this delivery plan, but it does take into consideration the interface between primary and secondary care services and NHS community services (e.g., ELFT, CNWL, CCS).

Whilst this delivery plan intends to improve access to primary care in the longer term by reducing the demand for primary care services through prevention, other work is being completed across the ICS to address access to primary care more broadly which is not outlined in detail in this

prevention delivery plan. For more information on this work, please contact Craig Lister (Craig.lister4@nhs.net) or Faith Haslam (Faith.haslam2@nhs.net).

We have not focused in detail on many of the traditional 'wider determinants' of health. These are workstreams that are being focused on elsewhere in the system and across the ICS. Please see links to related strategies and plans in the Appendix. This delivery plan focuses on specific actions that can be carried out within primary care settings and those that are under the control or gift of colleagues working in these settings to strongly influence.

Context

The importance of prevention within primary care settings is becoming more recognised than ever within national healthcare policy- for example Green Paper on Prevention (2019) and CORE20Plus5. [iv,v,vi] Our work within the BLMK system is shaped by progression within NHS programmes, focused upon proactive, preventative, and outcome-focused career.

The NHS Long Term Plan has a strong focus on the treatment and prevention of illness by supporting people to adopt improved healthy behaviours. We are taking forward the specific commitments set out in the NHS Long Term Plan whilst supporting the NHS to drive a consistent focus on prevention across all services. This is an exciting and significant challenge.

The 'Next Steps for Integrating Primary Care: Fuller Stocktake Report' has provided the mandate for BLMK to develop a detailed vision for integrating primary care, improving access, and improving the experience and outcomes for our residents. Delivering effective primary care services requires close working between partners across health and care, including (not exhaustive) Public Health, Local Authorities, community, and mental health services, acute hospitals, and the voluntary sector. In BLMK, we see this being achieved through an operating model that draws inspiration from the Fuller Stocktake Report for Integrated Primary Care. In essence this means our work to transform primary care will be anchored firmly at "place" with Primary Care Networks (PCNs) and stakeholders owning and driving the plans.

There is strong emphasis at all levels for ICSs to utilise place partnerships, integrated neighbourhood teams and provider collaboratives to improve both allocative and technical efficiency.

Current health of our population

BLMK ICS footprint

The resident populations of Bedford Borough, Central Bedfordshire, Milton Keynes, Luton, and part of Buckinghamshire, are within the geographic BLMK ICS footprint. The Joint Strategic Needs Assessment for Bedford Borough, Central Bedfordshire and Milton Keynes can be found here: https://bmkjsna.org/.,Luton can be found here: https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/jsna-overview-health-social-care-needs-2022.pdf and for Buckinghamshire can be found here: https://www.buckinghamshire.gov.uk/health-wellbeing-and-sports/joint-strategic-needs-assessment. If you are viewing this as a hard copy, you can access the Joint Strategic Needs Assessment (JSNA) for each Place by going onto the relevant Local Authority website.

Current picture across BLMK ICS

Note: infographic in development - this will use information in the JSNA and long-term conditions health needs assessment to outline the prevalence of health behaviours, risk factors and prevalence of LTCs across BLMK. Population projections and future demand modelling being performed as part of the health services strategy which will consider the scale of potential mitigation through preventative interventions (e.g., if health need is **reduced** because of reasonably effective preventative interventions). Will update health inequalities infographic below if possible.

For more information, please see the supporting document.

Health Inequalities BLMK

Hospital Activity

In 2020/21, the number of **unplanned admissions** per 1,000 patients was **1.4 x higher** in the most deprived areas than the least deprived.

A&E attendances were **1.4 x higher** in the most deprived areas, compared with the least deprived areas.

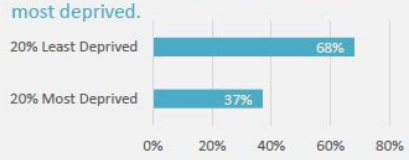
Diet

In 2021/22, **46 in 100 year 6 children were overweight or very overweight** in the 20% most deprived areas, compared to just over **31 in 100** in the 20% least deprived areas.*

In 2020/21, approximately **66 in 100 adults** across BLMK were **overweight or obese**.

Cancer Screening

In 2020/21, the percentage of **50-70 year olds screened for breast cancer within 6 months of invitation** was just over **1.8 x** higher in the least deprived areas than the most deprived.



Smoking and Alcohol

In 2021/22 **54 in 100** people **successfully quit smoking after 4 weeks** in the 20% least deprived areas, compared with just over **46 in 100** people in the 20% most deprived areas.*

In 2016/17 – 20/21, the **hospital admissions rate for alcohol attributable conditions** in the most deprived area was over **2.3 x higher** than that in the least deprived.

Mental Health & Wellbeing

In 2016/17 - 2020/21, rates of **self-harm admissions** in the most deprived area were over **3 x higher** than the least deprived.

Premature Mortality

In 2016-20, **preventable mortality** in the most deprived area was **3.6 x** that in the least deprived.

Under 75 circulatory disease mortality was **7.3 x more** in the most deprived area than the least deprived in 2016-20.

Under 75 cancer mortality in the most deprived area was **double** that of the least deprived in 2016-20.

Life Expectancies & General Health

The **life expectancy at birth** inequality gap in 2018-20 ranged from **8.9 years** in Bedford Borough and **5 years** in Central Bedfordshire for males and from and **7.8 years** in Bedford Borough to **5.9 years** in Central Bedfordshire for females.

The **life expectancy at 65 years** inequality gap in 2018-20 ranged from **6.4 years** in Bedford Borough to **3.9 years** in Central Bedfordshire for males and **6.1** years in Bedford Borough to **3.5 years** in Central Bedfordshire for females.

Major Diseases & Health Checks

The rate of **COPD admissions** in the most deprived area was **over 3.5 x higher** than that of the least deprived area.

In 2021/22, **46 in 100 health checks were completed of those offered** in the 20% least deprived areas, compared with just under **35 in 100** in the 20% most deprived areas.*

*** Data does not include Luton**

Overall goal and priorities for preventative work

Overall goals

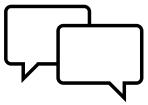
- Decrease or halt the increase in the prevalence of LTCs.
- Improve quality of life for our residents.
- Decrease health inequalities.

Reduce the variation in our population including in:

- Risk factors for long-term conditions e.g., smoking rates, physical inactivity, excess weight.
- Access to preventative and primary care services.
- Uptake of screening and immunisation offers.
- Management and outcomes of long-term conditions

Cross cutting themes and enablers – see page below.

Place boards will be used as a forum to shape key priorities at place and prioritise items on the action plan.



More conversations with people about the importance of healthy behaviours in preventing future illness.

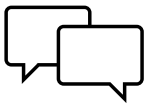
More referrals into preventive services e.g., stop smoking, weight management and drug and alcohol services.

More people attending the vaccination programmes they are eligible for and reduce the variation in uptake across our population.

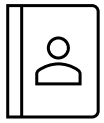
Better access to contraceptive services including more LARC fittings offered within primary care.

Ensuring health inclusion groups are registered with primary care.

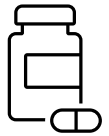
Further work being discussed to add pre-conception component.



Promote social prescribing to support wider determinants of health.



More people attending the screening programmes that they are eligible for and reduced variation in uptake.



Medicines optimisation and a reduction in waste. Reduce polypharmacy.
Regular medication reviews.

Increase delivery and uptake of NHS Health Checks and annual LD/SMI health checks. Appropriate follow up and treatment/management of any LTC or risk factor identified.

Earlier identification of risk factors for, and/or the presence of LTCs. In particular, improved recording of blood pressure monitoring within primary care settings.

Enhanced management of LTCs. In particular- improving hypertension management; improving diagnostic capacity for common chronic respiratory conditions; improved evidence-based management of diabetes.

Further improve completion of care processes for LTCs (e.g., diabetes care processes), stroke rehabilitation and transformation of heart failure pathways.

Cross cutting themes and enablers

Population health management and reducing health inequalities	Social prescribers	Self-care	Enabling the VCSE sector	Enivronmental sustainability
•Data-driven approach to intelligently tailor and direct interventions for residents and patients to maximise efficiency and outcomes. •This can support a proportionate universalism approach, where universal services are resourced and delivered at a scale and intensity proportionate to the degree of need – a key method for addressing health inequalities. •Use PHM principles (including segmentation and risk stratification tools) to target preventative work- identify a group of people (cohort) with shared characteristics who could benefit from more proactive or joined-up preventative support and then co-produce an intervention or support to meet their needs. Test interventions, measure their impact and then act on the learning.	•Social prescribers are already connecting people to interventions provided by the VCSE sector such as befriending services, practical information including benefits and financial advice, community activities, arts, and culture, and those that take place in nature can alleviate issues relating to loneliness, stress, mild to moderate depression, and anxiety. Improvements in mental health and wellbeing, confidence and community knowledge have been reported in people attending social prescribing programmes.	•Self-care is about people keeping fit and healthy, understanding when they can look after themselves, when a pharmacist can help, and when to get advice from your GP or anothe health professional. •For those living with a long-term condition, self-care is about understanding that condition and how to live with it. However, some people might require additional support with self-care and management of their long-term condition. Social prescribing and VCSEs, as outlined above, could provide some of this additional support.	•The Voluntary, Community and Social Enterprise (VCSE) sector in BLMK is essential to supporting a greater shift towards prevention and self-care. • Our population is growing rapidly and tackling the growth in demand and complexity is only possible if we work together in partnership with our colleagues in the VCSE. •There are estimated to be 4000 such organisations in BLMK, bringing diverse expertise, insight, and a range of services to the area.	•By preventing illness, we can reduce the need for healthcare services – which are typically environmentally damaging, with high emissions and high waste. The BLMK ICS Green Plan (2022-2025) and associated Health Impact Assessment provide further information on this topic. •It is noteworthy that those living in the most socioeconomically deprived areas tend to be those most at risk of the impacts of climate change, therefore promoting environmental sustainability will naturally support a reduction in health inequalities (ref)

QI, research, personalisation, harnessing the power of our communities, social contracts and patient activation will be added as enablers.

How are we going to do this?

Detailed actions for how the ICS can more strongly embed these prevention priorities are outlined in a live action plan. For each of the key areas of focus, this specifies the actions, the relevant organisations that need to be involved, timescales and progress measures. Please email Craig.lister4@nhs.net for an up-to-date copy of the action plan. Key actions are highlighted below.

General Practice settings

Health improvement and promoting preventative services	• Be aware of, and promote, free local and national resources that support healthy behaviours and are available to everyone. For example: Better Health, Every Mind Matters, Couch to 5k. • Have more conversations with people about the importance of healthy behaviours in preventing future illness using MECC principles (e.g., stop smoking, weight management, recommended alcohol limits, harms of UV exposure and staying safe in sun). There will be local training offers from Public Health to support this. • Encourage and support referrals into preventative services, such as smoking cessation support (the Stop Smoking service, Total Wellbeing Luton), exercise on prescription, Tier 2 weight management programmes (MoreLife, Total Wellbeing Luton, NHS Diabetes Prevention Programme, NHS Digital Weight Management Programme); Drugs and Alcohol services (Path 2 Recovery (P2R), Addiction Recovery Community (Arc) Milton Keynes, SAMAS and ResoLUTiONs). This includes making referrals or signposting people to complete a self-referral where appropriate. There will be local training offers from PH to support this. There are Enhanced Service payments available for referral into Tier 2 weight management services. • Particularly target and support cohorts of the population who have a higher prevalence of the modifiable risk factors, using proactive practice level data and population health management techniques to support this. To achieve this, have better monitoring and completion of records which are maintained and as up-to-date as possible e.g., opportunistic BP and BMI measurements. • Increase access to contraception services, particularly to long-acting reversible contraception devices through increased fitting of LARC devices in primary care settings. Increase access to post-natal contraception. Encourage self-care around testing for STIs and protected sexual intercourse, sign-posting people to the local service website (iCASH) • Actively advertise information on the mental health support available, particularly crisis provision and signpost to local services/resources (MH Directory BLMK). • Ensure that health inclusion groups are registered with primary care e.g., people who are rough sleeping, statutory homeless or from the Gypsy, Roma, Traveler community. • Priorities on pre-conception care (healthy mothers, healthy pregnancy) and falls/frailty prevention priorities to be added

Immunisations, cancer screening and non-cancer screening	• Build on current work to promote vaccinations and screening. • Have a strong focus on targeting populations traditionally harder to reach and those at risk, including those who are under-vaccinated or do not attend screening in your practice. Use a population health management approach to identify and target these groups of people, with proactive follow up with these cohorts.
NHS Health Checks and annual LD and SMI health checks	• Targeted work to increase the uptake of NHS Health Checks for eligible population and annual health checks for people with SMI and LD. Use PHM techniques to target communications, engagement and outreach events to increase uptake in populations where we know uptake is low. • Maximise opportunities from these health checks to refer onwards to preventative support if applicable and for onwards management of LTCs. Management of abnormal blood pressure, lipids, and blood glucose results as per local pathways. • Work with the ICB and LA Public Health to reduce the inequalities in uptake of health checks across our population.
Early identification of, and evidence-based management, of LTCs	**Earlier identification:** • Earlier diagnosis of LTCs such as respiratory conditions (asthma, chronic obstructive pulmonary disease [COPD]), cardiovascular disease (including hypertension and atrial fibrillation) and Type 1 and Type 2 Diabetes management; mental health support and onwards referrals to secondary care and community services as applicable. Focused work supported by the ICB and LA Public Health to improve blood pressure monitoring and recording. • Earlier identification of risk factors that may make people more likely to experience mental health difficulties, as outlined in the supporting document. Earlier intervention and support for people experiencing mental health difficulties, including referral into NHS Talking Therapies Increased awareness of, and identification of people who are in crisis and/or experiencing suicidal ideation. Referrals for crisis support including crisis cafes. • Increased testing for sexually transmitted infections and referral to sexual health services if required, for treatment, contact tracing and specialist support. Increased awareness of clinical indications to test for HIV (e.g., shingles), earlier testing for HIV within GP settings and, if applicable, referral into specialist HIV services for support and treatment. HIV testing for individuals at higher risk e.g., new registrants. • Earlier identification of drug and alcohol harms (using tools such as AUDIT-C); more recognition of risk factors that might make a patient more likely to misuse drugs and alcohol or where they might be used as a coping mechanism e.g., when someone has experience trauma or mental health difficulties. Acknowledging that treatment is not just substitute prescribing, refer to drugs and alcohol services for specialist support, including psycho-social interventions. • Targeted work to support with Drugs and Alcohol secondary and tertiary prevention as per supporting document and action plan. **LTC management:** • Ensuring that local pathways for LTC management are being followed and optimised, in line with NHS England Secondary Prevention guidelines on high impact interventions- working with BLMK ICB and LA Public Health to do:

	• Focused work on cardiovascular disease, improve hypertension management (adopting the revised local BLMK hypertension pathway) and lipid optimisation for secondary prevention of CVD. Follow heart failure pathways, including rapid initiation/up titration of key evidence-based therapies. • Focused work on respiratory disease, including increasing spirometry recording in people with asthma/COPD diagnosis, supporting the management of asthma in people with highest risk of exacerbations, admissions and poor outcomes and having an asthma plan for children. • Greater adoption of inhaled therapies for managing common respiratory conditions with reduced environmental impact – for example increasing uptake of propellant free short acting B agonist inhalers (SABAs) and better disease control through inhaled corticosteroids. • Further improve the completion of all 8 care processes for diabetes management, particularly focusing on improving completion of urine albumin-creatine ratio. Improved evidence-based management of diabetes as per supporting document. • Focused work to improve glycaemic management, CV risk reduction and adequate planning for pregnancy in people with young onset type 2 diabetes. • Use a population health management approach to identify cohorts with suboptimal management of their LTC for proactive follow up. For example, where diabetes care processes not being met e.g., urine albumin-creatine ratio, hypertensive people with BP outside target range. Greatest effort on those mostly likely to experience health inequalities e.g., people from ethnically diverse communities, LGBTQ+, people living in the most deprived areas. • Earlier identification of when a patient needs more comprehensive mental health support, with pro-active referrals into mental health community services if appropriate (ELFT, CNWL) and then onward referral into inpatient services if it is required. • Regular medication reviews, including reviews into whether preventative or secondary care services are required. For example, performing regular reviews for people who are taking anti-depressants to assess whether psychology support is required or support from other services e.g., drugs and alcohol services, support from social prescribing. • Take a compassionate community type approach to end-of-life care and prevent unnecessary suffering e.g., through preventing pressure sores.
Medicines optimisation	• Optimise medications such as inhalers and a reduction in medicines waste. As per section above, use medications with reduced environmental impacts (e.g., propellant SABAs). • Reduce polypharmacy through regular medicines reviews. • Support service users with Medicines Concordance- support and education to service users so that they better understand their medical condition, the treatment options and so that they actively participate in shared decision making. • Further work with medicines optimisation team to be completed

Wider determinants of health and social prescribing	• Recognise where the wider determinants of health are having a current or could have a future impact on people's physical and mental health and health behaviours. Either signpost or refer into sources of support e.g., Citizens Advice Bureau where applicable and work with PCN and practice social prescribers to support registered population. For example, where the cost of living, relationship breakdowns, social isolation, might increase a patient's risk of suicide or use of drugs and alcohol, refer to appropriate support. This principle is also applicable to the secondary and tertiary prevention principles where these wider determinants might already be having a detrimental impact on their mental and physical wellbeing. • Where possible, proactively identify people who might benefit from social prescribing support or other sources of support using data and intelligence about resident population.

Pharmacies

Health improvement and promoting preventative services	• Be aware of, and promote, free local and national resources that support healthy behaviours and are available to all people/the public. For example: Better Health, Every Mind Matters, Couch to 5k. • Have more, focused and high-quality conversations with people about the importance of healthy behaviours in preventing future illness using MECC principles (e.g., stop smoking, weight management, recommended alcohol limits, harms of UV exposure and staying safe in sun). There will be local training offers from PH to support this. • Signpost people into preventative services where it is appropriate, such as smoking cessation support (Stop Smoking service, Total Wellbeing Luton), exercise on prescription, Tier 2 weight management programmes (MoreLife, Total Wellbeing Luton, NHS Diabetes Prevention Programme, NHS Digital Weight Management Programme); Drugs and Alcohol services (Path 2 Recovery (P2R), , SAMAS, Addiction Recovery Community (Arc) Milton Keynes and ResoLUTiONs) and signpost to sexual health services (iCASH). There will be local training offers from PH to support this. • For those pharmacies who have signed up to the PH Enhanced Service (PHES), continue to offer emergency hormonal contraception for all age groups and increase the number of pharmacies signed up to the PHES to improve community access. Increase testing for Chlamydia within the community and refer onto specialist sexual health services where applicable. • Continue to develop the role of Healthy Living Pharmacies, ensuring that the pharmacy team are informed and aware of all services offered by their service. These teams are well placed to offer advice and support to patients effectively with accurate signposting and referral when the need arises. • Priorities on pre-conception care (healthy mothers' healthy pregnancy) to be added in discussion with Dr Chakrabarti
Immunisations	• Continue to promote vaccinations, having a strong focus on targeting populations traditionally harder to reach and those at risk, including those who are under-vaccinated.

NHS Health Checks	• Work with ICB and primary care colleagues to maximise opportunities from the NHS Health Checks to identify and manage LTCs, including clinical management and onward referrals to preventative services.
Early identification of, and evidence-based management, of LTCs	• Continue to work with the ICB and Local Authority Public Health to understand the great potential that Community Pharmacy has for the early identification and management of LTCs and strengthen this prevention work. For example: - Identification of undiagnosed diabetes. - Management of LTCs via structured regular medicines reviews for patients with patients with CVD, Hypertension, AF, Heart Failure, Asthma, COPD and diabetes. • Focused work, with the support of the ICB and Public Health, to support with improved identification of hypertension via community case finding and onward monitoring and management. • Continue pilot work (with ICB) looking at earlier initiation of therapy e.g., treatment of hypertension confirmed by ambulatory blood pressure monitoring.
Medicines optimisation	• Consider non-pharmacological treatments either instead of medicines or alongside medicines as an equally beneficial treatment. Many long terms conditions – such as chronic pain, diabetes, cardiovascular and respiratory conditions benefit from a holistic approach from the clinician and shared decision making with the patient as to what can help them manage their condition. • Support service users with Medicines Concordance- support and education to service users so that they better understand their medical condition, the treatment options and so that they actively participate in shared decision making. • Further work with medicines optimisation team to be completed

BLMK ICB

Health improvement and promoting preventative services	• Lead on the development of MiDoS, a professional and a public facing directory which covers organisations supporting primary and secondary prevention. • Develop the Better Health branding toolkit within our system wide approach to prevention. • Deliver the Treating Tobacco Dependency programme to pregnant women and their partners, with a new smokefree pregnancy pathway including focused sessions and treatments. • Ensure that all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. • Priorities on pre-conception care (healthy mothers' healthy pregnancy) to be added in discussion with Dr Chakrabarti • Frailty/falls prevention priority being developed

Immunisations, cancer screening and non-cancer screening	• Work across the ICS system to increase the number of people across BLMK taking up the offers for all immunisation and screening programmes (cancer and non-cancer screening) that they are eligible for. Continue to use a community engagement approach. Expand on innovation and risk stratification within the system. • Maximise the offer and take up in primary care for all age immunisations including COVID vaccinations and delivery of the annual flu campaign, especially in the 'at risk' and typically under-represented groups. • Assess the variation across PCN populations of screening and immunisation uptake to allow targeted promotion. • Continue ongoing work on cancer prevention, including earlier diagnosis, supporting timely presentation (awareness raising to people and health providers), risk stratification. • Case finding by proactive clinical systems searches and using a Population Health Management approach including segmentation and risk stratification tools
LD and SMI health checks	• Work with primary care settings (and other settings e.g., Housing Associations) to increase the delivery of annual health checks to our eligible SMI and LD population. Continue to support primary care services to understand their SMI cohorts and identify which people require Physical Health Checks. • Promote our enhanced and outreach Physical Health Check services throughout the system to increase referrals and uptake. • Collaborate with VCSE sector colleagues to raise awareness of SMI Physical Health Checks through their networks and contacts in the community, with specific focus in communities where uptake is low. Continue to prioritise the promotion of Learning Disability Annual Health Checks through collaborative work with primary care, health facilitation, NHS trust and local authority partners. • Explore opportunities to deliver Learning Disability Annual Health Checks and SMI Annual Health Checks simultaneously for those with a dual diagnosis.
Early identification of, and evidence-based management, of LTCs	• Undertake focused work with Primary Care and LA Public Health on the secondary and tertiary prevention of cardiovascular, diabetes and respiratory disease as highlighted in the General Practice table. • Case finding (e.g., undiagnosed hypertension, undiagnosed diabetes), by proactive clinical systems searches and using a Population Health Management approach including segmentation and risk stratification tools. • Support primary care to use a population health management approach to identify cohorts with suboptimal management of their LTC for proactive follow up. Address unwarranted variation in the prevalence of primary CVD risk factors and management of LTCs and preventable hospital admissions to inform targeted secondary prevention activity. • Explore digital support offers to lead to improved self-management of hypertension. • Develop process for data flow from Sisu machine to GP to enable appropriate follow up of people with potential hypertension (LB).
Medicines optimisation	• Build on government recommendations to develop integrated templates that support referrals for culturally competent, evidence-based alternatives to a medicine (including physiotherapy, talking therapies, local social prescribing options) which support Shared Decision Making and which can be adapted for local use.

Governance	• Have oversight of, and monitor, prevention activities and priorities for primary care settings across the ICS via BLMK Prevention Delivery Group, reporting to the BLMK Primary Care Medical Services Delivery Group. • Once this delivery plan has been finalised, work with the ICB place leads and Public Health teams to localise the action plan to each place. • Continue strategic conversations regarding the role and opportunities of prevention within primary care settings, linking with ICB clinical strategic leads, PCN Clinical Directors, Strategic Long-Term Conditions ICB lead, pharmacy leads, Local Pharmacy Committee.
Wider determinants	• Continue leading collaborative work across the ICS to consider how the NHS supports wider social and economic development, including environmental sustainability to promote health and wellbeing and with a strong focus on prevention. Continue working with partners to maximise the value of our Anchor organisations to improve the wider determinants of health e.g., employment, income, education, wellness promotion, occupational health, nature, built environment.

Local Authority Public Health

Health improvement and promoting preventative services	• Design and deliver tailored education, training, and support for healthcare professionals across primary care settings to increase the engagement with, and referrals into, preventative services such as weight management services, smoking cessation, drugs, and alcohol services. Target training for those practices with highest need e.g., those with higher prevalence of risk factors, those that are in areas of higher deprivation, have lower referral rates or less complete disease registers. • Offer training on 'see the signs' suicide prevention for professionals working in primary care settings. • Review and streamline referral process from primary care settings into preventative services where possible. • Work with primary care settings to understand how primary care settings could deliver more stop smoking services in house with future funding opportunities.
Immunisations, cancer screening and non-cancer screening	• Provide data and analytical capabilities to support the ICB in their work to assess the variation across PCN populations of screening and immunisation uptake to allow targeted promotion. • Support the ICB with their work to increase the uptake of all age immunisations and screening by promoting uptake through outreach and engaging with community partners, focusing on groups with the lowest uptake.
NHS Health Checks	• Work with individual practices to ensure targeted uptake and delivery of NHS health checks to increase the uptake in our eligible population. Develop innovative, opportunistic approaches to promoting the NHS Health Check service, building on the Making Every Contact Count approach.

	• Use population health management methodology to ensure that all population groups have equal access to NHS Health Checks. • Work with ICB and primary care colleagues to maximise opportunities from the NHS Health Checks to identify and manage LTCs, including clinical management and onward referrals to preventative services. • Consider options for outreach to improve access for those who currently find it challenging to access the NHS Health Check.
Early identification of, and evidence-based management, of LTCs	• Undertake focused work with Primary Care and ICB, focusing on the secondary and tertiary prevention of cardiovascular, diabetes and respiratory disease as highlighted in the General Practice table. • Provide data and analytical capabilities to support the ICB and primary care with addressing unwarranted variation in management of LTCs and preventable hospital admissions to inform targeted secondary prevention activity. • Support primary care to use a population health management approach to identify cohorts with suboptimal management of their LTC for proactive follow up.

Other organisations across the ICS

Health promotion and promoting preventative services	• Be aware of, and promote, free local and national resources that support healthy behaviours and are available to all people/the public. For example: Better Health, Every Mind Matters, Couch to 5k. • Be confident in commencing conversations with people about the importance of healthy behaviours in preventing future illness using MECC principles (e.g., stop smoking, weight management, recommended alcohol limits, harms of UV exposure and staying safe in sun). • Signpost people into preventative services where it is appropriate, such as smoking cessation support (Stop Smoking service, Total Wellbeing Luton), exercise on prescription, Tier 2 weight management programmes (MoreLife, Total Wellbeing Luton, NHS Diabetes Prevention Programme, NHS Digital Weight Management Programme); Drugs and Alcohol services (Path 2 Recovery (P2R), , SAMAS, Addiction Recovery Community (Arc) Milton Keynes and ResoLUTiONs) and signpost to sexual health services (iCASH). • Deliver culturally competent messaging around health promotion and preventative services to increase understanding and uptake.
Medicines optimisation	• Continue to support with certain elements of medical prevention, either by supporting the timely transfer of care around medicines, supporting shared decision making, and enabling deprescribing by offering non-medical interventions through social prescribing.

Wider determinants of health and social prescribing	• Connect people to interventions provided by the VCSE such as befriending services, practical information including benefits and financial advice, community activities, arts and culture, and those that take place in nature. • Recognise where the wider determinants of health are having a current or could have a future impact on people's physical and mental health and health behaviours. Either signpost or refer into sources of support e.g., Citizens Advice Bureau where applicable and work with PCN and practice social prescribers to support registered population. For example, where the cost of living, relationship breakdowns, social isolation, might increase a patient's risk of suicide or use of drugs and alcohol, refer to appropriate support. This principle is also applicable to the secondary and tertiary prevention principles where these wider determinants might already be having a detrimental impact on their mental and physical wellbeing.

Monitoring and evaluation

The BLMK Prevention Group (to be established) will be responsible for the operational delivery of this plan and will report to the BLMK Primary Care Medical Services Delivery Group. This work programme will be monitored by the BLMK Primary Care Commissioning and Assurance Committee using outcome measures outlined in the action plan. A process evaluation of the primary care prevention work programme will be conducted in a year.

Updates on delivery will be reported to the BLMK Health Inequalities Steering Group on a quarterly basis.

Much of the work that is already being done will report to the established board (e.g., cancer board) therefore, the purpose of the BLMK prevention group is to co-ordinate and bring a summary together to review and share learning.

Conclusion

This delivery plan outlines a coordinated ambitious approach to prevention across primary care settings, involving professionals working across the ICS who deliver, commission, or influence primary care. Whilst undertaking these actions will require time and effort, prioritising and maximising opportunities for prevention across primary care will have a positive impact on the health and wellbeing of the BLMK population. Such a focus on prevention should lead to a reduction in future demand on primary care settings.

Appendix

Related documents

Health and wellbeing strategies – available upon request

Central Bedfordshire Health and Wellbeing

Luton Health and Wellbeing Strategy 2(

Milton Keynes Health and Wellbeing Strate

Bedford Borough Joint Health and Welll

Please note that the BB and CB health and wellbeing strategies are currently being refreshed.

ICS documents – available upon request

BLMK Joint Forward Plan.pdf

BLMK Health and Care Strategy.pdf

BLMK ICS Green Plan 2022-2025.pdf

Additional BLMK ICB strategies are available here: https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-strategies/

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[iv] Advancing our health: prevention in the 2020s- consultation document. July 2019 [accessed November 2023] Available at: https://www.gov.uk/government/consultations/advancing-our-health-

[v] Core20PLUS5 – An approach to reducing health inequalities for children and young people. NHS England. Accessed November 2023. Available at https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

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NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
6. Primary Care Workforce Programme & Highlight Report

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☒	Ways of working ☒	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐(please advise):			

Report Author	Susi Clarke, Associate Director for People Transformation – Fuller Programme
Date to which the information this report is based on was accurate	01/12/23
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer

This report has been presented to the following board/committee/group:
Primary Care Delivery Group & People Board.

Purpose of this report - what are members being asked to do?
The members are asked to **note** the contents of the highlight report.

Executive Summary Report

1. Brief background / introduction:

This paper includes an update on the Primary Care Workforce Programme via the highlight report, illustrating progress against the programme's strategic workstreams which have been aligned to the three key principles of the Long-Term Workforce Plan:

1. Train - Wellbeing, Education, Training and Development
2. Retain - Recruitment, Retention, Career Development, Equality, Diversity and Inclusion
3. Reform - Leadership Development, new ways of working, integrated team working, organisational development.

In addition to a progress update, the report provides financial allocations, a RAG rating and highlights the risks or challenges for each of the projects / workstreams.

2. Summary of key points:

2.1 - Excellent progress with PCN Training Teams which will be shared at Festival of Learning (Feb 24). However, funding is non-recurrent, so long term sustainability is challenged.
2.2 – Primary Care Clinical Lead development programme underway commencing with well-attended and highly evaluated networking event (Nov 23).

3. Are there any options?

N/A

4. Key Risks and Issues

- Insufficient capacity and resource within the current team to deliver against all NHS E/I priorities, ambitions outlined in the Long-Term Workforce Plan, in addition to local priorities and need
- Uncertainty regarding future funding streams for the Training Hub infrastructure and operational plans
- PCN Training Teams were pump primed with a one-off payment from HEE. A long-term sustainable funding solution is required
- Primary Care staff workload and potential burnout impacting on ability / capacity to engage with training and development initiatives.
- Primary Care staff workload and potential burnout impacting on retention
- Estates constraints impacting ability to grow workforce, embed new ARRS roles and increase student placement capacity
- POD contract responsibility, capacity and resource to support with training & development requirements.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☐

5. Are there any financial implications or other resourcing implications, including workforce?

Uncertainty regarding future funding streams to support the programme.
65% of the Primary Care Training Hub team are on fixed term contracts due to expire in 2024.

6. How will / does this work help to address the Green Plan Commitments? Click to view Green Plan
Supporting innovative new ways of working and new models of care Embedding sustainability into workforce Green wellbeing offers e.g., Allotment project and BLMK Walking Group Digital innovation e.g., Shine Mind App and digital prescriptions via Shine Project Virtual delivery of training and development reducing travel.
7. How will / does this work help to address inequalities?
All initiatives and activities within the Primary Care Workforce Programme consider how they can address inequalities within their delivery.
8. Next steps:
9. Appendices
Appendix A – Primary Care Workforce Programme Highlight Report Appendix B – Primary Care Workforce Programme update
10. Background reading

PRIMARY CARE TRAINING HUB
Objective: Meeting the ongoing training and development needs of the primary care sector, including skills development in relation to change management and quality improvement, as well as in relation to effectively using new ways of working and models of care.

SRO	Nicky Poulain, Chief Primary Care Officer	**ICB Lead**	Susi Clarke
Initiatives	**Progress**	**Next Steps**	**Risk/Issues**
Increase ARRS roles within Primary Care	Final submission of Workforce Plans 27th October. Analysed by PCN & Place. Targeted support to PCNs with advertising, recruitment, induction & supervisory requirements. PCN Workforce Forum established to identify opportunities to collaborate, share learning and discuss challenges. Encouraging PCNs to consider alternative employment models such a virtual provision or staff based in alternative settings. Ongoing retention, training & development & team development support provided Support to PCNs employing Advanced Practitioner roles to ensure meet DES requirements	Monthly monitoring of forecast spend & recruitment Ongoing support to PCNs with advertising, recruitment, induction & supervisory requirements Monthly PCN Workforce Forum to monitor recruitment challenges & offer support	- Staff capacity to engage: there is a risk that with increased pressure on primary care, staff may not be able to be released to take up training offers, & risk to retention due to workload & potential burnout - Awareness of offers: there is a risk that with turnover of staff e.g. Practice Managers, some practices are still not aware of the Training Hub offer - Estates capacity - risk that lack of estates capacity will hinder recruitment to new ARRS roles and expansion of clinical placements - Recruitment - specific practices continue to have recruitment difficulties despite support provided - PCN Training Teams – no further funding so risk of losing capacity to continue
Increase Placement/Education capacity	PCN Training Teams continually evolving to increase student placement capacity Quality team focussed on increasing number of Educators, Supervisors & Learning Organisations	Educator, placement & Learning Organisation Expansion - ongoing increase in Educator numbers & approval of PCNs as Learning Organisations. PCN TT expanding multi-professional placements e.g. Medics PCN planning to take 50 paramedic students on rotational placements	
Digital development	Digital Student Nurse Placement programme – excellent evaluation	Scoping to extend to other professions	
PCN Support	Multi-professional leads providing peer support, mentorship & coaching Sharepoint site developed to house all resources on one platform	Festival of Learning in planning for 29th February to showcase PCN developments, share best practice & learn Promotion of Sharepoint site	

NEIGHBOURHOODS **Objective: Supporting the development of neighbourhood multi-organisational and multi-disciplinary teams.**			
SRO	Nicky Poulain, Chief Primary Care Officer	**ICB Lead**	Susi Clarke/ Catherine Jackson
Initiatives	**Progress**	**Next Steps**	**Risk/Issues**
Workforce Planning at Place/Neighbourhood Level	**Place-Based Workforce Planning**: Work has progressed in terms of further defining and tailoring deliverables towards the needs of CBC. Place-Based Workforce Planning for CBC has now been integrated into CBC's Fuller Neighbourhoods Delivery Programme – with RBK and Catherine Jackson as members of the programme team. The programme will be delivering across Leighton Buzzard (a sub-locality of Central Bedfordshire) in the first instance, where this locality will act as an early adopter/pilot both for the delivery of the Fuller objectives and of a Place-based approach to Workforce Planning. Chosen as Pilot site for NHSE funded work delivered by Skills for Care around how to better include social care in ICS work. BLMK chose Bedford place and integrated working as topic for first workshop. Well attended across all partners who scoped principles & values and agreed to steps to move work forward. Follow up work workshop will have more of a Fuller/neighbourhood 'flavour'.	Neighbourhoods agreed in Luton, Central Beds & Beds Borough. MK taking a priority focus Neighbourhood dashboard refinement to include workforce data Scoping of workforce & asset mapping at place & neighbourhood level. Current establishment, gaps & workforce plan to develop future integrated workforce Continue working with ICB IG Function, AGEM and providers to amend the Data Sharing Agreement; Conduct baseline of Leighton Buzzard healthcare and social care workforce (dependent on data access); Follow up workshop with Skills for Care to embed work started in November – Jan 24	Neighbourhoods at different stages of development Challenge re accessing complete workforce data set
Mobilisation and Movement of the Workforce	**Digital Staff Passport:** Project timeline modified to reflect change in national timeframes. Lead for new ESR system presented to T&F group as concerns were raised re linkage. National work focusses on acute trusts and their staff who need to move e.g. medics rotating for their training. Promoting being part of wave 3 to partners which is now scheduled for June/July 2024. Extending membership of the group to include medical staffing representatives in light of first area of focus	**Digital Staff Passport:** Awaiting release of DPIA and readiness survey – expected in Dec 2023 – this will support next wave of our local work **Primary Care Flexible Staff Pool** Utilisation of platform by 70% of practices, ANP and Nurses now signed up	
Team development	**Primary Care Clinical Leadership event** – 9th	**Personalised Care Conference** – 3rd conference	

Primary Care Workforce Programme

Bedfordshire, Luton and Milton Keynes Integrated Care Board

STRATEGIC WORKSTREAM	DELIVERABLE	ALLOCATION / INVESTMENT	TASK DESCRIPTION	ASSIGNED TO	STATUS OF TASK	PROGRESS/ UPDATES	PLAN START	PLAN END
TRAIN - Wellbeing, Education, Training & Development	1. Continuing Professional Development	139K	CPD Programme	Jay Willett	On Track	Plan submitted & agreed delivery commenced	01/04/23	31/03/24
		26k	Specialist CPD commissioning	Hannah Baker	On Track	Plan submitted & agreed delivery commenced	01/04/23	131/3/24
			ACP development & scoping	Jo Finney	AMBER (At Risk)	Strategy complete, identifying ACPs in Primary Care to support. Jointly working with providers to support network development	01/04/23	01/10/24
			HCA Training Programme	Hannah Baker / Kirsty Shanley	AMBER (At Risk)	Training scoped on pause due to lack of funding & capacity to deliver	01/04/23	01/04/24
	2. PCN Learning Environment Development		Student Pharmacist & Physician Associate Summer Placement Programme	Rajiv Nandha / Lydia Jacks	GREEN (On-Track)	Planning underway for 2024 programme subject to funding availability	01/04/24	01/07/24
			Learning Organisation Approval	Hannah Baker / Sadef Javed	AMBER (At Risk)	No. of LO increasing steadily, challenge with capacity within team to manage backlog from HEE	01/04/23	01/04/25
		550k	PCN Training Teams - support & evaluation	Hannah Baker / Yuliya Baker	GREEN (On-Track)	Excellent progress with project plans - challenge no sustainable funding. PCN will share learning & development at Feb Festival of Learning	01/04/23	01/04/24
	3. Student Education, Supervision & Placement		Expanding Supervisory Capacity	Hannah Baker	GREEN (On-Track)	No of supervisors & educators increasing - challenge with capacity & backlog from HEE	01/04/23	31/03/25
			Expanding Student Placement Capacity	Hannah Baker Kirsty Shanley	AMBER (At Risk)	Digital Nurse Student Placement excellent engagement & evaluation - looking to expand to other professions - challenge capacity to roll out	01/04/23	31/03/25
	4. AHP Roadmap Development		Support to FCPs & PCNs with Roadmap navigation	Hannah Baker / Tom McNally / Matt Cooper	AMBER (At Risk)	FCP practitioners identified, challenge to engage with all APs at practice & PCN level	01/04/23	31/03/24
RETAIN - Recruitment, Retention, Career Development, Equality, Diversity & Inclusion	1. Wellbeing, coaching & mentoring support	90k	Health & Wellbeing Pilot	Lydia Jacks / Rajiv Nandha / Janet Thornley	GREEN (On-Track)	Resources created and embedded Programme of 121 sessions delivered Developing network of H&WB Champions to undergo training programme for long term sustainability	01/04/22	31/03/24
		450k	Shine Programme	Janet Thornley	RED (Off-Track)	30 Practices participated in programme with excellent outcomes retention & patient care - non-recurrent funding no further funding identified	01/04/23	31/12/23
			Coaching & Mentorship Training	Helen Worthington-Smith	BLUE (Complete)	Contract with Akeso to provide coaching sessions, 8 Supporting Mentors recruited and undergoing coach training	01/04/23	31/03/24
			Peer support network development	Janet Thornley / Kirsty Shanley / Tom McNally / Matt Cooper / Mehreen Shafiq / Rajiv Nandha	GREEN (On-Track)	All Clinical Workforce Leads established peer support networks & regular development sessions	01/04/23	31/03/24
	2. Flexible / Portfolio working		BLMK Local Fellowships	Helen Worthington-Smith	BLUE (Complete)	4th GP Educator recruited - developed pipeline of GP Educators from trainees	Complete	Complete
		65K	Flexible Pool Scheme	Susi Clarke	GREEN (On-Track)	Contract with Lantum renewal Feb 24 - 63 practices signed up, 105 clinicians onboarded, further 83 under approval. ANP & GPN increasing numbers	01/02/23	30/01/24
			International Medical Graduates	Hannah Baker	GREEN (On-Track)	Support to IMGs with identifying sponsoring practices, challenge Primary Care School not identifying those requiring visas earlier in training	Ongoing	Ongoing
			GP Retention Scheme (Retainer)	Hannah Baker	GREEN (On-Track)	Challenge to locate GP Retainers, practices not reporting via NWRS. GP Retention Lead supporting with identifying employing practices	Ongoing	Ongoing
		139k	Supporting Mentors Programme	Helen Worthington-Smith	GREEN (On-Track)	8 GPs recruited, completed / undergoing ILM 7 Coaching, mentoring GP Fellow	01/04/2023	31/03/2024
			International GPs	Hannah Baker	BLUE (Complete)	8 GP successfully embedded with BLMK	Complete	Complete
			Portfolio Career Opportunities	Helen Worthington-Smith	RED (Off-Track)	No capacity / funding to progress		
			Mid-late career package	Raj Venugopal	GREEN (On-Track)	Support to mid career GPs, Phoenix Leadership Programme, GP Symposiums, Peer support networks & scoping VCSE opportunities	Ongoing	Ongoing

STRATEGIC WORKSTREAM	DELIVERABLE	ALLOCATION / INVESTMENT	TASK DESCRIPTION	ASSIGNED TO	STATUS OF TASK	PROGRESS/ UPDATES	PLAN START	PLAN END
Reform - Leadership Development, new ways of working, integrated team working, organisational development	3. Career Development, Work Experience & Legacy opportunities		Coaching Faculty Development	Helen Worthington-Smith	AMBER (At Risk)	Capacity to support limited		
			Quality & Differential Attainment programme	Hannah Baker / Kirsty Shanley / Sadaf Javed	AMBER (At Risk)	Ongoing programme of work to expand student placement capacity & differential attainment. Challenge - capacity to meet all demands	Ongoing	Ongoing
			Clinical Pharmacist Network development	Rajiv Nandha / Lydia Jacks	GREEN (On-Track)	Support to PCNs & practices to create Clinical Pharmacist career pathways & attractive career options	01/04/2023	31/03/2025
	1. Leadership Development		Phoenix GP Leadership Programme	Helen Worthington-Smith, Raj Venugopal	BLUE (Complete)	Evaluation to be presented at Workforce Leads meeting	01/04/2023	31/12/2023
			Primary Care Clinical Leads Development Programme	Susi Clarke, Jay Willett	GREEN (On-Track)	First event complete, developing bespoke leadership programme, lunch & learn, development opportunities	01/09/2023	31/03/2024
	2. New Ways of Working	30k	Personalised Care	Helen Worthington-Smith, Karen Duggan	GREEN (On-Track)	Support to Personalised Care roles, peer support networks, education & training advice	Ongoing	Ongoing
			Video Group Consultations	Helen Worthington-Smith	RED (Off-Track)	No capacity to facilitate		
	3. Digital Workforce Strategy		Review of Primary Care opportunities	Susi Clarke, Jay Willett	AMBER (At Risk)	Link in with ICB strategy development & scoping re RPA opportunities	Not started	Not started
	2. Support to recruitment, induction & embedding		GP Recruitment Fairs & job matching	Helen Worthington-Smith	GREEN (On-Track)	Support to practices & GP trainees	Ongoing	Ongoing
			Support to PCNs & Practices with advert writing & recruitment	Helen Worthington-Smith	GREEN (On-Track)	Working with Primary Care Careers to refine adverts & attraction strategy	Ongoing	Ongoing
			Support to PCNs with Workforce Plans & data analysis	Susi Clarke / Place-based leads	GREEN (On-Track)	Ongoing review of ARRS recruitment against plan, affordability & retention of staff	Ongoing	Ongoing
		589K	New to Practice Programme	Helen Worthington-Smith / Shankari Maha / Bethany Buddery	GREEN (On-Track)	Excellent evaluation of GP programme to data, GPN programme being redesigned	Ongoing	Ongoing
			In reach schools & HEIs	Janet Thornley / Kirsty Shanley / Mehreen Shafiq	AMBER (At Risk)	Capacity to progress limited, need to align to system approach	On pause	On pause
			Digital Student Nurse Placements	Kirsty Shanley / Hannah Baker	GREEN (On-Track)	Excellent evaluation of placements to date, expanding for 2024 opportunities for other professions	01/03/2024	01/09/2024
			Pipeline into Nursing	Kirsty Shanley / Janet Thornley	GREEN (On-Track)	Working with HEIs to attract nurses into PC	Ongoing	Ongoing
			Primary Care Careers - recruitment platform		GREEN (On-Track)	Practices & PCNs utilising the platform, need to encourage further sign up	Ongoing	Ongoing
	3. Flexible & rotational opportunities		Student Nurse Associate Project	Kirsty Shanley / Helen Worthington-Smith	GREEN (On-Track)	Numbers increasing, with several NAs now graduated	Ongoing	Ongoing
	4. Apprenticeships		ACP development & scoping	Hannah Baker	AMBER (At Risk)	Capacity to progress limited, need to align to system approach		
			Supporting practices with clinical & non-clinical apprenticeships	Jay Willett	AMBER (At Risk)	Limited capacity to progress as desired		
	5. Team & Organisation Development		Targeted support to practices & PCNs	Lydia Jacks, Janet Thornley, Rajiv Nandha, Helen Worthington-Smith	GREEN (On-Track)	Ongoing programme of work to embed culture change and improve working environment - link to wider system approach. Challenge long term sustainability - need to adopt train the trainer approach	01/04/2023	31/03/2024
			EDI strategy	Lydia Jacks	AMBER (At Risk)	Development of EDI strategy and implementation programme - linked to ICB & wider system approach	30/11/2023	31/03/2024
	6. Integrated Working		Personalised Care Conference	Karen Duggan	GREEN (On-Track)	Organisation of third conference underway, agreement to invite all Care Co-ordinators from across all providers	30/11/2023	31/03/2024
			Clinical Lead Strategy Development Programme	Susi Clarke	GREEN (On-Track)	As above		
			Festival of Learning	Lydia Jacks	GREEN (On-Track)	Design group established, planning underway	30/09/2023	01/03/2024
			Community Pharmacy Support	Jay Willett	GREEN (On-Track)	Programme. Support to Community Pharmacy Lead with ICB networking event, identifying DSP and supervision capacity	Ongoing	Ongoing
	7. Communications Strategy		Development of Share Point site, Social Media & Comms	Helen Worthington-Smith, Lydia Jacks, Nahim Wahid	GREEN (On-Track)	Linking with AHP Faculty to learn from their social media campaign	Ongoing	Ongoing
	8. Knowledge & Library Services		Support to Primary Care with evidence searches, summaries & research	Beth Thompson	GREEN (On-Track)	Ongoing support to individuals, practices & PCNs. Linked with Research & Innovation Network to support with translation of Research opportunities within PC	Ongoing	Ongoing

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee 15 December 2023
7. Delivering Integrated Primary Care in BLMK – an Update on the response to the NHSE 'Delivery Plan for Recovering Access to Primary Care'

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
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☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐(please advise):			

Report Authors	Amanda Flower, Associate Director Primary Care Commissioning & Transformation BLMK ICB.
Date to which the information this report is based on was accurate	7 December 2023.
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer.

The following individuals were consulted and involved in the development of this report:
N/A
This report has been presented to the following board/committee/group:
BLMK ICB Board Primary Care Commissioning & Assurance Committee Primary Care Delivery Group 4 Place Boards Working with Patients and Communities Group Clinical Interface Forums BLMK Clinical Leads and PCN Clinical.

Purpose of this report - what are members being asked to do?

The members are asked to:

- **Confirm assurance** for the BLMK response to the NHSE Delivery Plan.

1. Brief background / introduction:

In May 2023 the Delivery plan for recovering access to primary care was published.

The two central ambitions of the plan are to reduce the number of people struggling to contact their practice team and for patients to know how their request will be managed when they get through.

It seeks to do this by focusing on four areas:

- ❑ Empowering patients to manage their own health.
- ❑ Implementing 'Modern General Practice Access'.
- ❑ Building capacity.
- ❑ Cutting bureaucracy and reduce the workload across the interface between primary and secondary care.

In BLMK our response includes a further two sections on integrating primary care and the enablers to supporting access.

ICBs are required to provide assurance to their public board meetings in December 2023 and again in March 2024. A report on Fuller neighbourhood working and the NHSE delivery plan for recovering access to primary care was discussed at the ICB board on 8th December. The report requested the following from the Board in respect of the NHSE Delivery Plan for Recovering Access:

- ✓ Providing the Board with assurance regarding progress against the BLMK ICB Plan to deliver the requirements of the national 2-year 'Delivery Plan for Recovering Access to Primary Care'.
- ✓ Seeking increased Acute Trust Partner executive leadership to drive the opportunities for efficiencies identified within the primary and secondary clinical interface forums.

The BLMK response to the NHSE Delivery Plan for Recovering Access to Primary Care is a standing item on the BLMK Primary Care Delivery Group alongside the BLMK Fuller Programme – as our vision for the integration and transformation of primary care draws on the ambitions in both reports. Both plans are intended to be iterative, noting the recovery plan is a 2-year national plan that commenced in May 2023. The first draft of the BLMK plan in response to the Delivery Plan for Recovering Access to Primary Care has been shared with NHSE (a review meeting has been held with the regional primary care team) and stakeholders. Feedback has been positive, and work continues to develop the plan and illustrate delivery progress with stakeholders.

2. Summary of key points:

Included below are the key aspects of the BLMK response to the NHSE Delivery Plan for Recovering Access to Primary Care:

National Domain 1- Empowering patients to manage their own health (ICB Lead)

- There has been significant progress with implementation of Cloud Based Telephony in BLMK.
- The ICB is taking a preferred, but not mandated, approach to choice of system for each Surgery. Connect by ITS Digital being chosen by the majority of practices.
- All eligible practices have made their choice of system for Cloud Based Telephony.

- The procurement hub are in contact with all practices and working through procurement of new and settlement of existing systems.
- We are forecasting spending the entire allocation.
- Phase two practice list has been provided to NHSE for consideration of upgrade to a framework compliant system.
- The NHS App promotion activity is accelerating through visits and collaboration with Patient Participation Groups.
- There are also two pilots operating within BLMK to trial the delivery model and there is an average increase of 10% uptake of the NHS App.
- The NHS App allows access to a range of NHS services; order repeat prescriptions; book and manage appointments; viewing GP health record; and register organ donation decision. Going forward digital prescriptions will be available in the New Year via the NHS App.
- In BLMK we are compliant (services accepting self-referrals) with the required 7 national self-referral pathways (MSK, Falls, Podiatry, Audiology, Wheelchair, Community Equipment and Weight Management); locally further work is planned to communicate clearly to residents all services that accept self-referrals.
- The BLMK Primary Care Prevention and Self Plan will be launched on 10th January 2024; this has been developed collaboratively with public health and stakeholders.

National Domain 2 - Implementing 'Modern General Practice Access'

- Modern General Practice Access is the central vision in the NHSE Delivery Plan which has two essential requirements: tackling the 8am rush and reducing the number of people struggling to contact their practice with patients no longer being asked to call back another day to book an appointment.
- The NHSE General Practice Improvement Programme (GPIP) is designed to support practices to transition to a modern general practice access model with a universal, intermediate and intensive support offer for practices. Currently a total of 17 of 89 practices are participating in the intermediate and intensive GPIP with multiple practices accessing the webinars as part of the universal offer. Consistent with the 2-year vision in the delivery plan the programmes will continue to be provided throughout 2023 and 2024.
- In addition to this developmental support, transformation and transition funding is being targeted to practices. In BLMK practices are required to set out their plans to transition to a modern general practice access model and include a description of how the available funding will be used to support this by March 2025. Practice plans were submitted by 17 November 2023 and are currently being reviewed by the ICB team.
- Once all plans are reviewed and confirmed we will be able to illustrate how the transformation plans of our 89 practices will transition all of BLMK to a modern general practice access model.

National Domain 3 - Building Capacity

- PCNs have been supported to maximise the utilisation of available Additional Role Reimbursement funding to recruit diverse teams with a mix of skills in general practice.
- The Primary Care Training Hub remains a valued resource to support this and is leading the expansion of multi-professional student placements and learning environments.
- The success of the Digital Student Nurse Placement programme will be expanded to other professions and PCNs are maximising opportunities to rotate students across Primary Care. Immediate challenges are the lack of supervisory capacity, estate constraints, and GP Trainer capacity (in Bedford Borough).
- PCN Workforce Forum established to share learning, current challenges, potential solutions & provide peer support & review.
- Showcasing alternative employment models e.g., outsourcing Pharmacist provision, innovative utilisation of D&T Lead & GP Assistant roles.
- PCN focussed Festival of Learning Feb 24 to share ideas & showcase best practice and innovation.

National Domain 4 Cutting bureaucracy and supporting the primary/secondary interface

- It is estimated that around 20% of general practice time is utilised to support patients who have either not had their episode of care completed in secondary care or are deteriorating due to length of time on a waiting list.
- In BLMK there are two Clinical Interface Forums (a Milton Keynes and a Bedfordshire forum) chaired jointly by lead GPs (Dr Nina Pearson and Dr Tayo Kufeji) and secondary care Associate/Medical Directors (Dr James Ramsay and Dr Ian Reckless).
- These forums provide a space to address priority operational issues and develop the professional relationships to support improved interface working.
- The delivery plan and specifically Onward referrals, complete care (fit notes and discharge letters), Call and recall, and Clear points of contact are discussed regularly at both interface forums.
- The ICB wrote and asked each of the BLMK acute providers to share a stocktake of their plans in relation to the four keys areas.
- Following this request and the written responses, meetings were arranged in November and included Nicky Poulain (SRO for the delivery plan), Dr Nina Pearson and Dr Tayo Kufeji (GP leads for the interface forums), Amanda Flower (Associate Director leading the response to the delivery plan in BLMK) and with the executive leads in each Trust to discuss the outstanding plans and the processes being developed to embed these requirements.
- Whilst both acute trust providers have made progress there are identified constraints that will require time for the acute trust to address to deliver fully.
- The discussions concluded that additional executive leadership will be prioritised to support the trust's clinical leadership to implement the necessary changes.
- The discussions held by executive and clinical leads also recognised the importance of supporting cultural change within the entire workforce to improve the primary / secondary interface.
- The actions agreed included an update of the Terms of Reference and clear accountability and governance of the interface improvement plan to each Trust Board.
- System partners will be supported by the ICB to make the necessary changes and progress will be monitored monthly to ensure achievement. The target date of achievement is March 24.

Local Domain 1 Integration of Primary Care

- Following Board approval in March 2023, NHS England delegated community pharmacy, optometry and dental (POD) contracts to the ICB in April 2023. The full opportunity of POD delegation and the integration of primary care is an opportunity to be realised.
- Locally the work to drive pharmacy integration is supporting the release of capacity in general practice. The GP Community Pharmacist Consultation Service (GPCPCS) has seen nearly 10,000 completed referrals since its commission in September 2021. This service has contributed to reducing the burden on GPs freeing capacity to focus on more complex care.
- From 31 January 2024 GPCPCS will be replaced by 'Pharmacy First' which will allow both referral and self-referral; opening-up the route further for community pharmacy to support resident access; alongside the development of modern general practice access models and the further use of navigation/signposting this new scheme could see significantly more activity flow to community pharmacies.
- On 1 December 2023 there will be a relaunch of the Blood Pressure Check Service, and the Pharmacy Contraception Service will also be launched.
- Community Pharmacy pathfinder programme underway with stakeholder engagement meetings, pathfinder sites in situ, pathways and plans underway to go live with Prescribing activity in January 2024.
- Community Pharmacy Event planned for January 2024 for stakeholder engagement and sharing best practice.
- More than 60+ Community Pharmacy contractors engaged in the pharmacy Integration project.
- LPC to support the uptake of Shiny Mind Programme in community Pharmacy.
- Local Project to support workforce development by funding DPP access for community pharmacist independent prescribing course.
- EoE Community Pharmacy PCN lead Pilot programme, leadership program complete and in evaluation stage.

- Systm1 Pilot rounding up in December with varying levels of success in community pharmacy in BLMK.

Local Domain 2 Enabling Improved Access

- We continue to provide support directly to our 89 practices through a programme of practice visits and bespoke support to our 13 practices with the most significant challenge/facing considerable constraints.
- The ICB facilitates quarterly learn and share events with practices and PCNs.
- We are supporting the continual development of patient participation groups.
- We provide an access dashboard every month to practices summarising their activity data; this is collated from the NHS Digital GP Access Data and local data regarding usage of A&E and Integrated Urgent Care.

3. Are there any options?

N/A

4. Key Risks and Issues

R0004 – Access to primary care – rising patient demand.

R0009 – GP practices resilience and ability to transform.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☒

5. Are there any financial implications or other resourcing implications, including workforce?

There are significant constraints in primary care workforce and estates.

6. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.

7. How will / does this work help to address inequalities?

Implementation will provide continuity of care for those in Core20plus5.

8. Next steps:

The BLMK response to the NHSE Delivery Plan for Recovering Access to Primary Care will be continually reviewed and updated to reflect stakeholder feedback and progress to date. Noting the plan is a two-year work programme that commenced in May 2023.

9. Appendices

None.

10. Background reading

NHS England » Delivery plan for recovering access to primary care

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Report to the Primary Care Commissioning & Assurance Committee 12 December 2023
8. Delivering Integrated Primary Care in BLMK – an update on the delivery of Integrated Neighbourhood Working in BLMK

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐(please advise):			

Report Authors	Amanda Flower, Associate Director Primary Care Commissioning & Transformation BLMK ICB.
Date to which the information this report is based on was accurate	7 December 2023.
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer.

The following individuals were consulted and involved in the development of this report:
N/A
This report has been presented to the following board/committee/group:
Primary Care Medical Services Delivery Group Primary Care Pharmacy, Dental and Optometry Delivery Group 4 Place Boards Working with Patients and Communities Group Clinical Interface Forums BLMK Clinical Leads and PCN Clinical.

Purpose of this report - what are members being asked to do?

The members are asked to:

- **Review** the content of this report and **note** progress to date.

1. Brief background / introduction:

The Fuller Stocktake report recognised that Primary care is one of the great strengths of the NHS with over a million people every day benefitting from the advice and support of trusted professionals in general practice, community pharmacy, dentistry, optometry, and other primary care services. In BLMK, on the busiest days, general practice teams provide 29,000 appointments to our residents.

The stocktake recognised that for the NHS as a whole to succeed, primary care must thrive.

From a national perspective, primary care is experiencing serious pressure from increased demand, increasing complexity, and changing expectations from the public which combined places a huge strain on GP services - leading to frustration for both patients and staff.

Whilst it is vital that we retain the core strengths of primary care, we also need to recognise that people's needs and expectations are changing, e.g., some people need more proactive, complex care, whilst others would prefer to prioritise rapid access to advice and support.

A new approach is needed and fixing capacity gaps in primary care will be part, but not all, of the solution. We also need to think differently about how primary care is delivered and organised, building on innovation already being led by primary care on the ground – both in practices and collaboratively through Primary Care Networks (PCNs).

In summary the Fuller Stocktake set out a new vision for integrated primary care in systems. Collaborative system working will support delivery of streamlined access to urgent care for those that need it, more personalised care from a team of professionals for those with complex care needs, and a proactive approach to prevention at greater scale.

In delivering this vision it is recognised that the three key enablers are also the three key challenges:

The BLMK Fuller Programme is a system programme with the aim of anchoring transformation at place to deliver the vision for integrated neighbourhood working. The programme is framed using the 4 pillars from the Fuller report as follows:

- The development of integrated neighbourhood working aligned to local communities.
- The provision of streamlined and flexible access for people who require same day primary care.
- The provision of proactive personalised care and support for people with complex needs and co-morbidities.
- An ambitious and joined up approach to prevention.

The BLMK Fuller Programme is accountable to each of the four place boards (or their equivalents) with oversight from the Primary Care Delivery Group and Primary Care Commissioning and Assurance Committee.

The four places are defining their place-based neighbourhood footprints and this is being used as the foundation for integrated primary care. This report, and Appendix A, provides an update on progress since.

2. Summary of key points:

In BLMK currently primary care is delivered by:

- 89 practice teams delivering to their registered populations
- 25 primary care networks delivering services at scale to the population registered with member practices
- 153 Community Pharmacies
- 78 Opticians
- 120 dental contractors
- 2 Integrated Urgent Care Providers
- 4 providers of urgent primary care.

Responsive, proactive and accessible primary care (primary medical services, community pharmacy, dental and optometry) delivered in partnership with a wide range of professionals who are supported to understand the health and wellbeing needs of the local communities they serve is the principle aim. In the future this provision will work collaboratively with a range of partner agencies at a neighbourhood level using an embedded population health management approach.

Through all partners/stakeholders 'leaning in' to neighbourhoods we have an opportunity to:

- Develop community resilience and improve experience and outcomes for our population – for example by supporting residents and families to stay well at home,
- Streamline how we do things: more effectively manage demand & remove duplication,
- Support our workforce – retain, recruit and empower.

The delivery of successful integrated working requires a significant focus on supporting people to work differently. For neighbourhoods to function effectively professionals and volunteers will need to understand each other's roles and establish trusting relationships. Some key considerations in achieving this are listed below:

- Empowered and psychologically safe to reach out beyond their team / organisation to support the person / family / cohort – this becomes the norm despite the system
- A culture that actively encourages staff to consider themselves as part of 'One Workforce'
- Awareness of the services and partner organisations within their neighbourhood
- Understanding of different roles, teams and organisations
- Understanding they are part of a system with a core shared purpose – the resident
- System leadership behaviours and skillsets to build connections and relationships – create trust
- Learn, train and develop together – teach each other.

On 9 November 2023, the ICB brought together over 60 primary medical care clinical leaders to share the vision for integrated primary care and seek their support, leadership, and creativity to further develop our Fuller programme. A similar event is booked for 25th January with community pharmacists and a subsequent event will be planned with dental colleagues. Each event will continue to co-design, shape and develop the BLMK vision of integrated primary care (referred to as the Fuller programme). A Festival of Learning event is planned for the 29th of February 2024 which is an opportunity to support learning and sharing across Primary Care Networks and a further clinical leads development day will be held on the 16th of May 2024.

Place based neighbourhoods (geographical) are different to Primary Care Networks (not all geographical but collaborative groups of practices working together), but both will need to continue to develop organically together supported by the ICB. As is demonstrated in the slides attached at Appendix A with

the exception of Central Bedfordshire, all neighbourhoods will have more than one Primary Care Network leaning in.

Place based neighbourhoods are 'footprints' recognised by residents as the communities they live in and call home and will include a multi-agency, multi-disciplinary virtual team working together to provide support to residents.

The work Primary Care Networks have developed and delivered to date provides a platform from which neighbourhood working can flourish. Personalised care roles in primary care such as care coordinators, social prescribers and health coaches have significantly fast forwarded the delivery of proactive and personalised care in BLMK. A series of well attended workshops, with delegates from personalised care roles, have taken place (June & September 2023 and planned for 13th March 2024) to continue to establish, map, and share the good practice in BLMK.

Neighbourhoods proposed in BLMK range from populations of 29,000 to 92,000. Some of the services supporting neighbourhoods will be delivered at different scales (Primary Care Network, neighbourhood, place and scale) and this needs clarity as we develop this new way of working; our approach to workforce development is crucial to our vision, as is learning from our VCSE colleagues. The place boards are influential in identifying roles across communities especially within the VCSE to build neighbourhood capacity and resilience.

3. Are there any options?

N/A

4. Key Risks and Issues

R0004 – Access to primary care – rising patient demand.
R0009 – GP practices resilience and ability to transform

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☒

5. Are there any financial implications or other resourcing implications, including workforce?

There are significant constraints in primary care workforce and estates.

6. How will / does this work help to address the Green Plan Commitments?
Click to view Green Plan

The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.

7. How will / does this work help to address inequalities?

Implementation will provide continuity of care for those in Core20plus5.

8. Next steps:

Continue to support place-based delivery of integrated neighbourhood working and the BLMK Fuller Programme Plan with system partners

9. Appendices

Appendix A – Integrated Neighbourhood Working – the emerging landscape.

10. Background reading

NHS England » Next steps for integrating primary care: Fuller stocktake report
NHS England » Delivery plan for recovering access to primary care
NHS England » NHS Long Term Workforce Plan

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Fuller Neighbourhoods – *the emerging landscape*

Amanda Flower
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High Level System Road Map

	Develop neighbourhood working aligned to local communities	Streamlined and flexible access for people who require same day primary care	Proactive and personalised care for people with complex needs and co-morbidities	An ambitious, joined up approach to prevention
By 31 March 2024	Each 'Place' to define neighbourhoods that are recognisable to residents and to agree a communication and implementation plan. Complete a full stakeholder and asset mapping.	To agree with partners the same day and urgent primary care transformation plan across BLMK and present proposals for codesign.	Identify the system support required for MDT working using PHM data – establish dialogue with partners regarding MDT resource and models for delivery.	Implementation of agreed 'Place' prevention plans with aligned outcome measures
By 30 Sept 2025	Neighbourhood working rollout well underway. A majority of neighbourhoods and new ways of working are operational.	Plan Implementation - a coordinated, scaled and integrated model for delivery of same day and urgent primary care	Proactive Care will initially focus on specific cohorts of people living with Multiple Long Term Conditions who are at risk of needing unplanned care.	Rollout of place prevention plans. Continued work with local communities, local authorities and VSCE ensuring local voices and choices are acted upon at place
By 31 March 2026	Integrated neighbourhood working is fully operational across BLMK.	New models of same day and urgent primary care are being fully delivered with benefits.	MDT working is integral to all neighbourhoods.	Fully joined up preventative care embedded in place plans and activity being delivered.

Common use of language for a shared understanding

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Developing a Glossary of Terms	
General Practice	A **multi-disciplinary** healthcare team, led by a general practitioner (doctor), in the community providing a range of services and continuity of care to a registered population.
Primary Care	Includes **general practice (GPs) optometry, dentists, community pharmacy, 111, urgent treatment centres, and urgent GP clinics**. These are usually the first step for the population in accessing health services.
Primary Care Networks	Groups of **practices working together to deliver a scaled primary care** offer – where it is efficient & effective to do so - to the population.
Integrated Neighbourhoods	**Multi-agency, multi-disciplinary 'teams of teams'** working collaboratively using an embedded population health management approach. The teams will largely be virtual (co-located in some areas where physically possible) and connected around the residents and the community and bound together by their understanding of and commitment to the population.

Primary Care Providers in BLMK

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In BLMK, as of the 1st of October 2023, we have **89 practices,153 Community Pharmacies, 78 Opticians,** and **120 dental contractors** providing NHS services across 25 Primary Care Networks.

There are **2 Integrated Urgent Care Providers,** (NHS111, 24/7 CAS, GP OoH's), and 4 providers delivering Primary Care Urgent Care Services.

Integrated Primary Care

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In BLMK we have :

Four places with (registered) populations as follows:
Central Bedfordshire – 303,178
Bedford Borough – 197,928
Luton – 266,309
Milton Keynes – 336,520

25 Primary Care Networks
with member practices services registered populations

19 place-based neighbourhoods in development

Integrated Working to Deliver New Models of Care – *NHSE example*

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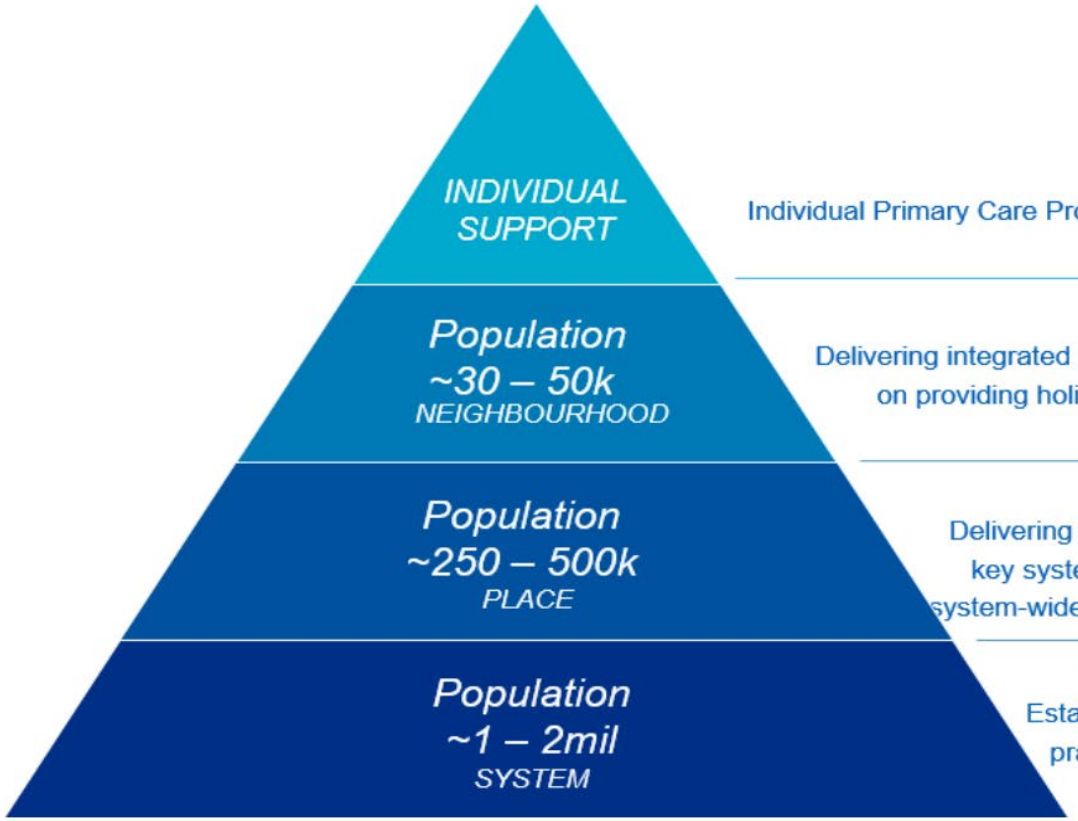

Individual access: for people and carers to professional support
Individual Primary Care Providers and sites such as GP Practices will continue to play a critical role in providing ongoing support for individuals and their families.

PCNs as part of Neighbourhood Care Teams
Delivering integrated primary care via multidisciplinary Neighbourhood Care Teams, with a focus on providing holistic care and working closely with local people and communities in order to improve health outcomes and address the wider determinants of health.

Partnership working at place
Delivering scaled approach to population-level primary prevention and care alongside key system partners, including outside of the health and care system, focusing on system-wide pressure points such as admission avoidance, patient discharge and flow.

Creating the conditions for success
Establishing an enabling leadership culture and ways of working, as well as the practical infrastructure and support to implement the vision, including through estates, workforce, data, digital and funding initiatives.

Fuller Neighbourhoods

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Neighbourhood	Neighbourhood Population	Primary Care Networks
Central Bedfordshire:		
West Mid Beds	70,931	Green Vale, Hillton
Leighton Buzzard	48,036	Leighton Linslade Connections
Ivel Valley	91,652	Ivel Valley South, Sandhills, 2 Managed PCN services practices
Chiltern Vale	83,629	Chiltern Hills, Titan
Bedford Borough:		
Urban South	44,325	East Bedford, Caritas, Unity
Urban North East	45,179	East Bedford, North Bedford, Caritas, Unity
Urban North West	31,082	Caritas, North Bedford, Unity, East Bedford
Rural North	29,384	Unity, North Bedford , East Bedford, Caritas
Rural South	33,854	Caritas, East Bedford, North Bedford, Unity

Fuller Neighbourhoods

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Neighbourhood	Neighbourhood Population	Primary Care Networks
Luton:		
West Luton	44,960	Hatters Health, eQuality, Phoenix Sunrisers, Wheatfield Surgery from Titan PCN in Central Beds
West Central	48,289	Hatters Health, eQuality, Phoenix Sunrisers, Medics
North Luton	48,072	Hatters Health, Phoenix Sunrisers, Lea Vale, Medics
East Luton	39,027	eQuality, Oasis
South and Town Centre	45,454	Oasis, Lea Vale, Medics, Phoenix Sunrisers, Hatters Health.
Milton Keynes:		
Bletchley Pathfinder	50,000	Crown, South West
North East	TBC	One Mk, Bridge,
Central	TBC	One Mk, Watling Street, Bridge, Nexus, East Mk, Ascent
West	TBC	One Mk, South West, Watling Street, Nexus, Crown, East Mk
South East	TBC	One Mk, Ascent, Bridge, Crown, Nexus, East Mk

Place based progress summary

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Bedford Borough	The Executive Delivery Group have agreed the proposed neighbourhoods. The current 5 areas proposed are Urban South, Urban North East, Urban North West, Rural North and Rural South. Further work to define what should take place at neighbourhood, place and scale is planned and workshops to facilitate stakeholder collaboration to deliver place-based neighbourhood working.
Central Bedfordshire	The Central Bedfordshire (multi agency) Collaborative Group (a sub-group of the place board) is leading the development of integrated neighbourhood working. Footprints have been established centred on 4 familiar localities / neighbourhoods - Leighton Buzzard, Chiltern Hills, West Mid Beds and Ivel Valley. The existing work to develop a 'one team' approach in Central Bedfordshire (working together in Leighton Buzzard) provides a good platform for the development and expansion of neighbourhood working. A place-based workshop was held with all stakeholders on Friday 3 November with a second workshop planned 19 January; these workshops are facilitating delivery of the place priorities for Central Bedfordshire.

Place based progress summary

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Luton	Neighbourhood profiles are well developed in Luton. There are 5 proposed footprints (West Luton, West Central, North Luton, East Luton and South and Town Centre). The work continues to develop at place and discussions are progressing about how place inequalities funding could be utilised to support neighbourhood working. A workshop took place on Tuesday 5 September with all Luton stakeholders to consider next steps to achieve the neighbourhood working vision and task and finish groups have now been established to facilitate delivery with stakeholders.
Milton Keynes	Milton Keynes has established 'The Bletchley Pathfinder' as a fifth priority in the MK Deal with a multi-disciplinary / agency working group established to drive the work forward reporting to the Joint Leadership Team. The foundation work on the Bletchley Pathfinder project has good engagement from all parties. The Pathfinder project addresses all four of the Fuller Report Pillars although the majority of the access work is being delivered city-wide. Discussions regarding the proposed neighbourhoods for the rest of MK continue with Tayo Kufeji and the emerging Place Team working closely with system partners discussing a north/south/central/east/west, proposal.

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PCN Working Supporting Neighbourhoods

Trust

Respect

Integrity

Accountability

Care and Compassion

Watling Street PCN, MK

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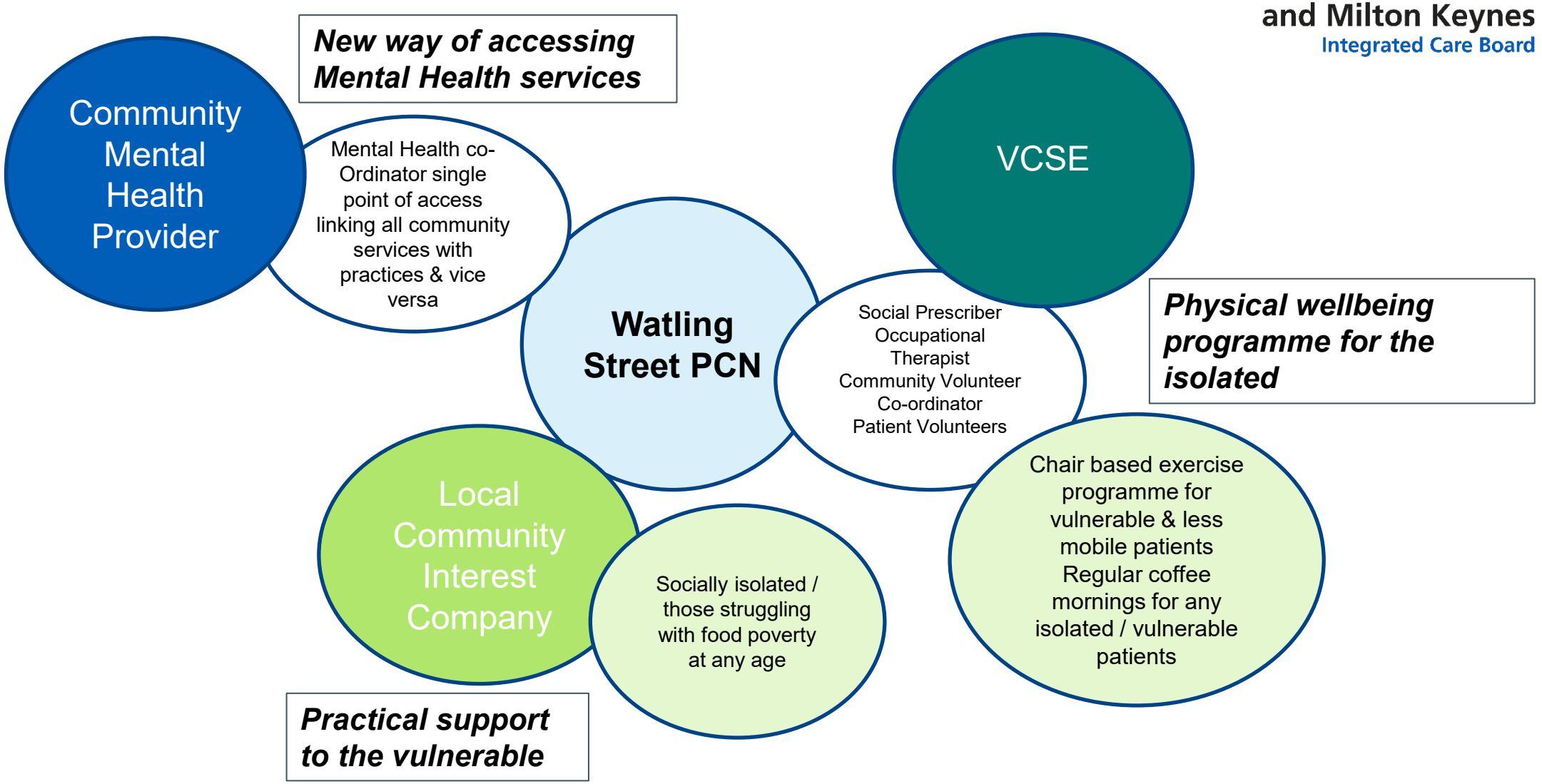

I am a Social Prescriber at East Bedford PCN. After settling in I realised we needed something but was not sure what. I knew we needed somewhere for a bit of outreach work in the local area.

Cauldwell medical Centre and London Road Health Centre are part of East Bedford PCN. These practices are some of the most deprived areas of Bedford with significant health inequalities.

Aware I needed to get to some of these patients, who may not visit a GP, I tested out the community coffee morning. I considered various places to host it, including the GP surgery, but was concerned this may deter some. Christ the King church hall seemed a perfect and accessible venue, and they provide it free.

The first coffee morning was on September 2022, attended by 12 different organisations, and about 25 local residents. We've been running coffee mornings on the first Thursday of every month since then and these have been well attended.

A referral isn't required, anyone can just drop in, no appointment needed.

BEDFORD	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
Caritas	In early conversation for joint ventures with a Community Organisation in the Queens Park area of one of the emerging neighbourhoods (Urban North West). Focus on collectively identifying and addressing unmet needs in the emerging neighbourhood. Piloting the LD Social Prescriber. Piloting a Childrens Social Prescriber.	PCN level MDT with system partners focusing on complicated patients who live in their own home.	Improving Diabetes Care for Bedford Borough's Black Ethnic Population Hypertension/ Depression/Obesity/(Social Vulnerability using IMD)	CYP Social prescribing
East Bedford	Monthly drop in café with all stakeholders for the population Maternity Black and Ethnic Social Prescribing Pilot straddling 2 of our emerging neighbourhoods. Involves working closely with maternity services at the hospital as well as engaging local faith groups, pharmacies, voluntary agencies and the LA	Social Prescribing for Maternity – BAME. PCN level MDT with system partners focusing on complicated patients who live in their own home.	Improving Diabetes Care for Bedford Borough's Black Ethnic Population Hypertension/ Depression/Obesity/(Social Vulnerability using IMD)	Increase health activities by good consultations for chronic illness
North Bedford	Specialist outreach work supporting the homeless – working with numerous other stakeholders in the emerging neighbourhood. Bringing together skills and organisations within the neighbourhood to support the needs of this cohort.	Pilot Frailty Model. PCN level MDT with system partners focusing on complicated patients who live in their own home.	Improving Diabetes Care for Bedford Borough's Black Ethnic Population Hypertension/ Depression/Obesity/(Social Vulnerability using IMD)	Spirometry
Unity	Working with stakeholders in the emerging neighbourhood to support high users of A&E and 111 services in a holistic way, meeting the needs of each individual. Working hand in hand with the BRCC "Village Agents" - which became very much more cemented during COVID and we have continued and developed those links for the advantage of our rural patient communities e.g. transport for frail and those without transport to medical appointments/surgeries/investigation/phlebotomy , prescription deliveries for elderly and housebound etc. We now have these agents as an integral part of our DOS that is used by 111 and Social Prescribers.	PCN level MDT with system partners focusing on complicated patients who live in their own home.	Improving Diabetes Care for Bedford Borough's Black Ethnic Population Hypertension/ Depression/Obesity/(Social Vulnerability using IMD)	

CENTRAL BEDFORD-SHIRE	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
Chiltern Hills	Developing to deliver Working Together/One Team in CB (2)	Complex patients MDT led by Dr White. Developing to deliver Working Together/One Team in CB	Looked after Children & Young People including care leavers	
Hillton		Regular MDT	Over 60's with depression/mental health	
Ivel Valley South	Health awareness events taking place	Two weekly MDT inclusive of ANP Clinical lead, PCN Social Prescriber, Practice Nurse and homeless intervention.	SMI patients	
NON PCN	Conversations taking place between Ivel Medical Centre and Sandhills PCN on what they could work on together without IMC being part of PCN this year.	PCN cluster MDT 2 x monthly Practice MDT 1 x weekly Palliative care – 6-8 weeks Safeguarding 6-8 weeks		

CENTRAL BEDFORD-SHIRE	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
Leighton Buzzard	First PCN to deliver Working Together/One Team in CB	First PCN to deliver Working Together/One Team in CB	Digital exclusion	
Sandhills	Community Garden IT café to enable access to appointment booking. QI project around digital access of patients. Developing care home team to improve ways of working and reduce GP input.	Regular MDT	COPD not engaged with services Mental health due to COPD, isolation, reduced physical ability	
Titan	Health awareness events taking place	Expressed an interest in 'Working Together'	LGBTQ+	
Green Vale Health	PCN formed from 1.4.23 so currently developing plans	Regular MDT with Hillton	Carers – to identify and offer health checks and link with Bedford carers.	

LUTON	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
eQuality	Provision of expert clinical advice to community via local community radio station.	Regular MDTs in place	Targeting prostate cancer screening to high-risk men (aged 50-70, with a focus on patients of Afro-Caribbean ethnicity and other NICE risk factors), alongside accessible comms and community outreach/education sessions.	Hypertensive patients linking with new guidelines for HTN medicine
Hatters Health	Health education events/workshops taking place. Provision of expert clinical advice to community via local community radio station.	Regular MDTs in place	Proactively contacting all patients turning 70 (not captured under existing proactive workstream) and offering a telephone consultation followed by face-to face if necessary. Wide range of clinical interventions (frailty, LTC management, mental health) and signposting to support services.	Housebound patients with SMI /frailty Focus on improved case finding for hypertensive patients Participating in a fuel poverty pilot with LBC supporting patients with COPD above age 65

LUTON	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
Lea Vale	- Creation of an early years library branch, toy and book swap event - Summer holiday club for parent to parent - Community Garden - Wellbeing walks facilitated by the community engagement team - Targeting events for Mental health awareness week Provision of expert clinical advice to community via local community radio station	Monthly complex care MDT in place	Proactive contact with patients with 3 or more Long Term Conditions who have not been identified as frail, to offer a comprehensive health check for both clinical needs and holistic support.	Mental health Homeless, Asylum & refugees including childhood immunisations
Medics Network	Sharing good practice on cancer screening. Improving the wellbeing of LD patients using social prescription/personal health budgets. Provision of expert clinical advice to community via local community radio station.	Regular MDTs in place	Supporting male patients between 45 & 55 who have not attended their practice in over 4 years with a comprehensive physical and metal health check (including bespoke new men's wellbeing pathway). Also signposting to support organisations/VCSE groups where necessary.	Learning disability/SMI Access to cervical screening with LGBT communities

LUTON	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
Oasis	Provision of expert clinical advice to community via local community radio station	Regular MDTs in place	Improve primary care experience for patients on the learning disability register. Regular offer of comprehensive health and holistic wellbeing checks, as well as education events and links into support organisations.	
Phoenix Sunrisers	Developing a best practice framework for clinical supervision Provision of expert clinical advice to community via local community radio station	Regular MDTs in place	Focusing on dementia, including screening and diagnosis, in minority communities in Luton. This includes developing culturally sensitive screening tools for identifying people with dementia	Health and Wellbeing Coaches prioritising patients with low to moderate mental health Housebound patients with frailty

MILTON KEYNES	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
Ascent	Integrated Community Support Team – Health and social care	Integrated Care & Support Team (ICST) MDT	Cardiovascular disease Hypertension Over 75s not on a disease register	Mental Health
The Bridge	Mead Centre in Newport Pagnell for health and wellbeing, working with LA to run cooking courses Afghan Refugees programme with socialisation and English lessons Arts for health “Headstart” in conjunction with secondary schools Talk for Sport with Ousedale School and Places for People Integrated Community Support Team – Health and social care	Primary Impact team MDT patients are discussed for joint care, or support from other services in the system includes representation from Community/hospital/Town Council/Fire and schools ICST MDT	Afghan resettlement, obesity, hypertension and depression LGBTQ+ Physical mental health conditions with higher depravation levels	Mental Health
Crown	Lakes Estate Project Depravation and prescription medication Integrated Community Support Team – Health and social care Childhood obesity - schools	Pain management team, ARC (Addiction Recovery Community), SAMMAS, CAB and PCN Staff Monthly MDT Meeting scheduled along with Adhoc sessions ICST MDT	Childhood obesity, smoking Hypertension Obesity	Cancer, counselling and wellbeing support CYP Social prescribing

MILTON KEYNES	Current Good Practice – Neighbourhood working	Current MDT (multidisciplinary team) working in place (in addition to Enhanced Health in Care Homes)	Inequalities Cohort	Other prioritised cohorts
East MK	Integrated Community Support Team – Health and social care	ICST MDT	BAME communities, diabetic foot screening and health checks, Hypertension Learning Disabilities Health Checks	Cancer promotion and screening for BAME
South West	Integrated Community Support Team – Health and social care	ICST MDT Healthy behaviours	Children and young people obesity and mental health Hypertension	Cancer screening and falls prevention Outreach programme for healthy behaviours
Watling St Network	Pilot work ongoing for post cancer diagnosis support Integrated Community Support Team – Health and social care LGBTQ – Q-Alliance for accessing care	Cancer pilot project ICST MDT	Children and young people mental health Over 65s support programme	Cancer screening LGTBQ+
Nexus MK	Integrated Community Support Team – Health and social care Healthy meals	ICST MDT	Working age adults, access to healthcare in rural areas Smoking Depression, Early cancer diagnosis, overall health Healthy meals Period poverty	Smoking cessation Cancer screening
One MK	Newly formed PCN			

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
9. Refresh of Estates Strategy

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☐	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☐	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☐	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☐	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☒
Communications ☐	Finance ☐	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐(please advise):			

Report Author	Nikki Barnes, Associate Director of System & ICB Estates
Date to which the information this report is based on was accurate	30th November 2023
Senior Responsible Owner	Dean Westcott, Chief Finance Officer Nicky Poulain, Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Estates Team
This report has been presented to the following board/committee/group:
Estates Working Group Primary Care Delivery Group

Purpose of this report - what are members being asked to do?
The members are asked to **note** the emerging proposal for refreshing the Primary Care Estates Strategy as a key element of the development of the system Infrastructure Strategy.

Executive Summary Report

1. Brief background / introduction:

The Primary Care Estates Strategy (and ICS Estates Strategy) was last updated in 2020/21. There is a recommendation that there is substantial refresh of the Strategy, particularly to reflect learning post-Covid and the transformation of primary care (including comprehensive PCN workforce plans/Fuller Neighbourhood developments) and in line with the ICB's financial context.

ICBs are expected to develop system Infrastructure Strategies in 2024, and primary care will be a key element.

2. Summary of key points:

- There is a need to refresh the ICB Primary Care Estates Strategy. A suggested programme to support this work is being developed by the Estates Team, which will build upon the prioritisation process from earlier this year and will align to the development of the wider system Infrastructure Strategy.
- Key to this work will be the development of a more robust set of metrics (a heatmap) for objectively assessing the capacity, condition, compliance (including accessibility), utilisation, risks and challenges of the existing primary care estate.
- Members of the Primary Care Delivery Group, including both Local Medical Committees, will be key contributors to the development of comprehensive metrics for a system heatmap and help to inform a programme of practice visits to support the gathering of relevant data.

3. Are there any options?

Not progressing with a refresh of the Estates Strategy would prevent adequate long-term planning for improving the primary care estate, could lead to inequalities in provision/resource allocation, and may hinder relationships and partnerships with key ICB stakeholders.

4. Key Risks and Issues

- Capacity within the ICB – proposal for additional resource being developed by ICB Estates Team
- Ability to align ambitions with stakeholder expectations. This remains an area of significant public and political interest.
- Financial constraints to enable delivery of proposed solutions. A focus on efficiency and productivity, and inclusion of tactical projects (which can help to maximise the ICB BAU capital allocation and S106 funding) will be key.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

5. Are there any financial implications or other resourcing implications, including workforce?
No new financial implications at this stage, additional resource requirements and potential funding source being considered
6. How will / does this work help to address the Green Plan Commitments? Click to view Green Plan
Supporting progress towards Net Zero and other ICB Green Plan objectives will be included within the Strategy refresh.
7. How will / does this work help to address inequalities?
The recommendation is for a more objective and sophisticated assessment of need across BLMK, including factors relating to deprivation, with the aim of ensuring future resource is directed to the areas with the greatest need.
8. Next steps:
• Development of a programme, and proposal for additional resource to support this work. • Development of a draft Heatmap of primary care estates challenges, for further discussion with the Primary Care Delivery Group in the first instance.
9. Appendices
Appendix A– Review of Existing Estates Programme
10. Background reading
N/A

STRATEGIC ESTATES: PROGRAMME REVIEW AND STRATEGY REFRESH

1.0 Introduction

The purpose of this report is i) to provide an update against the Primary Care Estates Programme, and ii) to recommend an approach to refreshing the Primary Care Estates Strategy, to feed into wider work planned to develop the BLMK system Infrastructure Strategy.

2.0 Key Messages

- ICBs are expected to develop system-wide Infrastructure Strategies during 2024. The BLMK Strategy will need to provide a collective picture of the infrastructure challenges, opportunities and priorities across all of the ICS partner organisations – resulting in a prioritised capital pipeline for the system.
- A refresh of the Primary Care Estates Strategy will be a key part of this ICS work and will further support engagement with stakeholders around this high-profile area.
- The Strategy refresh will need to build upon the existing Primary Care Estates Programme. Of the 23 estates projects supported in this year's prioritisation process: 6 have been delivered, 10 are in delivery, 5 are in planning phase and 2 have not yet started. A further 10 projects have since been added to the programme. (See Appendix A.)
- A key focus of the Strategy will need to be on maximising existing assets and tactical opportunities. For primary care, there appears to be variation in how effectively premises are utilised, which may provide productivity and/or efficiency opportunities.

- The criteria used as the basis for this year's prioritisation process provided a helpful tool for differentiating between existing proposals/projects. It has not provided a sufficiently sophisticated tool for strategically assessing Need across all providers/areas.
- It is recommended that a focused piece of work takes place to further improve the ICB's knowledge base around the capacity, condition, compliance, utilisation, risks and challenges of the existing primary care estate. This should include more sophisticated metrics for assessing capacity, refreshed mapping of expected housing growth, review of compliance with accessibility requirements (as recommended in the Denny Review), and ideally closure of the gaps in information about building condition and other compliance requirements. This is likely to require a programme of premises inspections (and facet surveys for c.30 properties), which will be time-consuming to achieve given that there are 129 primary care premises in BLMK.
- This analysis would help to establish an evidence-based order of priority of Need across BLMK, to lead into a second phase of work to consider tactical opportunities for improving/flexing existing assets and more strategic proposals, and potential resources available to support this work (e.g., S106 funding / ICB BAU Capital).
- Taking forward these recommendations will require additional resource, still to be fully quantified by the estates team.
- Detailed guidance on the development of wider ICS Infrastructure Strategies is still awaited from NHS England; this is expected imminently with an initial deadline for a draft/outline document in March 2024, and a further deadline of December 2024 for the completed Strategy.

3.0 Background

Earlier this year the ICB carried out its first Primary Care Estates Prioritisation Process to support the allocation of £1.95m investment in primary care estates. This included 23 projects, ranging from simple quick win projects through to complex multi-agency new build Hub schemes.

Ten further projects have since opportunistically been added to the programme, where cost-neutral/net gain opportunities have been identified and where partnership working has helped to identify potentially affordable solutions to long-standing challenges.

The prioritisation process was based upon a new format, aligned to national criteria, which combined an assessment of Need along with an assessment of the Value and Achievability of proposed projects. All primary care providers were invited to submit proposals for consideration, so the focus was primarily on projects already with some level of planning.

The Primary Care Estates Strategy (and ICS Estates Strategy) was last updated in 2020/21. The Strategy is now in need of a significant refresh, particularly to reflect learning post-Covid, changes within the primary care, (including comprehensive PCN workforce plans/Fuller Neighbourhood developments) and in line with the ICB's financial context.

Discussions with partners about the strategy refresh have commenced (albeit not yet with a consistent system-wide focus). Various Place-level discussions have been established (including the dedicated programme in Bedford Borough and work underway to develop a roadmap to integrated neighbourhood working in Central Bedfordshire), in part in response to the prioritisation process and the transparency of financial challenges, although this presents some risks around inconsistency and inequity in approach.

4.0 Estates Programme – Progress Update

Appendix A provides a breakdown of the current Estates Programme, including the projects which have now been completed from the Prioritisation list.

In summary, of the original 23 projects: 6 projects have been delivered, 10 are in delivery, 5 are in planning phase and 2 have not yet started.

A further 10 projects have been added to the programme. 3 of these are in feasibility/planning phase only (with no formal commitment from the ICB to progress or fund) – Leighton Buzzard, Biggleswade and Wixams.

7 of these are new opportunities identified through the recent review of void and sessional space in NHS PS buildings, which has highlighted the potential for recurrent efficiency savings. These are all in planning phase, though most could be relatively quick projects to deliver.

5.0 Primary Care Estates Strategy Refresh

A refresh of the Primary Care Estates Strategy is required to achieve:

- A more structured and evidence-based assessment of Need – to help align the future Estates programme to the areas/providers with greatest need (current and future).
- Greater strategic focus on efficiency and productivity – i.e., achieving more with the same through maximising our existing Estate.
- A refreshed vision for enabling integrated care delivery, including facilitating greater access to wider civic spaces to support prevention, early intervention and wider well-being activities, and a realistic scale of ambition – with a particular focus on tactical projects at individual neighbourhood level. Where more strategic projects are proposed, there needs to be a direct link to the Service Strategy and benefits realisation.
- Development of a clear strategic plan for addressing inequalities in access to primary care facilities (as highlighted in the recent Denny Review), and a more robust plan for improving energy efficiency in our primary care estate – even if these plans need to be long-term given financial constraints.
- A more robust understanding of estates risks to help inform future ICB budget setting considerations.
- A refreshed pipeline of priority tactical and strategic capital projects for the next 5-10 years.

There is scope for a greater focus on efficiency and productivity, as evidenced by the ICB's recent review of void spaces. For primary care, the practices achieving the highest rates of appointments per 1,000 population include practices with premises we would consider to be severely constrained, which suggests that these properties may be more efficiently laid out (e.g., higher rates of clinical space to admin space) or may indicate good practice/ operational efficiencies which could potentially be applied elsewhere.

However, the majority of the practices with the lowest levels of appointments per 1,000 population are operating from constrained/severely constrained premises, and supporting these practices is likely to be an important area of focus for the refresh of the Estates Strategy.

Whilst this work will need to be informed by Place-level discussions and inputs, the Strategy will need a consistent approach across BLMK to support resource prioritisation.

5.1 Recommended Approach

It is recommended that the Primary Care Estates Strategy refresh includes six key elements:

1) Development of a **Heatmap of primary care premises issues** across BLMK, to provide a more robust analysis of Need and Risks. This can be developed in phases and is likely to require a programme of Practice/PCN Estates Inspections and facet surveys for an additional c.30 premises, along with an updated mapping of population growth. This will need to include more sophisticated metrics for assessing capacity challenges and efficiency opportunities, e.g., benchmarking of number of clinical rooms per 1,000 patients, face-to-face activity levels, etc.
2) **Cross-referencing of existing tactical and strategic plans against Heatmap**, including the recently completed PCN Estates Toolkits, which align to PCN Clinical Strategies.
3) **Mapping of available resources** to support delivery of plans, included an updated analysis of available S106 funding

4) **Gap analysis at system level** – i.e., where there is evidence of need, with no plan / resources / capacity for addressing this.
5) **Prioritisation of future projects**, with a particular focus on tactical projects and maximising the ICB BAU capital allocation and S106 funding.
6) **Discussions with each Place** about local priorities and partnership opportunities to support delivery.

Within this work, it is likely there will be opportunities for focused work with specific neighbourhoods. It is difficult to plan a structured, consistent approach around this given that each Place and each neighbourhood virtual "team" is at a different place in its development, but these opportunities can be weaved into this approach where appropriate. For example, a key objective within the Strategy is likely to be the facilitation of greater access to civic spaces for prevention / early intervention / wider wellbeing activities, which will be specific to each neighbourhood and each service requirement.

This approach ensures that the refreshed Strategy will build upon the existing programme and planning at PCN / Neighbourhood / Place level, whilst ensuring a strategic and equitable approach across BLMK.

5.2 Resourcing This Work

The ICB Estates Team are working at capacity. The current Primary Care Estates work programme consists of 27 live projects, and this is in addition to BAU responsibilities (Rent Reviews, responding to Planning Applications), and Corporate and ICS Strategic Estates responsibilities. Whilst the team have the necessary skillset to take much of this work forward, additional resource will be required to ensure this work can be progressed successfully and in a timely manner. Options for providing this capacity are being considered.

6.0 Summary

- There is a need to refresh the ICB Primary Care Estates Strategy. A suggested programme to support this work is being developed by the Estates Team, which will build upon the prioritisation process from earlier this year and will align to the development of the wider system Infrastructure Strategy.
- Key to this work will be the development of a more robust set of metrics (a heatmap) for objectively assessing the capacity, condition, compliance (including accessibility), utilisation, risks and challenges of the existing primary care estate.
- The detail of the proposed programme and the development of the draft heatmap will be developed through the Primary Care Delivery Group in the first instance.

Item 9 Appendix 1 - Estates Programme Update Nov 23

Scheme	Project Status	
Grove View Hub (Dunstable)	Delivered	Prioritised in Jan 23
Biddenham	Planning Phase	Prioritised in Jan 23
Union Street	Delivered	Prioritised in Jan 23
North Bedford Hub	In Delivery Phase	Prioritised in Jan 23
King Street	Planning Phase	Prioritised in Jan 23
Kempston Hub	Planning Phase	Prioritised in Jan 23
Great Barford	Planning Phase	Prioritised in Jan 23
Priory Gardens	Delivered	Prioritised in Jan 23
Cranfield	In Delivery Phase	Prioritised in Jan 23
Greensand (Ampthill)	In Delivery Phase	Prioritised in Jan 23
London Rd Add Rooms	In Delivery Phase	Prioritised in Jan 23
East MK Expansion Area	In Delivery Phase	Prioritised in Jan 23
Phoenix Sunrisers	Delivered	Prioritised in Jan 23
Westfield Rd	Planning Phase	Prioritised in Jan 23
Leighton Buzzard PCN	Delivered	Prioritised in Jan 23
Hatters Health - immediate	In Delivery Phase	Prioritised in Jan 23
Watling Street PCN	Not yet started	Prioritised in Jan 23
East Bedford PCN	In Delivery Phase	Prioritised in Jan 23
Hillton PCN	Not yet started	Prioritised in Jan 23
Medics	Delivered	Prioritised in Jan 23
Water Eaton	In Delivery Phase	Prioritised in Jan 23
Asplands Surgery	In Delivery Phase	Prioritised in Jan 23
Flitwick Extra Care	In Delivery Phase	Prioritised in Jan 23
Leighton Buzzard Additional Services	Planning Phase	Added to Programme since Jan 23
Biggleswade Feasibility Study	Planning Phase	Added to Programme since Jan 23
Wixams - Feasibility	Planning Phase	Added to Programme since Jan 23
Leighton Buzzard Health Centre - void space for primary care	In Delivery Phase	Added to Programme Nov 23
Sandy Health Centre - void space for primary care	Planning Phase	Added to Programme Nov 23
Liverpool Road - void space for primary care	Not yet started	Added to Programme Nov 23
Gooseberry - void space for primary care	Not yet started	Added to Programme Nov 23
Houghton Regis Health Centre - void space for primary care	Planning Phase	Added to Programme Nov 23
Shefford Health Centre - void space for primary care	Not yet started	Added to Programme Nov 23
Queens Park Health Centre - void space for primary care	Not yet started	Added to Programme Nov 23

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Report to the Primary Care Commissioning & Assurance Committee 15 December 2023
10. Primary Care (Medical Services) Contracting Update

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☐	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐(please advise):			

Report Author	Lynn Dalton, AD Primary Care Development
Date to which the information this report is based on was accurate	28 November 2023
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
This report has been presented to the following board/committee/group:
This report has not been presented elsewhere although does contain updates and outcomes from previous contracting papers presented to Primary Care (Medical Services) Delivery Group (PCDG) and PCC&AC.

Purpose of this report - what are members being asked to do?

Members are asked to **note** the following updates:

1. Current list closure
2. Cobbs Garden Surgery, Milton Keynes
3. Update on Wenlock Street Surgery, Luton
4. Caretaking arrangements at The Village Medical Centre, Bedford – contract held by Queens Park
5. GP practice procurements
6. Changes to procurement regulations.

Executive Summary Report

This report sets out key developments relating to primary care contracting over the past three months. The purpose of this report is to provide assurance to the committee members that all decisions have been made in a transparent, fair and equitable way in line with regulations, patient and practice needs and that our duties as delegated commissioners have been fully discharged.

1. Brief background / introduction:

This report gives an overview and update on any issues or concerns relating to BLMK general medical practices that may impact on patient care, service delivery or practice viability and/or risks of a contractual or regulatory nature. All matters in this report have been approved and/or noted at the Primary Care (Medical Services) Delivery Group (PCDG) and are now shared with PCCAC members for assurance and governance purposes.

2. Summary of key points:

1. List closures

The following practices currently have list closures in place:

Practice	Place	Start date	Length	Due to reopen
COBBS GARDEN SURGERY	MK	3/1/23	12 months	January 2024
LINDEN ROAD SURGERY	Bedford	3/5/23	12 months	May 2024
DR MIRZA & PARTNERS	Luton	1/8/23	6 months	January 2024
SOVEREIGN MEDICAL CENTRE	MK	15/9/23	3 months	December 2023
FISHERMEAD MEDICAL CENTRE	MK	21/9/23	12 months	September 2024

All list closures have been approved by the Primary Care (Medical Services) Delivery Group following due consideration of the issues presented in the practices' applications, and the lists will re-open at the stated times.

2. Cobbs Garden Surgery

Following partner resignations, the practice has accepted that the ICB will not accept a reversion from a partnership to a single-handed contractor but has been equitable and fair in its approach and has given the practice three months to recruit a clinical GP partner(s) that will deliver nine clinical sessions per week to patients. This is in addition to the recruitment of a non-clinical managing partner.

However, the timeframe to recruit a new clinical GP partner has now been extended to March 2024 to

allow the current managing partner, who is a GP by background and still registered with the GMC, to re-join the national performers list (NPL). All doctors working clinically in GP surgeries must be registered on the NPL.

3. Wenlock Street – Closure

- Following the termination by Dr Saleh of his General Medical Services contract the practice closed on 28 July 2023
- All in area (Luton) patients that were dispersed were registered by the receiving 7 practices within 5 calendar days. Local practices have been thanked for their support.
- Patients living outside Luton, who had not re-registered with a new practice were sent a reminder w/c 4 September 2023. These patients have now reregistered.
- Clinical and administrative support remains in place to manage the closure of the IT system and to oversee the management and clinical actions e.g., results and discharge summaries. This work has now been completed and the clinical system closed.
- The ICB was due to receive the draft CQC report on 27 November to prepare a proactive statement prior to publication on 29 November. CQC has confirmed the publication of the report has been delayed.

4. Caretaking arrangements at The Village Medical Centre (TVMC), Bedford – contract held by Queens Park Queens.

The ICB are still working very closely with the practice to ensure that they will not be subject to any financial losses for holding the one-year GMS contract for TVMC.

Due to a number of reasons Queens Park were unable to progress with a close and disperse of TVMC list to Queens Park, as a result of this and the current public contract regulations (2015) the ICB was required to put in place an Alternative Provider of Medical Services (APMS) contract until 31 July 2023.

The current position is that the APMS contract has been extended to 31 March 2024 with a view to the patients then being dispersed to Queens Park GMS contract. The contract extension enables the ICB to vary Schedule 4 (Finance). Therefore, the additional premium that was being paid to the practice will be reduced as this is no longer an emergency caretaking arrangement.

The ICB are in dialogue with the partners to ascertain as to whether they wish to retain the patient list or if the ICB need to draw down from the procurement framework for a new provider. A timeline for a final decision has been set for 8 December.

5. GP Practice Procurement update

The following 8 practices currently being delivered under Alternative Provider Medical Services (APMS) contracts form part of the ICB's ongoing procurement programme:

Practice Name	Place	Contract end date	List size June 23	Commissioning intention 23-24
Kingfisher	MK	31/3/2024	6,367	Offer as a branch of a GMS practice
Putnoe	Bedford	31/3/2024[1]	17,018	Extend contract to 2026
Town Centre (Inc UTC)	Luton	31/3/2024[1]	12,584	Extend contract to 2026 then reprocure GP services separately
Ivel Med Cent	C Beds	30/11/2024	13,460	Procure long-term contract

Cauldwell	Bedford	31/3/2025	9,676	NA – ongoing contract management
Brooklands	MK	31/8/2028	21,407	NA – ongoing contract management
Whitehouse	MK	31/8/2028	12,685	NA – ongoing contract management
Kingsway	Luton	30/9/2028	19,016	NA – ongoing contract management

[1]Contract extension up to 31/3/26 has been approved.

The following progress has taken place since the last PCCAC meeting:

- Successful mobilisation of a new contract for Kingsway Health Centre and Bramingham Park Medical Centre on 1 October under East London Foundation Trust
- Launch of procurement exercise to offer Kingfisher Surgery as a branch of an existing GMS practice.
- Discussions with current contract holders of urgent and same-day services regarding contract extensions to March 2026 to align with urgent and same-day primary care reprocurement timelines.

In addition, planning is underway for an expression of interest exercise for a branch surgery in the East MK development.

6. Changes to procurement regulations

New regulations, known as the Provider Selection Regime (PSR), governing how health care services can be procured will come into force on 1 January 2024. These replace the current Public Contract Regulations (2015), They will have implications for ICBs' decision-making processes and any procurements starting after 1 January 2004 will need to be carried out under the new regulations.

The primary care contracting team, in discussion with AGEM CSU, our specialist procurement advisors, has carried out a review of all primary care contracts which may be subject to procurement under PSR and has concluded that there is no material risk to the ICB of challenge under the new regime for any of these contracts at the present time. Procurements already underway, such as the one for Kingfisher Surgery, are to be completed under the current regulations, while other procurements likely to take place over the next 2-3 years are not due to start until the ICB has had time to align its governance processes to the new regulations.

7. Are there any options?

As set out in the body of the paper for each item.

8. Key Risks and Issues

As set out in the body of the paper for each item.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☐

Risk associated with the Wenlock Street closure has been added to the risk register.

9. Are there any financial implications or other resourcing implications, including workforce?

No.

6. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

Care closer to home and the use of telehealth through remote consultations supports the reduction in carbon emissions.

7. How will / does this work help to address inequalities?

By ensuring continuity of primary care medical services, particularly in areas which may be underserved or experiencing deprivation. Consideration has been given to all protected groups and characteristics to ensure that our statutory requirements have been effectively discharged and that patients are not inadvertently discriminated against by any decisions that we make. Any changes to service delivery will have both a quality impact assessment (QIA) and an equality impact assessment (EIA) undertaken.

8. Next steps:

The primary care contracting team will notify practices of application decisions and vary contracts as applicable and/or monitor and oversee the implementation and action of any conditions that have been applied to a decision. The contracting team will report back to the PCDG within the agreed timeframe.

9. Appendices

Additional information available on request.

10. Background reading

All primary care contracts are underpinned by both primary and secondary legislation, which then informs regulations and then the contract.

In addition, primary medical care contracts need to be assessed against the criteria that is set out within the Policy Guidance Manual (PGM) to ensure that all contractors nationally are treated equitably by following due process.

Policy Guidance Manual

BLMK ICB in addition take into consideration the sustainability of practices, taking a supportive approach to ensure continuity of and support to the primary care workforce and consider the impact on patient care. This is through our Primary Care Strategy.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
11. Primary Care (Dental Services) Contracting update

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
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☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☐
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐(please advise):			

Report Author	Lynn Dalton, Associate Director of Primary Care Development
Date to which the information this report is based on was accurate	07/12/2023
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Primary Care Dental Contracting Team
This report has been presented to the following group:
Primary Care (Pharmacy, Optometry and Dental) Delivery Group on 04/12/2023

Purpose of this report

The members are asked to **note** and **discuss** the following:

1. Opportunities for flexible commissioning in primary care dentistry – A framework for commissioners.- actions to date
2. Update on remedial and breach of contract notices and next steps
3. Dental biopsy pilot update
4. Update on collaborative working with Public Health
5. Year-end 2022/23 and mid-year reconciliation 2023/24
6. Dental Work Programmes.

Executive Summary Report:

NHS England delegated commissioning responsibility for community pharmacy, optometry and dental services to the ICB on 1 April 2023. This is in addition to primary medical services contracts, which were re-delegated to the ICB on 1 July 2022 following changes to the Health and Social Care Act 2022.

The ICB has commissioning responsibility for dental contracts, this includes 121 General and Personal Dental Service contracts, 2 acute trust dental contracts, 2 Community Dental Services (CDS) contracts. SCDS contractors look after the most vulnerable patients including patients with mental health and learning disabilities, Special Educational Needs Disabilities (SEND) Schools, Looked After Children (LAC) children requiring dental extractions under general anaesthetic. In addition a range of orthodontic, minor oral surgery and other contracts to support the delivery of dental services.

1. Brief background / introduction:

This report is to provide members of the committee on the contracting work being undertaken and assurance the ICB is meeting its delegated statutory functions for commissioning and contracting dental services.

2. Summary of key points:

1. Opportunities for flexible commissioning in primary care dentistry – A framework for commissioners

In October 2023, NHS England launched new national guidance “Opportunities for flexible commissioning of primary care dentistry: A framework for commissioners” **Appendix A**. Following which the ICB dental team attended a national event of the Office of the Chief Dental Officer to launch the guidance and enable commissioners an opportunity to meet with the national dental commissioning team, share knowledge, review options to support commissioning dental services.

The guidance provides a framework for commissioner to explore opportunities for flexible commissioning to prevent poor oral health, protect and expand access and deliver high quality care. As the guidance states meeting these ambitions will require commissioners and providers of local dental public health activities and dental care and treatment activities to consider how best to deploy available resources. From a national position the restoration of dental contractors’ mandatory dental services following the pandemic remains a key priority.

The ICB is currently reviewing the guidance and we are and will continue to consider the opportunities for flexible commissioning of primary care dental services. A number of steps set out in the guidance and highlighted in blue type have already been taken by the ICB to support our local approach to flexible commissioning. The actions taken by the ICB has been communicated with dental contracts in the attached newsletter **Appendix B.**

i. **Supporting contractors with low indicative Units of Dental Activity (UDA) values** - The ICB has increased funding to fragile contractors to level up their contract rates with other dentists in the ICB to stabilise and retain contracts. In August 2023, the ICB levelled up the UDA funding to 24 dental contractors of which 5 were in Bedford Borough, 5 in Central Bedfordshire, 9 in Milton Keynes and 5 in Luton. This approach was supported by the Delivery Group and the Local Dental Committees (LDCs) and was welcomed by the contractors.

ii. **Redistribution of resources** – In June 2023, the ICB implemented its approach to recycle dental activity where a contractor requested to reduce their contracted activity and funding. The ICB through a local Expression of Interest (EOI) has redistributed the activity and financial resource to contractors in the same place-based area. This approach has been taken to try and retain the activity where possible in the same place-based area and to prevent patients travelling out of their town. It has supported contractors who are able to take up this option and boost their capacity and funding and has proven successful.

iii. **Dental Access Pilot** - On 8 November, the ICB launched an Expression of Interest (EOI) process to all BLMK NHS dental contracts to apply to take part in an 18-month access pilot to provide additional access to dental services evenings, weekends and bank holidays. Interested dental contractors had until 25 November to submit their EOI. The ICB has received EOIs from fifteen dental contractors, these are currently in the evaluation stage. To be considered for the pilot contractors must have met their contracted activity in 2022/23. Once the evaluations stage is completed, the mobilisation stage will commence. The timeline for commencement will be in January 2024. Once the service commences robust performance reporting and monitoring of the service will take place. Communications will be issued to key stakeholders. Reporting of the service will be through the primary care POD delivery group and assurance provided to this Committee.

iv. **Dental Public Health Services and further services** – In August 2023, the ICB commenced working with the Public Health Consultants for our four Local Authorities, with the aim of developing our dental oral health prevention plan to address oral health inequalities. As the guidance outlines under mandatory services all dental contractors are contracted to provide prevention care and treatment some contractors will do this in their practice and some who have the staffing resource or are a training practice will deliver community outreach work.

The ICB is currently undertaking a piece of work to benchmark our dental contractor's prevention work. The information will be used to triangulate with oral health prevention initiatives being undertaken by the LAs to assist in developing a focused system oral health prevention and implementation plan. To support this work NHS England Dental Public Health Consultant has confirmed the BLMK dental access needs assessment will be finalised and distributed to the ICB by 31 December, following which a meeting will be convened with ICB, Public Health and LDCs to review and support the planning of the next steps. Once the prevention plan is ready the draft will be shared with dental contractors and stakeholders for their views and feedback.

v. **Additional investment into new or existing contracts** - following a decision by a Luton dental contractor to terminate their general dental service contract a range of options for the contract were discussed at the November delivery group. The group gave agreement to use the existing recurrent financial resources to procure a new personal dental services contract, providing mandatory and additional services focusing on urgent care, prevention and stabilisation at enhanced UDA rate. The preference for this service is for a new contract to be located in Luton to retain access in an area of deprivation and dental need. The procurement plans, financial modelling and tender documents are currently in the scoping phase. Once finalised the procurement will commence in early 2024 and be subject to the national change in procurement regulations moving from the current Public Contract Regulations (2013) to the Provider Selection Regime (2024).

2. Remedial and Breach of Contracts

In the last quarter the ICB has issued three remedial breach of contracts notices. The dental team have been working with the contractors to secure an approach to remedy the breach notices and retain access to dental services. One of the breach notices the contractor was unable to remedy and has resulted in the termination of the contractors General Dental Service contract. The recurring funding will be used to re-procure a new dental contract in Luton.

The other contractor also in Luton has been issued with two remedial breach notices for two different contracts held by the provider. The dental team have been working with the contractor and a potential solution supported by the Primary Care (POD) Delivery Group was offered to the contractor. At the time of preparing this report the contractor has confirmed their agreement to the offer which will be formalised through a contract variation. This will ensure the contractor is supported to deliver the terms of their dental contract and their contracted dental activity.

3. Biopsy Pilot Service undertaken by Leagrave Sedation Clinic

In early 2022, NHS England instructed Deloitte to conduct a report into the number of patients waiting for treatment within secondary care oral surgery in the East of England. The findings of the report highlighted that there were many patients waiting for treatment. In response to this report a regional steering group was formed, led by the Regional Director of Primary Care and Cambridge & Peterborough Hospitals University Foundation Trust and attended by the Managed Clinical Networks Chairs (MCN), Trusts consultants, NHS England and ICBs The Minor Oral Surgery MCN chair is supportive of the pilot and clinical governance has been undertaken.

Region requested the ICB to progress the pilot. This is a pilot for a maximum of 100 patients to see if an accredited sedation clinic (Leagrave Sedation Clinic) that can treat the patients within a primary care setting if it is a viable option, the aim is to prevent patients who require a biopsy joining the waiting list, support the shift of secondary care to primary care activity reducing pressure on the acute trust wait times for patients and improved patient experience.

The total cost of the pilot is £27,400, however there was a delay in starting due to the costs the trust was seeking for processing pathology samples; as a result of the increasing costs the ICB has commissioned pathology services from an independent hospital group, this enabled the pilot to commence on 28 September.

Biopsy referrals waiting for treatment were allocated via the ICBs Dental Referral Management Service (prior to patients being placed on the acute trust waiting list) to Leagrave Sedation Clinic. The clinic has completed 19 advance IV sedation cases and 25 biopsy cases. The pilot will continue until the contractor has completed 100 cases.

There are currently no referrals waiting for the service. The acute trust has been requested to review its waiting list of patients waiting over 40 weeks who do not have an appointment within the next circa 8 weeks and who could be eligible to request to move to a different hospital/setting to be treated sooner to be directed to Leagrave Sedation Clinic. At the regional secondary care dental meeting in November, the trust agreed to support this work and will review patients on the waiting list for transfer to the pilot practice and will put in place sub-contracting arrangements. Early feedback from patients is positive, they were happy to be seen quickly and received their follow up appointment within 3 weeks either by telephone or face to face appointment.

4. Collaborative working with Public Health Consultants representing Local Authorities

The ICB dental contract and prevention team have commenced working in collaboration with Public Health Consultants representing the four local authorities. To discuss dental oral health prevention planning. It has been agreed the next step is to survey and benchmark the public health prevention work that is being undertaken by BLMK dental contractors either their prevention in-house or outreach work. This

will be triangulated with the dental oral health initiatives being undertaken in each of the four LAs. In addition NHS England Dental Public Health Consultant is preparing BLMK dental access needs assessment, which will support the development of the BLMK oral dental health prevention and implementation plan with a focus on the key priorities which as a minimum will be children's oral health prevention and care homes. Once the draft plan is ready it will be shared with the Local Dental Committees, dental contractors and key stakeholders for their views and feedback prior to being finalised. The plan will be included in the wider Integrated Care System prevention and implementation plan.

To support this work both the ICB and Local Authorities will work collaboratively to ensure both organisations available funding is used to support the delivery of the plan, which will be monitored, reviewed and evaluated. The plan will be ready in 2024/25, the timeline will not prevent the current oral health prevention initiatives that are currently taking place from continuing.

5. Year End 2022/23 and mid-year 2023/24 dental reconciliation

The dental team have completed the 2022/23 Primary Care dental contract Year End process which takes place from June until September annually. To note as NHS England (East of England) was the commissioner of contracts in 2022/23 whilst the ICB has overseen year end process financial reconciliation in terms of clawback will be returned to region.

To support this work the dental team has worked collaboratively with the NHS Business Services Authority (NHS BSA) to ensure each stage of the process is consistently applied and aligned to National guidance, NHS Dental Services Regulations 2005, contractual obligation and the Policy Book for Primary Care Dental Service NHSBSA issued contractor correspondence in August 2023.

Following receipt of national guidance for 2022/23 financial year and changes in the new guidance the threshold has reduced from 96% to 90% for dental financial clawback, and activity that dental providers can request to carry forward into 2023/2024.

The clawback in 2022/23 is significantly higher than previous years. Contractors do have a right to challenge their clawback. The ICB is aware that challenges have been received and an appeals process is being overseen by East of England region and they will inform contractors of the outcome. However, it should be noted that as the financial clawback has been returned to region the money is not available for investment in dental services by the ICB.

The ICB has commenced the mid-year reconciliation process for 2023/24 financial year, we anticipate this to be higher than previous years. NHSE BSA has written to 18 dental contractors who have not met the threshold to deliver 30% of their contracted activity by mid-year. They have 28 days to submit a plan of how to meet their contracted activity by year-end. Until this is complete the ICB is not able to confirm the mid-year financial clawback.

In 2023/24 NHS England confirmed the delegated dental budget was ringfenced, however the position changed mid-November when NHS England confirmed with ICBs that ring fencing of dental budgets will be lifted and ICBs can consider using the financial clawback to contribute to the ICB financial baseline position, this may impact on the budget primary care has available to reinvest on a non-recurring basis in dental services.

6. Dental work programmes

The ICB dental team are involved in a number of dental work programmes with the regional team reviewing secondary care dental pathways, with the region wide Local Dental Network, four Management Clinical Networks overseeing and reviewing dental a, initiatives and opportunities. The ICB is also working in collaboration with its two Local Dental Committees representing dental contractors across the ICB area.

As committee members will be aware the ICB is currently in the process of a reorganisation to support the implementation of the ICBs Target Operating Model. The new structure has been finalised and includes additional resource in the primary care medical and dental contracting team.

7. Are there any options?

As set out in this paper.

8. Key Risks and Issues

As set out in this paper.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☐

Primary Care has drafted the dental risk register the register will be shared at the Primary Care (Pharmacy, Optometry and Dental) Delivery group in January 2024.

9. Are there any financial implications or other resourcing implications, including workforce?

The ICB is in receipt of the delegated dental budget to commission dental contracts and services in BLMK. NHS England confirmed in April 2023 the budget would be ringfenced. In November 2023 NHS England has confirmed with ICBs the ringfencing has been lifted.

Dental workforce consistent with GP and Pharmacy workforce is challenged. Flexible Commissioning arrangements give the ICB an opportunity to consider how we can use the arrangements to support dental contractors with workforce and upskilling of their staff to support delivery of their contracts. This is an option the ICB will be exploring with the Local Dental Committees.

10. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

For review and further consideration.

11. **How will / does this work help to address inequalities?**

The ICB has given a commitment to stabilise existing dental contracts in 2023/24 and ensure continuity of services and retain access. The ICB will review opportunities within the delegated dental budget to review and commission dental services.

The ICB will work in collaboration with NHS England, Dental Public Health Consultant, Public Health Consultants representing the four Local Authorities across BLMK. This work will support the planning and development of a BLMK dental oral health prevention, once this work is complete it will be embedded in the ICB prevention and implementation plan to ensure system support to deliver the plans to address dental oral health inequalities.

12. Next steps:

13. Appendices

Appendix A Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners.
Appendix B ICB Dental Contractors newsletter – final version.

14. Background reading

All primary care dental contracts are underpinned by both Primary and Secondary legislation, it is this that informs Regulations and the contracts.

In addition, Primary Dental Care Contracts need to be assessed against the criteria that is set out within the 'Policy Book for Primary Dental Services' to ensure that all contractors nationally are treated equitably by following due process. NHS England » Policy book for primary dental services

In addition, the ICB will take into consideration the sustainability of practices, taking a supportive approach to ensure continuity of and support to the primary care workforce and consider the impact on patient care. This will be developed through the Primary Care (Fuller Programme) Strategy.

NHS England

Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners

Publication reference: PRN00548

Contents

Abbreviations and Acronyms

The following Abbreviations and Acronyms are used in this document:

GDS	General Dental Service Contract
PDS	Personal Dental Service Agreement
PDS Plus	Personal Dental Service Plus Agreement
SFE	Statement of Financial Entitlement
UDAs	Units of Dental Activity
UOAs	Units of Orthodontic Activity
COT	Courses of Treatment
NACV	Negotiated Annual Contract Value
NAAV	Negotiated Annual Agreement Value
AACV	Actual Annual Contract Value

Up to date definitions for these terms are contained within the:
The General Dental Service Contract and Personal Dental Service Agreement available here,
The National Health Service (General Dental Services Contracts) Regulations,
The National Health Service (Personal Dental Services Agreements) Regulations
The GDS / PDS Statement of Financial Entitlement Directions including amendments available here.

The current versions of the Policy Book for Primary Dental Services and the Appendices are available here

Introduction

Following the delegation of primary care commissioning functions to ICBs from 1 July 2022 and to all ICBs on 1st April 2023, commissioners are exploring opportunities to commission dental services to prevent poor oral health, protect and expand access and deliver high quality care. Meeting these ambitions will require all commissioners and providers of both dental public health activities and dental care and treatment activities to consider how best to deploy their available resources. From a national dental care and treatment perspective, the restoration of mandatory services following the pandemic remains a key delivery priority.

Whilst this focus on mandatory services is critical to restoring access to dental care for the majority of people, we also want to highlight to ICBs the flexibilities which exist within the current national dental contractual framework to enable them to tailor services to meet specific population needs, and to take steps to support practices with changes to UDA values, where this presents clear value for money.

The aim of this guidance is to provide ICBs with an outline of the legal requirements of the national dental contractual framework and to highlight the key considerations associated with procuring Additional and Further Services, previously termed 'flexible commissioning'. Since this concept was introduced in 2020/21, we have refined our national position regarding the legal framework and the boundaries of flexibility open to ICBs. As such, this guidance supersedes any previous guidance provided to commissioners.

This guidance is intended to support commissioners with the following opportunities:

- Additional investment into new or existing contracts to address areas of need including;
    - Increased contracting of Mandatory Services,
    - commissioning additional capacity for Advanced Mandatory Services, Sedation and Domiciliary Services and Orthodontics,
    - commissioning additional capacity for Dental Public Health Services and / or Further Services.
- Reallocation of existing contractual funding away from Mandatory Services into new priorities (commissioned as Additional or Further Services);
- Local negotiation of indicative rates for Units of Dental Activity (UDAs) or Units of Orthodontic Activity (UOAs).

The contents of this guidance should be considered alongside the Policy Book for Primary Dental Services and the national dental contractual framework. Commissioners should continue to give due regard to national procurement guidance and organisational standing orders and standing financial instructions should also be observed when implementing any aspects of this guidance.

Services that can be commissioned under the GDS contract and PDS agreement

Three types of services are described in both the GDS and PDS Regulations: Mandatory, Additional and Further Services. Both Mandatory and Additional Services are defined within the Regulations. There is greater scope for commissioners to define the target population, required activity and associated remuneration of Further Services, including Dental Public Health Services, to meet the specific needs of their local populations which go beyond Mandatory Services.

Mandatory services

Mandatory Services may be thought of as the core services which high street and community dental services should be able to provide. These are usually accessed by potential patients requesting care from an individual high street practice. The full list of Mandatory Services are defined in Regulation 14 of the GDS and PDS Regulations and include:

- examination,
- diagnosis,
- advice and planning of treatment,
- preventative care and treatment,
- periodontal treatment,
- conservative treatment,
- surgical treatment,
- supply, and repair of dental appliances,
- the taking of radiographs,
- the supply of listed drugs and listed appliances,
- and the issue of prescriptions.

These activities are then grouped into banded courses of treatment which must be monitored and remunerated as Units of Dental Activity (UDAs) in order to be compliant with the GDS / PDS Regulations and the GDS / PDS SFE.

Additional Services

Additional Services are defined in Schedule 1 of the GDS / PDS regulations. Additional Services include Advanced Mandatory Services, Domiciliary Services, Sedation Services and Orthodontic Services. Requirements for each of these services are provided in the Regulations, although Orthodontic services are usually commissioned separately. The primary scope for flexibility here is in determining the optimal level of commissioning and subsequent delivery of these services to meet local population needs. Additional Services, like Mandatory Services, must be monitored and remunerated as set out in regulations, either through Units of Dental or Orthodontic Activity or as Courses of Treatment.

Dental Public Health Services and Further Services

Dental Public Health Services and Further Services are the areas where commissioners have the greatest flexibility to define the target population, associated activities, and associated remuneration as these are not defined with the GDS/ PDS Regulations. The service specification needs to go beyond reasonable expectations for the provision of mandatory services and should not replicate regulatory definitions of either Mandatory or Additional Services. There are a number of ways this could be achieved, for example, through a focus on provision of care to a defined target population, specific access requirements e.g. holding of appointment slots for direct booking of patients seeking urgent care or through a requirement to provide care and treatment not otherwise defined in the GDS/ PDS Regulations such as the provision of additional reports for looked after children.

Commissioners are able to determine their own remuneration approaches for Further Services which could be entirely non-UDA based or take a hybrid approach where there is an overlap with Mandatory Services. For example, a Further Service could describe an outreach activity which would then lead to a Mandatory Service being provided. In these circumstances, there could be a discrete payment for the outreach activity with any associated care delivered because of that outreach being remunerated using UDAs and measured as Courses of Treatment.

Summary of GDS / PDS regulations and GDS / PDS SFE

The GDS Regulations and GDS SFE requirements are based around the provision and remuneration of UDAs as part of Mandatory Services. Mandatory Services must be included in a GDS contract, whilst they are an optional element of a PDS contract. Additional and/or Further services may also be included. Unlike the GDS contract, the PDS Regulations allow for Additional / Further Services to be commissioned in a PDS agreement without the inclusion of Mandatory Services. The PDS SFE confirms that whilst the arrangements for remuneration are mostly determined locally, these must still comply with the definitions for Mandatory, Additional and Further Services in the PDS Regulations.

In addition to this, PDS agreements are time limited, unlike a GDS contract which is held in perpetuity. A contractor with a PDS agreement to provide Mandatory Services or mixed contract may currently apply to convert to a GDS contract, limited to the Mandatory element only, at least three months prior to the end of the PDS agreement.

PDS Plus agreements were developed in 2009 for procurements under the Dental Access Programme. These are regulated by the PDS Regulations and a contractor holding a PDS

Plus agreement which is providing Mandatory Services, has the same right to transfer the mandatory service element only to a GDS contract in line with a PDS agreement.

Where Mandatory Services are included in the GDS contract or PDS agreement the commissioner should ensure these are defined in part 8 of the contract / agreement. Additional Services should be defined in Part 9 of the contract/agreement and Further Services should be defined in Part 10 of the contract/agreement. These definitions need to include the activities being commissioned, how they will be remunerated and how any non-compliance will be monitored and addressed. Where an Additional Service is defined in the Regulations, this definition needs to be adhered to.

Commissioners should note that the mechanisms for financial recovery described in both the GDS and PDS Regulations and the GDS / PDS SFE apply only to the delivery of UDAs delivered under Mandatory Services and UOAs delivered under Orthodontic services. As these are national contract arrangements commissioners are supported with the year-end reconciliation and management of these contracts. Local contract arrangements are not supported through these national processes and ICBs will therefore need to ensure that they have sufficient resources to enact any mechanisms for financial recovery for all other Additional and Further Services.

Commissioning Additional and Further Services

Key considerations when making commissioning decisions regarding Additional and Further Services

Legal responsibility for commissioning decisions rests with the ICB. In reaching these decisions, commissioners are encouraged to engage with Local Dental Network Chairs, Managed Clinical Network Chairs, Consultants in Dental Public Health, representatives of the profession and with the public as appropriate and necessary to discharge statutory duties.

Commissioners may be approached by contractors seeking to 'flex' a proportion of their contract. Any such request should be subject to the same considerations as an ICB initiated development and, if felt beneficial, should be opened to all eligible contractors.

When considering the commissioning of Additional or Further Services ICBs will want to consider the following points:

- Under section 13Q and section 14Z45 of the NHS Act 2006 commissioners have a statutory duty to 'make arrangements' to involve the public when making commissioning decisions that will affect services for NHS patients. Commissioners also have a responsibility to ensure that any services represent good value for money and are clinically effective. Further advice on this can be found in the Policy Book for Primary Dental Services.
- Commissioners are encouraged to work with Consultants in Dental Public Health and others as appropriate to undertake local needs assessment, service evaluation and seek engagement from service users to identify whether or not there is sufficient provision and/or appropriately placed Mandatory Services (including Community Dental Services), Advanced Mandatory Services, Domiciliary Services and Sedation Services necessary to meet local needs.
- Where the commissioner has determined that Additional or Further Services are required these must comply with the definitions in the Regulations and go beyond the reasonable expectations of Mandatory Services delivery as described above.
- Additional and Further Services may be funded in two ways: through local funds not already committed or through the redistribution of existing contract resources through an offsetting of existing UDAs. Where this latter approach is being considered commissioners must undertake an assessment of this on wider access to Mandatory Services. Examples of questions for the Commissioner to consider are included in Section 10.3 Impact assessment of the Policy Book for Primary Dental Services
- When commissioning Additional or Further Services using local flexibility, commissioners should consider the risk of legal challenge at a local level and the impact that local programmes may have on wider national arrangements and contract reform packages. It is recommended that legal advice is sought as part of this process.
- Where Additional or Further Services are commissioned, the commissioner has a responsibility to ensure that these services represent good value for public money, is evidence-informed and clinically effective.

- To ensure access to dental care is not impacted, NHS England does not recommend that a UDA offset approach be used to commission Additional and Further Services which are not directly related to the provision of dental care and treatment or the support of oral health improvements, for example, opportunistic blood pressure testing. Commissioners are reminded that the provision of preventative advice is a Mandatory Service and that adherence to Delivering Better Oral Health is a contractual requirement.
- Opportunities to provide Additional or Further services should adhere to any relevant procurement and be available to all contractors in an ICB area who meet the eligibility criteria in order to ensure fairness and transparency.
- Robust processes that support all decision making should be in place which includes maintaining a thorough and accurate record of all communications, discussions, and actions undertaken.
- Performance management of Dental Public Health and locally defined Further Services and any associated financial recovery are not governed by the Regulations / SFE. Therefore, the Commissioner will need to determine their own mechanisms to monitor and measure performance. This also needs to describe the management of underperformance, including provision for financial recovery, within any contract variation.
- It is recommended that Additional or Further Services are commissioned on a time limited basis. This gives commissioners flexibility to ensure that services continue to meet the needs of the local population and that local contracts do not replicate any future nationally agreed changes to the GDS / PDS Regulations, SFE and GDS contract / PDS agreement. It also avoids any inadvertent permanent inclusion of the service in an ongoing GDS contract.
- A contract variation must be used to set out the mutually agreed terms and conditions by varying the appropriate clauses within the GDS contract / PDS agreement and must specify the date that the variation comes into effect.
- The commissioner must ensure that the relevant service lines on compass are amended to reflect the contract variation to ensure visibility of activity and support the reconciliation of the contract at year-end.
- Once the agreement is in place, the commissioner should inform patients and stakeholders, including Directory of Service (DOS leads) and NHS111 of the start date. Changes to services should be reflected on the nhs.uk practice profile to ensure accurate information is available to patients. This requirement should also be included within any locally developed service specification.

Examples of Additional and Further services

Below are some examples of the type of Additional and Further Services which can be commissioned in line with the GDS / PDS definitions and which do not replicate Mandatory Services.

Example – Enhanced Health in Care Homes

Utilising the Mouth Care Matters model, Dental Care Professionals (DCPs) in dental practices are commissioned to provide support to care home staff for day-to-day management of the oral health of residents. This includes regular attendance at the care or residential home to facilitate oral health checks and give guidance on individualised care plans for each patient that can then be used by the care home staff daily.

This is additional to Mandatory Services requirements as it requires specific outreach activities, which are not defined in regulations, to be delivered to a specified target group.

Future developments include the DCP liaising with the general dental practice, where the agreement is in place, for routine dental care support for these patients which may be through the patient attending the practice or the dentist attending the care/residential home. These are either Mandatory or Additional Services (if care is provided on a domiciliary basis) and should be remunerated as described in the regulations.

Example – In Practice Prevention (IPP)

An In Practice Prevention (IPP) programme would deliver targeted prevention to a vulnerable group, for example children with dental caries and those being referred for general anaesthetic extractions, and targeted at a population level at areas of deprivation where disease rates are highest.

IPP incorporates Starting Well Core and facilitates the delivery of prevention by utilising the wider team including dental nurses, thereby embedding a skill mix approach. The service would use patient centred prevention pathways to ensure that prevention messages and interventions are comprehensive and consistent across the programme.

Prevention pathways would be delivered by dental nurses, one to one, over two sessions and include: fluoride varnish application, diet advice, brushing instruction and advice on sugar swaps.

This is additional to Mandatory services as it describes and requires a bespoke intervention which goes beyond the current descriptions of what might reasonably be expected under current Courses of Treatment.

Funding Additional and Further Services

As noted above, Additional and Further Services may be funded in two ways: through local funds not already committed or through the redistribution of existing contract resources through an offsetting of existing UDAs. Previous guidance has advised that where a UDA offset approach is being used that this should be limited to no more than 10% of the associated contract value. NHS England is now of the view that the resulting debate as to whether this figure is the 'correct' one has acted as a distraction away from the more important question as to whether any proposed Further Service can be sufficiently differentiated from the regulatory definitions of Mandatory and Additional Services. Therefore, whilst we will continue to monitor the total quantum of Additional and Further Services commissioning, and we do not expect this to routinely exceed 10-20% if the additional to Mandatory Services test is being suitably applied, we are no longer advising this as a maximum threshold.

Where offsetting is used, the reduction of the UDAs and associated annual contract value must be agreed with the contractor. A separate payment, equating to the reduced value must then be made in relation to Additional or Further Services. It is strongly advised that this is separated onto a discrete compass service line to support monitoring. As shown below using an example where 10% of the contract value is being offset:

Example – Redistribution of resources

Original payment: £250,000 payment for 10,000 UDAs

Revised payment: £225,000 payment for 9,000 UDAs

£25,000 redistribution payment for Additional or Further Services

Where local funds are being used it remains vital that the Commissioner complies with any relevant procurement guidance and organisational standing orders and standing financial instructions (SFIs). If an additional investment is being made, a separate payment, using the appropriate compass service line, must be made in relation to Additional or Further Services. As shown below:

Example – Local funds

Original payment: £250,000 payment for 10,000 UDAs

Revised payment: £250,000 payment for 10,000 UDAs

£25,000 additional payment for Additional or Further Services

Regardless of whether the Commissioner is offsetting activity or using local funds, an assessment of Value for Money must be undertaken by the Commissioner. Examples of questions for the Commissioner to consider are included in section 10.3 Value for Money of the Policy Book for Primary Dental Services.

It is acknowledged that legacy arrangements dating back to 2006 may already have an element of non UDA activity for Additional Services or Further Services. The key considerations of offsetting UDAs or using local funds to commission extra Additional Services or Further Services will be the same as set out above.

Payment for over performance of Mandatory Services due to locally approved oral health and / or access programmes

The Primary Dental Services Statements of Financial Entitlements (Amendment) Directions 2018 provides the commissioner with the opportunity to make payment up to 104% of contracted UDAs to contractors with a GDS contract / PDS agreement where the contractor is participating in an oral health or access programme approved by the commissioner.

Commissioners have the local flexibility to define the scope of programmes which will improve oral health or increase access to dental services. However, commissioners should be aware that the SFE requires that oral health and / or access programmes reduce health inequalities, in line with the commissioners duty under section 13G of the 2006 Act.

Whilst oral health and access programmes are defined locally, commissioners should ensure that they still comply with the wider regulatory and contractual framework and the key considerations set out earlier in this guidance. Services provided under oral health and / or access programmes should be commissioned as an Additional Service (as Dental Public Health Services) or Further Service and must not deliver treatment that is already provided under Mandatory Services as described above. If a patient seen as part of the intervention, subsequently requires the provision of dental care this must be provided under Mandatory Services. Where a contractor delivers more than their contracted UDAs as a result of participating in a locally approved oral health and / or access programme then they may be funded up to 104% of their contracted activity.

Commissioners will need to ensure that any contract variation includes clear contract terms (including monitoring and recovery), and the service line is included within the Schedule 4 with separate payment terms.

Supporting contractors with low indicative UDA values

Individual contractor indicative UDA values vary depending on location and legacy arrangements dating back to 2006. A minimum UDA value was established for the first time in 2022, however commissioners have an opportunity to go further to provide support to contractors that have lower indicative UDA values where this will deliver improved service provision.

Under the GDS Regulations Mandatory Services are monitored and remunerated using UDAs. Under the GDS SFE, remuneration of these UDAs is based on the Negotiated Annual Contract Value (NACV) and set out in schedule 4 of the contract. The PDS SFE confirms that the Negotiated Annual Agreement Value (NAAV), which is specific to PDS contracts is mostly determined locally, however under the PDS Regulations Mandatory Services would still be based around the provision UDAs and set out in schedule 4 of the agreement.

An increase in the indicative UDA value of a contract can be achieved through either:

- A reduction to the number of a contractor's commissioned UDAs; or
- An increase to a contractor's NACV / NAAV (contract value).

Example – A reduction to the number of a contractor's commissioned UDAs

Original payment: £225,000 payment for 10,000 UDAs

Revised payment: £225,000 payment for 9,000 UDAs

Example – An increase to a contractor's NACV / NAAV

Original payment: £225,000 payment for 10,000 UDAs

Revised payment: £250,000 payment for 10,000 UDAs

When considering whether to make adjustments to a contract, commissioners will want to consider the average value of the UDAs that are commissioned in an ICB area. They may also wish to seek further information from the contractor such as practice income and expenses including provider drawings to compare to local and national averages and to support them in determining whether there is a case to enter into a negotiation. Commissioners may also want to consider the points that were listed under the earlier section "Key considerations when making commissioning decisions regarding Additional and Further Services". This may include reference but is not limited to meeting local needs, including the impact on surrounding practices, undertaking an assessment of value for money and an impact assessment. Commissioners should also consider the risk of legal challenge at a local level, and potential wider regional or national implications.

Where the commissioner decides to enter into a discussion with a contractor, the commissioner must offer the contractor, in writing, a meeting to discuss the NACV / NAAV. Commissioners may wish to consider a short term change, offered as a trial period subject to agreement by both parties, during which time the impact of the NACV / NAAV change can be monitored, so that the commissioner can make a more informed decision about whether to make the change permanent.

Once a new NACV / NAAV has been agreed with the contractor, the commissioner must ensure that the revised offer is put into writing. A contract variation must be used to set out the mutually agreed terms and conditions by varying the appropriate clauses within the GDS contract / PDS agreement and must specify the date that the variation comes into effect. The commissioner must also ensure that compass is updated to reflect any agreed change to the UDAs or the NACV / NAAV (contract value).

How to ensure that contractual paperwork reflects local agreements

The commissioner must ensure that any variation in relation to Additional and / or Further, or a change to the NACV / NAAV reflects the agreement with the contractor. Commissioners will need to ensure that they have sufficient resources to issue contractual paperwork which reflect local agreements and that they have ongoing resource to monitor local agreements.

Use of a contract variation supported by a service specification

A written contract variation must be used to set out the mutually agreed terms and conditions by varying the appropriate clauses within the GDS contract / PDS agreement and should be supported by a service specification where this is required. The Policy Book for Primary Dental Services includes a section on contract variations along with relevant appendices. Commissioners must not make payment, and the Contractor must not start services until the contract variation has been signed by both parties. The contract variation will need to reflect:

Effective date

The date that the variation comes into effect.

Inclusion of a duration (for Additional and Further Services)

Clause 17 of the contract makes provision for Commissioners to set a fixed duration for Additional Services. The Commissioner must also ensure that the contract variation includes a duration for each clause under part 10 when further services are commissioned.

Schedule 4 (payments)

The schedule 4 must make clear that there is a payment for UDAs and UOAs and any separate payments for Additional and / or Further Services.

When adjusting the NACV / NAAV the commissioner will need to either reduce the number of a contractor's commissioned UDAs / UOAs; or increase the contractor's NACV / NAAV.

The service lines on Compass must be updated to reflect schedule 4, including any change to the contracted UDAs to ensure visibility of activity.

Description of the service and contract management including managing underperformance (for Additional and Further Services)

Whilst it may not always be required, it is recommended that a service specification is used to provide full details of the service including approaches to the monitoring and measurement of performance of Additional and Further Services.

The Commissioner must set out all the contract management details for the service including the financial management of underperformance for Additional and Further Services.

Mandatory Services will continue to be monitored and assessed for under/over-delivery as described in the Regulations and SFE with financial recovery being enacted if delivery falls below 96% of that contracted.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Primary Care Directorate
Bedfordshire, Luton and Milton Keynes ICB
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Arndale House
The Mall
Luton
LU1 2LJ

To all Dental Providers

BLMK ICB

7 November 2023

Email: nicky.poulain@nhs.net
Website: bedfordshirelutonandmiltonkeynes.icb.nhs.uk

Dear Colleague,

BLMK - Dental contracting newsletter

This newsletter is intended to provide you with a summary of the work Bedfordshire Luton and Milton Keynes has been undertaking since NHS England delegated the commissioning of Pharmacy, Optometry and Dental contracts to the Integrated Care Board (ICB).

It is now seven months since the ICB took over responsibility for your dental contracts and to support this work three members of NHS England dental team Lisa Giles, Diane Crew and Debbie Wintle transferred to the ICB to continue to support delivery of dental services. Their local knowledge and established relationships has assisted in progressing the work actions that I am keen to update you on.

Since taking over the contracts the ICB has been working closely with your Local Dental Committees and specifically with Ravi Goel, LDC Secretary for Bedfordshire and Bola Soyombo, LDC Secretary for Milton Keynes, our four Public Health Teams, our four Healthwatch organisations, and a range of other stakeholders.

The ICB has established a Primary Care Pharmacy, Optometry and Dental Delivery (PCPODDG) Group. The aim of the delivery group is to oversee the operational delivery of dental services, with the focus on stabilising contracts ensuring access but also to review any new plans or proposals for dental services that require funding from the delegated budget NHS England provided to the ICB to commission dental services.

Ravi and Bola are members of the delivery group representing NHS dental contractors in the BLMK area ensuring the ICB is treating dental contractors fairly, equitably and in line with the terms of the dental contracts. They are also the first point of contact for the ICB when, planning and developing new services or proposals. Their knowledge, experience and guidance has been invaluable.

The ICB gave a commitment that our priority is to understand the delegated dental budget, dental contracts, contractor performance and to stabilise existing dental contracts ensuring access to dental services.

I would like to update you on the dental commissioning decision the ICB had taken since April 2023.

1. Dental contractors who were the most fragile and have historically carried low funded contracted activity rates have been further supported through a levelling up programme to support their delivery of dental service provision by the ICB who have increased these rates from within the dental delegated budget. We have to work within the constraints of the delegated budget and the ICB is not currently able to level up beyond its current offer. All dental contractors in this position have been in contact with the ICB and their contracts varied accordingly.

2. Some contractors have been unable to meet the terms of the contracted activity (this is due to shortages of workforce dentists and dental nurses) resulting in them seeking to reduce their contracted activity and funding. The ICB have supported these requests and offered the recurring 'surplus' dental activity and funding to contractors within the same place-based area which has been successful and supported by the LDCs and Healthwatch.

3. Dental pilot – Additional Access to dental services, with reduced dental capacity due to the covid pandemic and the subsequent prioritisation of routine dental care, urgent dental care needs and courses of non-urgent treatment have been impacted. The aim of the additional access pilot is to commission additional sessional activity outside of regular commissioned activity to provide additional capacity for an 18-month period, to support and provide residents in BLMK ICB with improvements in their oral health, access to dental care, maintenance and prevention to aid the reduction in health inequalities which have been exacerbated by the impact of covid. The pilot project will aim to involve a maximum of 10 dental providers strategically placed in BLMK area with patient transport links, giving improved access in areas of deprivation and patient need. The ICB will shortly be seeking expressions of interest from dental contractors to take part in the pilot.

4. Procurements – contracts due to expire on transfer from NHS England to the ICB have been reviewed and the ICB has given formal approval to extend contracts this includes extending the Minor Oral Surgery Service, Specialist Community Dental Services, Primary Care Orthodontics and the Referral

Management Service. This is to ensure continuity of care and to enable the the ICB to work with the contractors and plan and prepare for future procurements.

5. Minor Oral Surgery pilot, the ICB has agreed to support a minor oral surgery pilot in Luton, which commenced in October 2023. The pilot is aimed at reducing the number of patients being placed on the acute trust waiting list for dental minor surgery procedures that can be conducted in primary care by dentists with the appropriate level of training and skills. The effectiveness of the pilot will be reviewed and evaluated prior to a longer-term commissioning decisions being made.

6. In line with NHS England policy, the ICB is overseeing the 2022/23 dental annual year end reconciliation process on behalf of NHS England East who were the commissioner in 2022/23. The ICB is required to comply with national policy and has been working closely with NHS Business Services Authority.

   Whilst the ICB is undertaking the 2022/23 year end reconciliation process as the ICB was not the commissioner of dental contracts in 2022/23, funding that is clawed back from dental contractors will be returned to NHS England and will not be reinvested in dental services in BLMK.

7. The ICB is commencing the 2023/24 mid-year reconciliation process which we are anticipating may be higher than previous years. Funding clawed back is non-recurring funding for reinvestment in dental services by BLMK. Once the ICB has the funding confirmed we will work with the LDCs and our public health colleagues to develop a plan to utilise the funding.

The ICB is also working collaboratively with our four Local Authority Public Health colleagues. Together, we are currently waiting for NHS England to complete the BLMK dental needs assessment which is expected imminently. Once available our 'Place' (LA) oral health plans will be used to plan and develop our Integrated Care System Prevention and Development Plan. These draft plans will be shared with the LDCs to seek your views and feedback prior to finalising.

Next Steps

The ICB has taken a number of actions locally that the delegation of dental contracts has enabled us to do. I fully recognise there is more work to be done to review the commissioning options for our dental contractors, supporting dental workforce and also addressing the oral health needs of our population which we are committed to doing and look forward to doing so. The priority has been to stabilise contracts and retain and improve access to dental services. The delegation of dental services provides the ICB the flexibility to make local commissioning decisions to benefit the ICB population.

If you have any contractual concerns or suggestions that you would like the ICB to consider, then please contact Ravi or Bola your LDC Secretaries. The LDC is there to support, advise and assist dental contractors. Their contact details are as follows:

Ravi Goel, Secretary Bedfordshire LDC- bedsldcsec@gmail.com
Bola Soyombo, Secretary Milton Keynes LDC – Mkldc@live.co.uk

If you would like to contact Lisa, Diane or Debbie in the ICB dental team they can be contacted via the following email address – blmkicb.dental@nhs.net

On behalf of the ICB, I would like to take this opportunity to thank you all for your work and continued commitment to NHS Dental Services. I look forward to updating you again in the near future.

Yours sincerely,

Nicky Poulain
Chief Primary Care Officer

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
12. Pharmaceutical Services Regulatory Committee Report, Quarter 2 1 July 2023 – 30 September 2023

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☒	Ways of working ☒	Estates ☐
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒
Other ☐(please advise):			

Report Author	Martyn Pretty, Commissioning Support Officer Reviewed/Updated by: Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Date to which the information this report is based on was accurate	Quarter 2 July 2023 – September 2023	
Senior Responsible Owner	Nicky Poulain, Chief Primary Care Officer	

The following individuals were consulted and involved in the development of this report:
Lynn Dalton, Associate Director of Primary Care and ICB Representative at the Pharmaceutical Services Regulatory Committee.
This report has been presented to the following board/committee/group:
Primary Care (Medical Services) Delivery Group in November 2023

Purpose of this report - what are members being asked to do?
The members are asked to **note** / **discuss** the following: A) To enable the ICB to carry out its statutory functions the ICB in common with national process is required to establish a Pharmaceutical Services Regulatory Committee (PSRC) B) During the preparations for the delegation of community pharmacy services the six regional ICBs agreed the regional pharmacy and optometry team would be hosted by one ICB this was agreed as Hertfordshire and West Essex ICB. It was also agreed on this basis that HWEICB would host the PSRC. C) Each ICB has a commissioning representative attend the PSRC. D) Under the terms of the national delegation agreement (2022) responsibility for individual performers fitness to practice concerns have transferred from the Regional Officers responsibility in April 2023 to the PSRC. E) To note ICBs in the region are in the process of reviewing the Memorandum of Understanding between the ICBs and Hertfordshire and West Essex ICB.

Executive Summary Report

The report is the second report of the Pharmaceutical Services Regulatory Committee (PSRC) following the delegation of community pharmacy service to the ICB in April 2023. Under the terms of the national delegation agreement ICBs are required to establish a PSRC. The ICB delegated responsibility to the PSRC as part of the NHSE/ICB delegation agreement in March 2023.

During the preparation for the transition of delegated functions it was identified that the regional NHSE Pharmacy and Optometry team was a small team of eleven staff of varying grades from band 4 to band 8b providing commissioning responsibility for over 600 contractors. On this basis ICBs agreed with NHSE that the pharmacy and optometry team would remain as one team and be hosted by an individual ICB. Hertfordshire and West Essex ICB (HWEICB) agreed to host the pharmacy and optometry team. H&WE ICB also host the PSRC. In addition to the ICB signing of the national delegation agreement, there is a Memorandum of Understanding (MoU) in place between each of the ICBs in the region and Hertfordshire and West Essex ICB. The MoU will be subject to review by all parties.

The Memorandum of Understanding (MoU) between the ICBs in East Region and Hertfordshire and West Essex ICB is for review in November/December 2023 and will take into consideration lessons learnt from ICBs having responsibility for pharmaceutical services and also feedback from public health colleagues and the reporting arrangements that we would like included at year end.

1. Brief background / introduction:
During 2022/23 ICBs were invited to attend the regional PSRC held by NHSE. This was to give commissioners an understanding of the role of the committee and its functions. From April 2023, ICBs in East of England region established a new PSRC hosted by Hertfordshire and West Essex ICB. The PSRC membership includes access to specialist advice both clinical and regulatory advice including the national Primary Care Commissioning Pharmacy Regulation Lead how attends each meeting and with other specialist advisors ensure the terms of the regulations are considered and upheld in the committee's decision-making process.
2. Summary of key points:
2.1 Note the content of the second PSRC report. 2.2 Market Entry decisions. 2.3 No remedial breach notices issued. 2.4 No Market Entry applications under appeal

2.5 A fitness decision (of an individual pharmacist) that was under appeal at the time the report was prepared. Please note the actions that have been taken and the post PSRC report note.

3 Are there any options?

The PSRC is a statutory requirement of ICBs in delegated commissioning arrangements. The committee ensure through its membership that it has specialist regulatory and clinical advice. The report presented to the delivery group is one of six individual reports prepared by the pharmacy and optometry team on behalf of each ICB.

4 Key Risks and Issues

Ensuring community pharmacy provision across BLMK is in partnership with Health and Wellbeing Boards (HWB) whose role and function is to develop a pharmacy needs assessment on a three yearly cycle. Ensuring that HWBs with Public Health consultants review and refresh the PNA upon notifications of e.g., pharmacy closures, market entry applications etc., via the established communication processes from the PSRC.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☐

5 Are there any financial implications or other resourcing implications, including workforce?

The ICB is in receipt of delegated budget for Community Pharmacy services.

Community pharmacy contractors are under similar staffing pressures to other primary care contractors including GPs, dentists etc. Further training and development support for Pharmacy, Optometry and Dental (POD) contractors is expected centrally. The ICB is providing support to our contractors and accessing funding support when made available from region.

Amendment to the pharmaceutical regulations in July 2023 for 100-hour pharmacies has been varied and 100-hour pharmacies can request to reduce their opening hours to 72 hours. This option was not previously available and therefore the PSRC is anticipating it may receive applications from 100-hour contractors who have workforce and recruitment challenges. There were no applications received in Quarter 2.

6 How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

There is a national initiative for General Practice and Community Pharmacists to review and where appropriate reduce the usage of metered dose inhalers for the treatment of respiratory disease to contribute to the reduction in the carbon footprint.

7 How will / does this work help to address inequalities?

In December 2023 NHS England is launching the new Pharmacy First Service. This will provide patients with additional access to community pharmacy contractors that sign up to offer the service. The Pharmacy First Service enables Community Pharmacists to treat patients for a range of ailments and issue a range of medications under a Patient Group Directive. This will support access, reduce pressure

on general practice and enable patients to obtain appointments in community pharmacies for a range of services including blood pressure checks, contraceptive services. The ICB is supporting and encouraging sign up to the new scheme and working with our Public Health colleagues a piece of benchmarking work is taking place to review, national, ICB and Public Health commissioned pharmacy services with a focus on areas of need.

8 Next steps:

The Committee is requested to note and discuss the report. The ICB will continue to ensure that a member of the contracting team attends the monthly PSRC meeting where decisions are made on BLMK contractors. Reports will be received on a quarterly basis.

ICB/ICS Community Pharmacy Clinical Lead is supporting community pharmacy contractors with the ICBs established and respected medicines optimisation team. In addition, the ICB with our four Public Health colleagues will meet to plan and develop the ICB Pharmacy, optometry and dental prevention and delivery plan. This work will commence in November and the aim is to integrate the programme into the new Integrated Care System Prevention and Delivery Plan.

The ICB will work with our Public Health colleagues to ensure they are reviewing and refreshing the pharmacy needs assessment in line with national guidance for health and wellbeing boards and this is particularly pertinent in view of Lloyds Pharmacy decision to close or sell community pharmacies in England.

The meeting was previously advised of the fitness to practice decision of an individual pharmacist in BLMK was under appeal. This particular case transferred from the Regional Medical Officer to the PSRC in April. It was highlighted in the last paper that the appeal will be going to a first-tier tribunal in October 2023. It was also noted that whilst Hertfordshire and West Essex host the PSRC on behalf of the system the ICBs oversee fitness to practice decisions; where a case is at risk of going to court they cannot represent individual ICBs as they are not the commissioner.

Actions taken: as a result of this case which is a legacy case the ICB stepped in to ensure our commissioning responsibility was upheld.

1. The ICB also instructed the legal team overseeing this case prior to April 2023 to ensure continuity of legal advice.
2. The case was planned to go to first-tier tribunal on 25 and 26 October. The ICB and legal advisors of both parties applied ‘without prejudice’ discussion and review of the performers concerns. This was done with input from our pharmacy team and regional pharmaceutical advisor. The outcome has been minimal changes have been made to the conditions, accepted by both parties and by the first-tier tribunal. The PSRC role is to ensure the conditions are implemented, monitored, reviewed prior to sign off and reporting back to the committee.
3. The PSRC have also implemented inviting individual ICBs to hear performer fitness concerns relating to contractors in their ICB area. This had been requested for consistence with the Regional Medical Officers approach in managing fitness to practice decisions for GP and dental contractors.
4. The ICB has agreed with NHSE that they will meet the legal costs incurred by the ICB as a result of this or any future legacy cases.

9 Appendices

Appendix A - Pharmaceutical Services Regulatory Services – Quarter 2 report July 2023-Sept 2023.

10 Background reading

NHS England » Pharmacy First contractual framework: 2023 to 2025

Meeting:	**Primary Care Pharmacy, Optometry and Dental Delivery Group**
Venue:	**Teams Meeting**
Date:	**November 2023**

Title of Report	**Pharmaceutical Services Regulation Committee (PSRC) – Decisions Made (1 July 2023 – 30 September 2023)**	
Presented by	Lynn Dalton, Associate Director of Primary Care	
Author	Martyn Pretty, Commissioning Support Officer Reviewed/Updated by: Jackie Bidgood, Senior Contract Manager, Pharmacy and Optometry	
Commercially Sensitive	No	
Status	For:	Information
Finance Lead sign off (if required)	Name: NA	Date: NA
Conflict of Interest	None known.	
Governance and reporting – at which other meeting has this paper already been discussed (or not applicable)	This paper has not been discussed at other meetings however all decisions reported in this paper were made at the PSRC meetings held between 01 July 2023 to 30 September 2023.	Outcome of Discussion: All decisions made at the PSRC meetings are made in line with the Pharmaceutical Services Regulations 2013 (as amended)
ICS Engagement (Describe engagement and co-creation with ICS colleagues)	PSRC is hosted and chaired by NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) working on behalf of the 6 ICBs in the East of England. All ICBs are invited to attend. The meetings are governed by Terms of Reference (TOR) as set out in the Pharmacy Manual and have been ratified by PSRC. TOR were shared with ICBs as part of the Q1 report.	

Executive Summary:

Following the delegation of pharmaceutical services by NHS England to Integrated Care Boards (ICBs) with effect from 1 April 2023, the six ICBs in the East of England have formed a Pharmaceutical Services Regulations Committee (PSRC) under section 65Z5 of the National Health Service Act 2006 (hereafter referred to as the 2006 Act).

By virtue of NHS England's Pharmacy Manual this Committee is responsible for making decisions required by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (hereafter referred to as the 2013 regulations). For the avoidance of doubt, this includes use of the fitness powers set out in the 2006 Act and the 2013 regulations. The PSRC is hosted by Hertfordshire and West Essex (HWE) ICB on behalf of the six ICBs.

The PSRC is required to apply the regulatory tests as set out in the 2013 regulations to grant or refuse market entry applications and make decisions on fitness matters. PSRC meetings are held in two parts, the first to consider market entry applications and the second to consider and review fitness and matters of concern. ICBs are invited to Part 2 where there is an issue / concern that is relevant to their ICB, noting the sensitivities and confidential aspects of some discussions.

The Committee is required for certain applications to consider the information published in the Health and Wellbeing Boards (HWB) Pharmaceutical Needs assessment (PNA). Each Health and Wellbeing Board is required to publish a PNA every three years.

The following are the market entry and fitness decisions made at the monthly PSRC meetings between 1 July 2023 – 30 September 2023:

Market Entry - Decisions made (within scheduled PSRC meetings):

Application	Health and Wellbeing Board	Decision
Application to permanently change core opening hours – Central Bedfordshire contractor	Central Bedfordshire	Refused

Breach/Remedial Notices Issued

There were no breach or remedial notices issued for HWBs situated within BLMK for Q2.

Market Entry Applications under Appeal

There are no applications at NHS Resolution for appeal relating to BLMK.

Fitness Decisions (within scheduled PSRC meetings):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
Lindleys Enterprises Ltd - Change of Superintendent	Bedford Borough	Approved

Fitness Decisions (outside scheduled PSRC meetings – via e-mail):

Fitness Notifications / Concerns	Health and Wellbeing Board	Decision
Medino Online Ltd – Change of Superintendent	Central Bedfordshire	Approved
Mahesh Bhatt Ltd - Application for new inclusion on the pharmaceutical list (Change of Ownership)	Bedford Borough	Approved

Fitness Decisions under Appeal:

It is to be noted that fitness appeals do not go to NHS Resolution, instead they are heard by the First Tier Tribunal.

Application	HWB Area	Commissioner Decision	First Tier Tribunal	Appeal Ref.
BLMK contractor - Appeal against conditions placed.	BLMK	Discretionary removal (Conditions)	Waiting Decision	4998.PHL

Post PSRC quarterly report update note: November 2023, first tier tribunal stood down on the basis the contractor has accepted the conditions with some minor amendments agreed under 'without prejudice' through legal teams representing both parties and the ICB.

Recommendation(s):

Note the decisions made at the PSRC meetings between July 2023 and September 2023.

Next Steps:

- Reporting will occur on a quarterly basis.
- Members and colleagues in ICBs are welcome to attend any future PSRC meetings should they wish to learn more about the regulatory processes that are followed.

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Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
13. Integrated Primary Care Dashboard

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☐	Estates ☐
Communications ☐	Finance ☐	Operational and Clinical Excellence ☒	Governance and Compliance ☐
Other ☐(please advise):			

Report Author	Andrew Boyd Senior Primary Care Development and Transformation Manager Amanda Flower, Associate Director, Primary Care Commissioning & Transformation
Date to which the information this report is based on was accurate	27 November 2023
Senior Responsible Owner	Nicky Poulain, Primary Care Chief Officer

The following individuals were consulted and involved in the development of this report:
BLMK performance team ICB executive team Local Medical Committees PCN Clinical Directors & Clinical Leads
This report has been presented to the following board/committee/group:
Primary Care (Medical Services) Delivery Group

Purpose of this report - what are members being asked to do?

The members are asked to **note** the following:

A) The breadth of primary care delivery in our system

C) The progress on developing an integrated primary care dashboard.

Executive Summary Report

The integrated primary care dashboard has been developed to demonstrate the breadth of work undertaken in primary care. This is not intended as a performance tool as that is met through the standard operating framework. At present, the dashboard represents only primary medical services with further work required to establish meaningful indicators to illustrate the delivery of pharmacy, optometry and dental in BLMK.

1. Brief background / introduction:

The dashboard is an iterative process and we are working with all primary care providers and stakeholders across the system to establish robust and consistent reporting as well as a range of indicators that fully represent the breadth of work. There has been significant discussion at the Primary Care Delivery Group and with BLMK Clinical Leaders and there is support for this dashboard to be developed with a clear narrative to support the system understanding of primary care. Furthermore, as the BLMK programme progresses to develop integrated neighbourhood working the dashboard will reflect this.

2. Summary of key points:

Integrated neighbourhood working

2.1 Workforce numbers have been included as an early indicator of integrated neighbourhood working and to demonstrate the investment in the workforce and the diversity of the primary care workforce. To support our approach to improve resident understanding of how general practice has and is changing providing details of the multi-disciplinary team is crucial.

2.2 A further indicator to be introduced will be the number of practices operating from constrained premises. The primary care estate is widely recognised as a constraint in developing and reconfiguring services. Even with the recent tactical investment in premises by the ICB there are challenges locally.

Streamlined primary care access

2.3 The total number of appointments in general practice has seen a 10% increase on this time last year. This figure does still not represent the totality of patients seen by clinical staff in Primary Care Networks (PCNs) which is not nationally reported as the activity is carried out by a PCN rather than associated with a specific practice and, therefore, not reported nationally.

2.4 The number of appointments on the same day is an indicator to show that a third of clinical activity in practices happens on the day it is requested. It has limited value as an indicator for primary care – whether this figure should be high or low is open to some debate and will vary based on demographics. It is more likely an individual reflection of how practices work with the proportion of planned and unplanned work and this may change as practices implement the modern general practice access model. Again, the figure does not capture the totality of 'first contact' work carried out by PCN staff.

Proactive and personalised care

2.5 People with a learning disability have poorer health outcomes so it is recommended that primary care lead an annual health check. The figure reported is the proportion of people on the practice learning disability registers that have received an annual health check. The six-month trend is

upwards. This is an area where many PCNs have been able to support general practice teams leading on these reviews.

2.6 Practices have been given targets for the number of patients to be diagnosed with dementia. There is an estimated number of people over 65 who have dementia and the ambition is that with a diagnosis, patients can be given the appropriate post-diagnostic support. BLMK is ahead of this target and the figure is 3% higher than this time last year.

2.7 The proportion of hypertensive patients with blood pressure readings and the proportion treated to the blood pressure target has shown significant increases. However, BLMK ICB remains an outlier here and there is significantly more work to do. A local hypertension protocol has been developed to support practices and recently developed long term conditions improvement packs have been issued to PCNs and practices to support them with 'where to look' and available resources to support their work. Programme funding from the clinical network has supported the development of a local scheme to provide additional resources to general practice to improve treatment to target.

2.8 Future reports will also provide details of our progress with diabetes treatment targets, lipid management and inhaler prescribing for asthma patients. All of these indicators will also be included in the practice/PCN improvement resources to support progress.

Prevention

2.9 The number of flu and COVID-19 vaccinations is a seasonal indicator of the prevention work carried out in primary care. It is also a useful demonstration of the wider utilisation of the primary care workforce as community pharmacies carry out a significant proportion of this work along with other community teams supporting vaccinations in care homes.

2.10 Another indicator demonstrating the breadth of work in primary care is childhood vaccinations and the 87% of five-year olds who have received two doses of the MMR vaccination – a broadly consistent performance year on year. Targeting populations with inequalities is focused within our deep end practices.

2.11 Another indicator of prevention is in the screening work carried out in primary care. The indicator presented is the uptake of cervical screening. 68% of eligible women have attended for cervical screening, ranging from 75% in Central Bedfordshire to 58% in Luton.

3. Are there any options?

N/A.

4. Key Risks and Issues

Have you recorded the risk/s on the Risk Management system?	Yes ☒	No ☒

R0004 – Access to primary care – rising patient demand.
R0009 – GP practices resilience and ability to transform

5. Are there any financial implications or other resourcing implications, including workforce?

Not specifically in relation to the dashboard development however the indicators will provide insight into challenged areas that may benefit from additional resource in our system. There are significant constraints in primary care workforce and estates.

6. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.

7. How will / does this work help to address inequalities?
The transformation to deliver integrated primary care will support the response to the Denny review and ensure continuity of care for those in Core20plus5 groups.
8. Next steps:
To continue to develop the Integrated Primary Care Dashboard with system partners to support the understanding of primary care.
9. Appendices
Appendix A – Integrated primary care dashboard.
10. Background reading
NHS England » Delivery plan for recovering access to primary care NHS England » Fuller stocktake report

Integrated Primary Care Dashboard

Item 13 Appendix A

Indicator	Frequency	Latest Data	BLMK ICB			Bedford Borough			Central Bedfordshire			Luton			Milton Keynes		
			Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend
Integrated Neighbourhood Working																	
Full-Time Equivalent - Direct Patient Care (Total of ALL inc GP and nurses)	Monthly	Sep-23	**1071**	1064													
Full-Time Equivalent - Admin Staff	Monthly	Oct-23	**1190**	1178		**256**	242		**337**	330		**268**	264		**330**	341	
Integrated and Streamlined Primary Care Access																	
Total number of appointments in General Practice (actual)	Monthly	Sep-23	**499,395**	449,790		**87,188**	80,794		**151,369**	136,370		**112,441**	98,825		**148,397**	133,801	
% of appointments on the same day	Monthly	Sep-23	**36.80%**	40.83%		**37.38%**	42.89%		**34.04%**	40.40%		**38.08%**	41.06%		**38.30%**	39.86%	
% of appointments with a healthcare professional other than a GP	Monthly	Sep-23	**54.29%**	49.73%		**49.11%**	42.64%		**59.98%**	53.40%		**48.14%**	47.64%		**56.20%**	51.80%	
GP Enhanced Access (evenings and weekends) - IN DEVELOPMENT	Monthly																
NHS 111 Total Calls	Monthly	Sep-23	**7,073**	23,939		**101**	3,849		**81**	6,535		**23**	7,083		**6,868**	6,472	
Urgent Treatment Centre Attendances - IN DEVELOPMENT	Monthly																
GP Out of Hours Activity - IN DEVELOPMENT	Monthly																
Proactive and Personalised Care																	
Diabetes - 3 treatment targets achieved - IN DEVELOPMENT																	
CVD - Lipids treated to target - IN DEVELOPMENT																	
People aged 14 and over with a learning disability on the GP register receiving an annual health check	Monthly	Oct-23	**33.02%**	36.14%		**49.95%**	48.23%		**18.23%**	25.04%		**37.60%**	40.22%		**29.24%**	33.36%	
Anticipated dementia diagnosis rate for patients over 65	Monthly	Sep-23	**67.22%**	64.43%		**68.47%**	63.36%		**61.18%**	57.58%		**77.09%**	68.88%		**65.56%**	67.07%	
People with severe mental illness receiving a full annual physical health check and follow up interventions	Quarterly	Q1 23/24	**3,789**	3,944		**1,724**	1,580		Central Beds included in Bedford Borough figures			**1,053**	1,351		**1,029**	1,013	
Patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 months	Quarterly	Q1 23/24	**83.45%**	77.65%		**82.44%**	72.60%		**83.59%**	80.06%		**83.54%**	79.31%		**83.92%**	76.60%	
Patients with hypertension - % with most recent BP (within last 12 months) treated to target (<140/90 if aged 79 or under, <150/90 if aged 80 or over)	Quarterly	Q1 23/24	**61.14%**	55.67%		**61.17%**	53.16%		**61.81%**	59.37%		**62.45%**	56.97%		**61.24%**	54.45%	
Asthma - Less than 6 SABA in last 12 months - IN DEVELOPMENT																	
Prevention																	
Number of Covid-19 vaccinations given	Weekly	w/e 26/11/23	**162,381**			**89,896**			**Figures to the left relate to Bedford Borough & Central Bedfordshire**			**22,842**			**49,643**		
Number of flu vaccinations given	Weekly	w/e 26/11/23	**167,452**			**89,546**						**24,960**			**52,946**		
Population vaccination coverage – MMR for two doses (5 years old)	Quarterly	Q4 22/23	**86.65%**	86.96%		**91.21%**	90.57%		**91.13%**	91.51%		**82.23%**	83.26%		**87.09%**	87.50%	
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage)	Quarterly	Q1 23/24	**67.95%**	69.05%		**67.64%**	68.88%		**75.52%**	76.25%		**57.54%**	59.69%		**66.54%**	67.41%	

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15th December 2023
14. Primary Medical Services Financial Report (October 2023)

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☒	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐(please advise):			

Report Author	Roger Hammond Associate Director of Finance (Primary Care)
Date to which the information this report is based on was accurate	28th November 2023
Senior Responsible Owner	Nicky Poulain Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Nicky Poulain (Chief Primary Care Officer) and Stephen Makin (Deputy Chief Finance Officer)
This report has been presented to the following board/committee/group:
The Delivery Group reviewed the detailed October '23 finance report at its meeting on 12th December '23.

Purpose of this report - what are members being asked to do?
The members are asked to **note** the following: A) That the GMS Delivery Group receives and discusses detailed financial reports; B) Financial position year to date (ytd) and forecast 2023-24 as at month 7 (31st October 2023) C) Significant continuing financial pressure on prescribing.

The paper seeks to assure the Committee that the Primary Care (GMS) Delivery Group is discharging its responsibilities, delegated to the ICB Chief Primary Care Officer, to oversee and manage the GMS primary care funds delegated to it by the Committee.

The Delivery Group receive detailed financial reports summarising total BLMK GMS primary care spend along with further splits at place level. Reports include forecasts and basis of any assumptions made along with risks and mitigations. The Delivery Group is then able to scrutinise the finances, discuss risks and make informed decisions in overseeing the delegated budget to promote increased quality, efficiency, productivity and value for money across primary care services.

The Delivery Group reviewed the detailed October '23 report at its meeting on 12th December'23. A high-level summary of the financial position is shown below.

Executive Summary Report

Whilst there are some small variances emerging as at month 7, these are considered not material across the totality of primary care services and manageable. Consequently, with the exception of prescribing, current expenditure and commitments are not adversely impacting upon the year end forecast.

As with last year, national factors continue to influence the position. YTD is a £8.1m overspend and forecast at £11.7m overspend by year end. This is a significant deterioration on previous month's position. PrescQIPP software continues to indicate significant pressures. NHSE national planning assumptions for 2023-24 do not appear to be coming through at present.

The prescribing forecast position is having to be managed across the totality of the ICB budget to ensure that the ICB may achieve its financial balanced position.

Summary

Any net overspends from primary care services, particularly prescribing, will need to be managed across the totality of ICB expenditure to ensure that overall the ICB and system partners achieve the financial targets across the system.

1. Brief background

The table below summarises the BLMK ICB ytd and current forecast for the year:

BLMK

ICB EXPENDITURE ANALYSIS	Year to Date			
	Plan £000	Actual £000	Variance £000	Variance %
Primary Care Delegated	102,371	103,465	(1,094)	(1.1%)
Local Incentive Schemes	1,645	1,518	127	7.7%
GP IT	2,617	2,438	179	6.8%
GP Investments	3,575	3,472	103	2.9%
Precribing and Drugs	86,909	95,088	(8,179)	(9.4%)
Total Primary Care (Other)	94,746	102,516	(7,770)	(8.2%)

ICB EXPENDITURE ANALYSIS	Forecast Net Expenditure			
	Plan £000	Actual £000	Variance £000	Variance %
Primary Care Delegated	176,664	176,812	(148)	(0.1%)
Local Incentive Schemes	2,601	2,362	239	9.2%
GP IT	4,483	4,214	269	6.0%
GP Investments	7,607	7,466	141	1.9%
Precribing and Drugs	148,935	160,627	(11,692)	(7.9%)
Total Primary Care (Other)	163,626	174,669	(11,043)	(6.7%)

Primary Care Delegated position

Small variances are arising across various expenditure lines which is a combination of year-end accruals, budget phasing and activity. These variances, at present, are not considered as a significant risk to the forecast and manageable within the GMS co-commissioning delegated allocation.

The main driver behind the net £1.1m ytd (1% of budget) overspend arises from Additional Roles Reimbursement Scheme (ARRS) and the national reporting requirements of NHSE. NHS reporting requires the ICBs to show ARRS forecast at allocation received rather than expected which is why the overall forecast position does not reflect the ytd run-rate. Forecast is effectively breakeven once additional funding for ARRS is considered.

Allowing for estimated recruitment, the current ARRS forecast is £18.6m utilising 80% of the budget available. PCNs are currently preparing revised workforce plans to 31st March 2024 which will assist in gaining a better understanding of PCNs' future spending.

Other Primary Care Services

Local Incentive Schemes: Currently levels of claims are marginally below that anticipated at budget setting but not all claims have been received. Forecast is similar to previous months.

GP IT: Underspend emerging due to reduced IT support contracts and reclassifying some expenditure against Service Development Funding (SDF).

GP Investments: Includes resilience, GP Access, workforce and training hub allocations Some funds are being spent and other elements are being developed to fully utilise allocations received within primary care by year end. Included is expenditure in primary care additional services/costs to offset impact to patients from NHS industrial action. Overspend driven by the NHS industrial actions where no national funding has been made available.

Prescribing

As with last year, national factors continue to influence the position. YTD is an £8.1m overspend and forecast at £11.7m overspend by year end. This is a significant deterioration on previous month's position. PrescQIPP software continues to indicate significant pressures. NHSE national planning assumptions for 2023-24 do not appear to be coming through at present.

The prescribing forecast position is having to be managed across the totality of the ICB budget to ensure that the ICB may achieve its financial balanced position.

2. Summary of key points:

2.1 Extent of overspending across primary care, particularly prescribing, has being mitigated by the ICB across other service lines and reserves to ensure overall, the ICB remains within it financial plan.
2.2 Prescribing:- pressures continue to be seen and NHSE 2023-24 planning assumptions have yet to impact on expenditure levels. The prescribing trend is a significant risk to the ICB and system achieving its financial target.

3. Are there any options?

None.

4. Key Risks and Issues

Prescribing expenditure is currently above planned budget and forecast to overspend. The prescribing trend is a significant risk to the ICB and system achieving its financial target. This may then impact upon other patient services and proposed investments to ensure the that overall the ICB achieves its financial targets.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

Not Applicable

5. Are there any financial implications or other resourcing implications, including workforce?

Overspends may impact upon any future ICB investments.

6. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

Improved social prescribing via Primary Care Network pharmacists.
Increased use of online services for patients reducing travel requirements.

7. How will / does this work help to address inequalities?

Work continues to develop and fund primary care to offer similar opportunities to all patients across BLMK and to address historic inequity of access to primary care services.

8. Next steps:

Committee is asked to note the year to date (YTD) and Forecast position of GMS primary care budgets as at October 2023.

9. Appendices

N/A

10. Background reading

None

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15th December 2023
14.1 Primary Care Pharmacy, Optometry and Dental Financial Report (October 2023)

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
☒	**Live Well:** People are supported to engage with and manage their health and wellbeing.
☒	**Age Well:** People age well, with proactive interventions to stay healthy, independent and active as long as possible.
☒	**Growth:** We work together to help build the economy and support sustainable growth.
☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☐	Workforce ☐	Ways of working ☐	Estates ☐
Communications ☐	Finance ☒	Operational and Clinical Excellence ☐	Governance and Compliance ☐
Other ☐(please advise):			

Report Author	Alison Johnson Senior Finance Manager (POD)	
Date to which the information this report is based on was accurate	29th November 2023	
Senior Responsible Owner	Nicky Poulain Chief Primary Care Officer	

The following individuals were consulted and involved in the development of this report:
Nicky Poulain (Chief Primary Care Officer) and Stephen Makin (Deputy Chief Finance Officer)
This report has been presented to the following board/committee/group:
Not Applicable.

Purpose of this report - what are members being asked to do?

The members are asked to **note** the following:

A) That the POD Delivery Group receives and discusses detailed financial reports;
B) Financial Position year to date (YTD) and Forecast 2023-24 as at month 7 (31st October 2023).

The paper seeks to assure the Committee that the Primary Care (POD) Delivery Group is discharging its responsibilities, delegated to the ICB Chief Primary Care Officer, to oversee and manage the POD primary care funds.

The Delivery Group receive detailed financial reports summarising total BLMK POD primary care spend. Reports include forecasts and basis of any assumptions made along with risks and mitigations. The Delivery Group is then able to scrutinise the finances, discuss risks and make informed decisions in overseeing the delegated budget to promote increased quality, efficiency, productivity and value for money across primary care services.

The Delivery Group reviewed the detailed October '23 report at its meeting on 2nd December '23. A high-level summary of the financial position is shown below.

Executive Summary Report

This financial report considers the total BLMK Integrated Commissioning Board (ICB) POD primary care related expenditure as of October 2023.

Whilst there are some variances emerging as at month 7, these are considered not material and consequently, current expenditure and commitments are not adversely impacting upon the year end forecast.

1. Brief background

This financial report summarises the total BLMK Integrated Commissioning Board (ICB) primary care Pharmacy, Ophthalmology and Dental (POD) related expenditure as of October 2023.

Primary Care Delegated POD position

The table below shows the BLMK ICB POD delegated Year to Date (YTD) and forecast position.

ICB Expenditure Analysis	YTD 31/07/2023			
	Plan £'000	Actual £'000	Variance £'000	Variance %
Ophthalmic	5,389	5,667	(277)	-5.1%
Pharmacy	9,430	10,009	(579)	-6.1%
Community Dental	4,268	4,343	(75)	-1.8%
Primary Dental	23,788	24,252	(464)	-1.9%
Secondary Dental	7,845	7,951	(106)	-1.3%
Property Costs	58	35	24	40.6%
POD Reserves	1,000		1,000	
Total POD	51,778	52,255	(477)	-0.9%

ICB Expenditure Analysis	Forecast Net Expenditure			
	Plan £'000	Actual £'000	Variance £'000	Variance %
Ophthalmic	9,239	9,239	0	0.0%
Pharmacy	16,165	16,165	0	0.0%
Community Dental	7,316	7,316	0	0.0%
Primary Dental	40,780	40,780	0	0.0%
Secondary Dental	13,311	13,311	0	0.0%
Property Costs	205	205	0	0.0%
POD Reserves	1,715	1,715	0	0.0%
Total POD	88,731	88,731	0	0.0%

The Primary Care POD position shows a net overspend of £477k (0.9% of budget) at month 7 which, in part, is due to timing differences. A breakeven forecast is still considered a realistic expectation.

The Ophthalmic position is overspent by £277k and results from the increase in price and activity being higher than NHSE plan.

The Pharmacy £579k overspend is due to a continuation of the higher levels of activity from 2022/23 and NHSE planning assumptions. The plan assumes that the SAF (single activity fee) will reduce following national negotiations. However, to date no reduction has materialised although there is a two-month lag on pharmacy data.

The dental position is being influenced by patient charges income being lower than planned, offset by reduced other expenditure. A timing difference arose from the DDRB pay uplift (back dated to April) being paid in October but not yet funded. Additional recurrent funding is expected in November.

The financial pressures on individual services are mitigated by the ICB receiving £1.7m from NHSE EoE POD reserves. This has helped to reduce the YTD overspend across POD services and reduced the risk of not maintaining at least a breakeven forecast.

Since the ICB completed its month 7 (October) financial reporting, NHSE has issued further guidance and financial support to Integrated Care Systems given the emerging NHS financial pressures and costs of industrial action. Within this guidance, NHSE has now confirmed that any underspends in the dental ringfence can be retained by the ICB. There are several variables to estimating the forecast dental position but an early estimate is the dental clawback for 2023-24 maybe approximately £5m.

2. Summary of key points:

At month 7, it was expected that the POD expenditure for 2023-24 will breakeven and managed within allocations and budgets set. A risk exists of overspending against the Pharmacy and Ophthalmology budgets however the recent announcement now suggests that POD services may underspend by circa £5m. Further work is required to give some certainty to the forecast and POD expenditure across services will be monitored closely.

3. Are there any options?

None.

4. Key Risks and Issues

At present, it is considered that financial risk across POD services is low.

Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☐	No ☒

Not Applicable

5. Are there any financial implications or other resourcing implications, including workforce?

Overspends against POD services may impact upon any future ICB investments proposed in other services across the local system.

6. How will / does this work help to address the Green Plan Commitments?

Click to view Green Plan

7. How will / does this work help to address inequalities?

Work continues to develop and fund primary care to offer similar opportunities to all patients across BLMK and to address historic inequity of access to primary care services.

8. Next steps:
Committee is asked to note the YTD and Forecast position of POD primary care budgets as at October 2023.
9. Appendices
N/A
10. Background reading
None.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Report to the Primary Care Commissioning & Assurance Committee – 15 December 2023
15. Primary Care Directorate & Digital Risk Registers

Vision: "For everyone in our towns, villages and communities to live a longer, healthier life"	
Please state which strategic priority and / or enabler this report relates to	
Strategic priorities	
☒	**Start Well:** Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
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☒	**Reducing Inequalities:** In everything we do we promote equalities in the health and wellbeing of our population.

Enablers			
Data and Digital ☒	Workforce ☒	Ways of working ☒	Estates ☒
Communications ☒	Finance ☒	Operational and Clinical Excellence ☒	Governance and Compliance ☒

Report Author	Jill White Senior Primary Care Contracting Manager
Date to which the information this report is based on was accurate	1/12/23
Senior Responsible Owner	Nicky Poulain Chief Primary Care Officer

The following individuals were consulted and involved in the development of this report:
Risk leads as named on the risk registers
This report has been presented to the following board/committee/group:
None
Purpose of this report - what are members being asked to do?
The members are asked to **note** that risks relating to the primary care directorate and digital primary care workstream are being identified and managed appropriately. All risks continue to be logged and monitored in the 4Risk system.

Executive Summary Report

The primary care directorate and digital risk registers are attached for information and assurance that risks have been correctly identified and are being suitably managed.

1. Brief background / introduction:

The primary care directorate risk register is monitored bi-monthly at the Primary Care Interconnectivity Meeting and quarterly at the Primary Care Medical Services Delivery Group.

The following changes have taken place since the register was last reviewed at this committee in September:

1. Risks which have been closed
   - Risk R0006 Industrial action: all actions had been implemented and the risk to primary care reduced. The primary care team continues to link it with the emergency planning team on the wider response to any ongoing action.
   - Risk R0007 Ivel Medical Centre contract resignation: all actions have now been completed and the risk mitigated with a new caretaker provider in place who continues to stabilise the situation.

2. Risks which have been added (all linked and relating to primary care networks)
   - PCN0004 Primary care networks
   - PCN0005 Maximising ARRS allocation
   - PCN0006 PCN performance.

3. Risk R0011 111 capacity and resilience has been de-escalated from the corporate risk register as the risk has reduced. It will continue to be managed at directorate level.

All these changes were reviewed and approved at the Primary Care Medical Services Delivery Group in November.

The following two risks are now due to be closed, subject to approval at the January PC(MS)DG meeting:
- PCN0001 Variations in patient experience of services across PCNs: this risk has now been superseded by the new risk PCN0004.
- PC0001 Asylum seeker accommodation - primary care funding: all actions have now been completed and the risk mitigated.

Risk R0009 GP practices' resilience and ability to transform is proposed to be escalated to the corporate risk register as any failure of any of the current 89 practices has a significant impact to the system.

The dental risk register is being developed and will be taken to the Primary Care Pharmacy, Optometry Dental Delivery Group in January 2024.

The primary care digital risk register is maintained by the digital team and reviewed on a regular basis, either monthly or when programmes are updated or closed.

2. Summary of key points:

All risks are outlined on the attached registers and managed as part of the relevant programmes of work.

3. Are there any options?

NA

4. Key Risks and Issues		
See risk register attachments.		
Have you recorded the risk/s on the Risk Management system? Click to access system	Yes ☒	No ☐
Risk references as given on the registers.		
5. Are there any financial implications or other resourcing implications, including workforce?		
As outlined on the risk registers.		
6. How will / does this work help to address the Green Plan Commitments? Click to view Green Plan		
Managing risks well will ensure greater long-term sustainability.		
7. How will / does this work help to address inequalities?		
Managing risks well will help to address inequalities in delivery of services.		
8. Next steps:		
To continue to manage and monitor risks as part of each programme of work.		
9. Appendices		
Appendix A – Primary care directorate risk register Appendix B – Primary care digital risk register.		
10. Background reading		
NA		

Item 15. Appendix A Primary Care Risk Register

Risk Detail	Initial Priority	Controls		Current Priority	Actions				Linked Risks	Target Priority
		Detail	Owner		Detail	Owner	Fixed Target	Last Update Text	Risk Title	
Prefix: R0011 **Created**: 29 Mar 2023 **Risk Lead**: Amanda Flower **Risk Title**: 111 capacity and resilience **Risk Description**: As a result of high patient reliance and demand and high turnover of call handling staff within the BLMK system there is a risk of continued: - 111 high call abandonment rates (due to high demand) - contract value increases (due high demand) - increasing call length (due to staff turnover). This could result in an increase in inappropriate use of urgent and emergency services or patients failing to seek help at all.	High (4:4=16)	Fuller programme - urgent and same-day primary care workstream in BLMK	Amanda Flower	Medium (3:2=6)	Implementation of 111 single virtual call centre (regional call management) - planned go live anticipated May 23 tbc	Steve Gutteridge	31 Mar 2024	Live pilot now underway; target go-live date now end Feb 24 subject to sign-off following conclusion & evaluation of pilot		Medium (3:2=6)
		National integrated urgent care (IUC) modelling work is ongoing to support demand profiling	Steve Gutteridge							
		Local IUC modelling and forecasting as part of annual contract planning	Steve Gutteridge		Develop the implementation plan to deliver step change required for same day access in general practice as per the Fuller recommendations	David Picking & Beth Collins	31 Mar 2024	Plan in development and all practices must set out their plans for transition to modern GP access model by 17 Nov		
		Collaborating with commissioners across HUC footprint to identify 111 call demand management schemes and IUC efficiencies	Steve Gutteridge		Map urgent and same-day demand and capacity and current activity flows to inform future commissioning of services	Steve Gutteridge	31 Mar 2024	Stakeholder event has been moved to 15/11/23		
		Monthly provider/commissioner meetings with national IUC team	Steve Gutteridge		Scope & develop a system-wide self-care approach to support our populations with alternatives which will reduce reliance on commissioned	Craig Lister	31 Dec 2023	MIDOS is now live but not yet public facing and currently extending content and user base		
		Continue to work with practices and PCNs to understand demand and capacity for same day and planned appts	Beth Collins & David Picking							
Prefix: PCN0001 **Created**: 29 Mar 2023 **Risk Lead**: Amanda Flower **Risk Title**: Variations in patient experience of services across PCNs **Risk Description**: As a result of the varying ambitions beyond services and characteristics explicit in the PCN DES, there is a risk that services, access and patient experience may vary between PCNs across BLMK resulting in inequitable services for patients, inequalities in patient population, variations in outcomes and variations in work backlogs. Risk to be closed.	Medium (3:3=9)	Place based team support	David Picking	Medium (3:2=6)	Identify areas of variation and provide targeted support across BLMK:	David Picking	31 Mar 2024	Closed: Remains ongoing as part of place teams' ongoing work with PCNs - see new risk PCN0004		Medium (2:2=4)
		Effective use of ARRS roles	Beth Collins		Improve matrix working across ICB teams and with HCP partners	David Picking	31 Mar 2024	Closed: Remains ongoing as part of place teams' ongoing work with PCNs - see new risk PCN0004		
		Maturity Matrix/BLMK dashboard assessment	David Picking		Implement BLMK Access Group to share best practice and facilitate peer support	Amanda Flower	31 Mar 2024	Closed: See risk R0004 for full details of ongoing access work which remains ongoing as a key priority		
		Clinical leadership support and development training	Beth Collins		Review to compare and contrast outcomes of maturity matrix	Beth Collins	31 Mar 2024	Closed: Remains ongoing as part of place teams' ongoing work with PCNs - see new risk PCN0004		
		Population Health Management/Business Intelligence outputs	David Picking		Review outcomes of PCN DES priorities	Beth Collins	31 Mar 2024	Closed: Remains ongoing as part of place teams' ongoing work with PCNs - see new risk PCN0004		
		Primary Care Strategy	David Picking							
		ICP, ICS, Partnership Board	Beth Collins							
		PCN enhanced access provision from 1 Oct 2022	Beth Collins							
		Ongoing programme of work to address primary care access across BLMK	Amanda Flower							

Primary Care Risk Register

Risk Detail	Initial Priority	Controls		Current Priority	Actions				Linked Risks	Target Priority
		Detail	Owner		Detail	Owner	Fixed Target	Last Update Text	Risk Title	
Prefix: R0004 **Created**: 29 Mar 2023 **Risk Lead**: Amanda Flower **Risk Title**: Access to primary care - rising patient demand **Risk Description**: As a result of continued high demand for general practice services and rising activity levels compared to pre pandemic levels, coupled with resilience challenges due to staff recruitment and retention there is a risk to resident experience of access,. This may result in an increase in inappropriate use of urgent and emergency services or patients failing to seek help at all. To note: • BLMK is ranked highest for face-to-face appointments. Year on year total appointment numbers provided by practice teams is rising • The GP Survey published in July 22 indicates BLMK at 64% are below the national figure of 72% for 'Good' experience at their GP practice and BLMK has a higher percentage of people having difficulty getting through on the phone than the national average.	High (4:4=16)	Collaborative approach with population and system partners to develop and deliver the Fuller Programme to support development and transformation of integrated primary care, organised around 4 pillars: 1. Development of neighbourhood working 2. Provision of same day and urgent primary care 3. An integrated approach to prevention 4. Providing continuity of care through a coordinated MDT approach to the population most at risk of adverse health outcomes.	Amanda Flower	Medium (3:3=9)	Take a transparent data driven approach - develop a dashboard using the national data that is benchmarked	Amanda Flower	30 Nov 2023	Completed – dashboard provided monthly to practices using national GPAD and local data	GP practices' resilience and ability to transform	Medium (3:2=6)
					Facilitate discussions with practice/PCN/primary care providers to deliver the step change required to improve same day primary care access	Amanda Flower	31 March 2025	Action ongoing		
		Data Driven approach	Amanda Flower		Support practices/PCNs to implement that are focused on supporting access	Amanda Flower	31 March 2025	Action ongoing		
		Continue to work with practices and PCNs to deliver modern general practice access	Amanda Flower		Launch and develop new quarterly place-based communications campaign/approach explaining primary care/general practice changes / services.	Amanda Flower	31/12/23	Action ongoing		
		Ongoing programme of work to address primary care access across BLMK	Amanda Flower		Develop a learn and share approach through regular webinars and sharing top tips with practices	Amanda Flower	30 Nov 2023 Complete			
					Continue practice visits to establish best practice to share to support developments across BLMK	Amanda Flower	31 March 2025			
					Provide bespoke support to practices with most significant challenge	Amanda Flower	Ongoing Move to control			
					Implementation of the Delivery Plan for Recovering Access to Primary Care (PRN00283) in partnership with regional team.	Amanda Flower	31 March 2025			

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Risk Detail	Initial Priority	Controls		Current Priority	Actions				Linked Risks	Target Priority
		Detail	Owner		Detail	Owner	Fixed Target	Last Update Text	Risk Title	
Prefix: R0008 **Created**: 29 Mar 2023 **Risk Lead**: Nikki Barnes **Risk Title**: GP premises constraints **Risk Description**: As a result of population growth and increased demand for services, along with budget constraints for the ICB, there is a risk that some practices across BLMK will not have sufficient premises capacity to support delivery of the full range of face-to-face services and to enable them to keep their patient lists open to new registrations. This could result in an inability for practices to participate in workforce development schemes and a negative impact on the reputation of primary care amongst our partners. UPDATE Oct 2022 Announcement of national capital funding has been made but does not include recurrent revenue funding so does not alleviate this risk.	High (3:4=12)	Primary Care Estates Strategy identifies projects likely to be required to ensure adequate primary care…	Nikki Barnes	Medium (3:3=9)	Primary Care estates strategy aligned with One Public Estates plan	Nikki Barnes	30 Apr 2024	Programme plan being developed for estates strategy refresh - timeline tbc but expect significant progress by April	GP practices' resilience and ability to transform	Medium (3:3=9)
		Number of premises projects underway at various stages (delivered / under construction / at planning stage / not yet started)	Nikki Barnes		Continue to progress work plan following outcome of prioritisation panel…	Nikki Barnes	31 Dec 2023	Closed: programme in delivery - progress reported monthly to PCDG		
		Heads of PC at place maintain good working relationships with local authority partners and provide assurance to overview & scrutiny committees.	Nikki Barnes							
		Prioritisation panel took place during Nov 2022 confirming which schemes ICB can afford to support, including quantification of risks associated with not progressing projects identified as being required, and decisions were ratified by chair's action group Dec 2022.	Nikki Barnes							
		Ongoing discussions within ICB around management of this risk, including Board seminar 24/02/23	Nikki Barnes							
		Continue to progress work plan following outcome of prioritisation panel…	Nikki Barnes							
Prefix: PC0001 **Created**: 07 Jul 2023 **Risk Lead**: Beth Collins **Risk Title**: Asylum seeker accommodation - primary care funding **Risk Description**: As a result of national funding ceasing for GP practices at the end of 22/23 financial year, and there being no indication of what funding will be made available for 23/24, there is a risk that our eight GP practices aligned with asylum accommodation will cease to provide comprehensive health checks for this cohort on June 30th 2023 due to the work-intensive nature of registering and promptly offering comprehensive health checks to all new-to-country arrivals. Without these health checks mental and physical health (including infectious diseases) conditions may go untreated, as well as the possibility of missed safeguarding concerns, resulting in this population group continuing to suffer from poor health, and the wider population being at risk of communicable diseases (e.g. TB, HIV, hepatitis). Risk to be closed.	High (4:3=12)	Practices have asked to continue registering all residents from their aligned hotels and offering standard health checks and services, as they would with any other new patient.	Beth Collins	Medium (2:2=4)	Continue to discuss future provision for asylum seekers with individual practices from July 1st onwards.	Beth Collins	31 Aug 2023	Action completed		Medium (2:2=4)
		Luton public health team screening teams are supporting the communicable disease testing.	Beth Collins		Discussion with Luton public health teams about communicable disease screening	Beth Collins	31 Aug 2023	Action completed		
		The flow-through in existing hotels is minimal with only few dozen arrivals per month, although this may change as new hotels are commissioned	Beth Collins		Continue to feed back to regional and national colleagues the importance of this funding.	Beth Collins	31 Aug 2023	Action completed		
		Additional block funding has been received by ICB to support primary care services for asylum seekers	Beth Collins		Liaise with Home Office and system partner colleagues regarding potential capacity increases/new hotels.	Beth Collins	31 Aug 2023	Action completed		
		Ongoing liaison with Home Office and system partner colleagues regarding potential capacity increases/new hotels	Beth Collins		Consider alternative funding streams within ICB for this service (e.g., HMG LCS in Luton)	Beth Collins	31 Aug 2023	Action completed		
		Develop new specification for the additional funding	Beth Collins		Develop new specification for the additional funding	Beth Collins	30 Nov 2023	Action completed		

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Risk Detail	Initial Priority	Controls		Current Priority	Actions				Linked Risks	Target Priority
		Detail	Owner		Detail	Owner	Fixed Target	Last Update Text	Risk Title	
Prefix: R0009 **Created**: 14 Jul 2023 **Risk Lead**: Amanda Flower **Risk Title**: GP practices' resilience and ability to transform. **Risk Description**: As a result of multiple factors including: • population growth • increasing cost pressures • recruitment & retention challenges • difficulties in maintaining training and mentorship provision • increasing demand from patients (cf R0004) • estates pressures (cf R0008) there is a risk that GP practices will become increasingly unable to maintain acceptable levels of service provision. This may result in further contract resignations and patients failing to receive the services they need. Risk to be escalated to corporate risk register.	High (4:4=16)	Support from place-based teams including: • Facilitating practice merger discussions where needed • Patient and stakeholder engagement to improve understanding and support for practices who are struggling to meeting patient demand • Ongoing primary care network development	David Picking & Beth Collins	High (4:3=12)	Ongoing review of controls as outlined in workplans for all teams identified.	Amanda Flower	31 Mar 2024	Recent review of most challenged practices has identified 13 who will get bespoke support		Medium (4:2=8)
		Support from quality team including: • Pre/post-CQC support • PC Quality Dashboard to monitor individual practices which are struggling	Sarah Watts							
		Estates and technology development in line with local and national priorities (including cloud-based telephony)	Nikki Barnes & Mark Peedle							
		Focused clinical leadership for access to embed practice/PCN engagement and drive the access task group's work.	Amanda Flower							
		Workforce Development Programme including more innovation and transformation, recruitment & wellbeing support	Susi Clarke							
Prefix: R0010 **Created**: 27 Jul 2023 **Risk Lead**: Lynn Dalton **Risk Title**: Closure of Wenlock St Surgery **Risk Description**: As a result of the imminent closure of Wenlock St Surgery following the resignation by the GP contract holder at short notice, and the dispersal of patients to other local practices, there is a risk that negative patient feedback about the closure will result in reputational damage to the ICB. The increased pressure on other practices could also have a negative impact on the quality of care they are able to deliver.	High (4:3=12)	Regular meetings with CQC to ensure coordinated approach	Lynn Dalton	Medium (2:2=4)	Clinical patient safety harm review – 2 week waits etc and clinical findings from receiving	Lauren Sibbons	30 Nov 2023	Closed: Completed		Medium (2:2=4)
		Local practices have agreed how many patients they are able to take and understand protocols for new patient checks	Lynn Dalton		Remaining patient results still being received for administrative action and clinical review	Lauren Sibbons	30 Nov 2023	Closed: Completed		
		Robust contract closure checklist being worked through	Lynn Dalton		Out of area registrations – 2nd letter to go this week	Lauren Sibbons	30 Nov 2023	Closed: Complete		
		Patients have been allocated to new surgeries and notified of which one; can contact ICB if have not received letter	Lynn Dalton		Closure of the system one unit when all tasks and patients cleared	Lauren Sibbons	30 Nov 2023	Closed: Complete		
		Continue to monitor local feedback and respond accordingly	Nicky Poulain		Finalisation of the practice closure in terms of financial	Nicky Poulain	30 Nov 2023	Closed: Complete		
					Lessons learned review	Lauren Sibbons	31 Jan 2024	Still to be completed and pending publication of CQC report which has been delayed		

Risk Detail	Initial Priority	Controls		Current Priority	Actions				Linked Risks	Target Priority
		Detail	Owner		Detail	Owner	Fixed Target	Last Update Text	Risk Title	
Prefix: PCN0004 **Created**: 22 Sep 2023 **Risk Lead**: Amanda Flower **Risk Title**: Primary care networks **Risk Description**: As a result of: • Differing levels of maturity and stability amongst different PCNs • Variations in patient experience of services offered by different PCNs • Lack of clarity over future commissioning plans for PCNs at a national level • The need for PCNs to embrace new ways of neighbourhood working • Difficulties in recruiting to ARRS roles there is a risk that some PCNs will fail develop as they should and fully engage with the wider health and care system. As a result, the effectiveness of services built around the neighbourhood and the patient may be impacted and the intended benefits of PCNs for the population fail to be delivered. New risk	High (3:4=12)	Development of neighbourhood working and engagement from wider health and care system	Amanda Flower	Medium (3:3=9)	Support PCNs to engage with public health and other service providers in the development of neighbourhoods and neighbourhood working	Amanda Flower	31 Mar 2024		Maximising ARRS allocation PCN performance	Medium (3:2=6)
		Measurement and monitoring of: • Capacity and access plans • IIF outcomes • Use of ARRS • Health inequalities projects	Beth Collins & David Picking		Flag concerns from this data or 'soft intelligence' with primary care place teams	Beth Collins & David Picking	31 Mar 2024			
		Interventions based on this information through strategic clinical leads, training hub support and development	Amanda Flower & Susi Clarke		Work with system colleagues to review PCN engagement	David Picking & Beth Collins	31 Mar 2024			
		Targeted recruitment support to PCNs from the training hub	Susi Clarke							
Prefix: PCN0005 **Created**: 14 Oct 2023 **Risk Lead**: Susi Clarke **Risk Title**: Maximising ARRS allocation **Risk Description**: As 2023-24 is the final year of the current PCN DES contract and PCNs have been informed that future years' allocations will depend on this year's drawdown, there is a risk that PCNs do not recruit to their full ARRS allocation this year. This would result in reduced financial support in future years. New risk	Medium (3:3=9)	Targeted recruitment support to PCNs from the training hub	Susi Clarke	Medium (2:2=4)	Continue to increase focus on retention as well as on recruitment for this particular staff group	Susi Clarke	31 Mar 2024			Low (1:1=1)
		PCN workforce forum	Susi Clarke		Personalised care recruitment campaign	Susi Clarke	31 Mar 2024			
		Monthly monitoring of spend at place	Susi Clarke		Promote alternative employment models to meet estates, supervision & lead-in time challenges	Susi Clarke	31 Mar 2024			
Prefix: PCN0006 **Created**: 01 Dec 2023 **Risk Lead**: David Picking & Beth Collins **Risk Title**: PCN performance **Risk Description**: Because the payments for achievement of IIF indicators are made at a PCN level, there is a risk that some PCNs may wish to remove practices who fail to fully engage or who perform poorly resulting in a negative impact on PCN income. This could result in some practices not belonging to a PCN and their patients not receiving the benefits of PCN membership. This risk is compounded by the current uncertainty over the future of PCNs. New risk	High (3:5=15)	Place team relationship management	David Picking & Beth Collins	Medium (3:3=9)	Prepare to respond to new PCN DES arrangements when published	David Picking & Beth Collins	31 Mar 2024			Medium (3:2=6)
		Supporting PCN CDs and managers with practices who are not fully engaged in PCN work	David Picking & Beth Collins		Ongoing implementation of controls	David Picking & Beth Collins	31 Mar 2024	Controls are in place and remain ongoing		
		Managed network services provided to patients of practices not in a PCN	David Picking & Beth Collins							

Item 15 Appendix B Digital Risk Register

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Generated Date	04 Dec 2023 11:50
Risk Criteria	
Project	LIVE - Risk
Risk Lead	Peedle, Mark

IT Services

Prefix	Risk Detail	Cause	Initial Priority	Controls Control Details	Current Priority	Actions Action Details	Target Priority
ITS0001	Risk Description: There is a risk that a Cyber Attack, unpatched devices or user introduced malware (from for example a phishing email link being clicked) could take individual, multiple, departmental or organisational wide system offline. Risk Owner: Helen Haumann Risk Lead: Mark Peedle Status: Open Governance Board: Finance Committee Place: BLMK ICB Priorities: Growth, Live Well, Reduce Inequalities		High (4:3=12)	Detail: All Anti-virus and malware patching is complete and up to date Owner: Mark Peedle Status: Complete Detail: All operating systems are regularly updated to the latest version, the latest windows 10 version on 202h and the upgrade… Owner: Mark Peedle Status: Complete Detail: HBL have Geolocation enabled on the firewalls, RU Ukraine and Chinese domains and IP addresses are blocked… Owner: Mark Peedle Status: Existing Detail: HBL ICT ensure all perimeter controls (firewalls on HSCN connections) are in place, fully operational and compliant. Owner: Mark Peedle Status: Existing Detail: All desktop and laptop devices are upgraded to Windows 10 (from legacy operating systems) Owner: Mark Peedle Status: Complete Detail: Penetration Test Owner: No User Status: Existing	Medium (4:2=8)	Detail: All staff to complete the 202H upgrade, all staff to complete the Office 365 update Assignee: Mark Peedle Variable Target: 30 Sep 2021 Status: Complete Detail: Risk assess implications of energy/fuel disruption on services Assignee: Abimbola Hill Variable Target: 04 Mar 2022 Status: Complete Detail: Risk assess implications of supply chain disruption as a result of attack on critical cyber infrastructure Assignee: Abimbola Hill Variable Target: 04 Mar 2022 Status: Complete Detail: Review cyber security and IT disaster recovery plans Assignee: Mark Peedle Variable Target: 04 Mar 2022 Status: Complete Detail: Agree Command & Control Structure in the event of incident Assignee: Mark Meekins Variable Target: 04 Mar 2022 Status: Complete Detail: Review and agree proactive mitigations Assignee: Mark Peedle Variable Target: 04 Mar 2022 Status: Complete	Medium (4:2=8)
ITS0003	Risk Description: There is a risk that as a result of a cyber attack on a third the affected service provider will be in business continuity response for a protracted amount of time which will adversely affect service provision, services to vulnerable people Risk Owner: Sarah Whiteman Risk Lead: Mark Peedle Status: Open Governance Board: Digital Transformation Board Place: BLMK ICB Priorities: Live Well		Medium (5:1=5)	Detail: SIEM installed to support full network monitoring of HSCN connection… Owner: Helen Haumann Status: Existing Detail: All devices/PCs have been double checked to ensure that they have Microsoft Defender for endpoint Owner: Helen Haumann Status: Existing Detail: ICB Incident Management Team in place Owner: Dean Westcott Status: Existing Detail: Actions taken to patch all systems against known vulnerabilities Owner: Helen Haumann Status: Existing Detail: Business Continuity plans are robust and in place Owner: Helen Haumann Status: Existing Detail: Testing to be applied during restoration Owner: Helen Haumann Status: Existing Detail: Dynamically reviewing BCP processes to streamline service delivery Owner: Helen Haumann Status: Existing Detail: Sharing of risk assessment and decision-making processes undertaken to reach any decision around restoration. Owner: Helen Haumann Status: Existing Detail: Procurement Cycle Owner: No User Status: Existing	Low (3:1=3)	Detail: Agree directions and decisions around approaches for accumulated data Assignee: Steve Gutteridge Variable Target: 09 Sep 2022 Status: Complete Detail: Full response to clarifications/queries from insurers to be provided in follow up from service providers Assignee: Steve Gutteridge Variable Target: 26 Aug 2022 Status: Complete Detail: Obtain additional assurances from service provider Assignee: Steve Gutteridge Variable Target: 26 Aug 2022 Status: Complete	Low (3:1=3)

Item 18. Primary Care Commissioning & Assurance Committee (PCC&AC) - Meeting held in Public. Annual Cycle of Business 2023/24

	Accountable Person	Author/s	Date of meeting 15.12.23.	Date of meeting 15.03.24.
Agenda Item Title	**Accountable Director and Lead for paper**	**Author/s**		
Opening Actions				
Welcome, Introductions and Apologies	Chair	Governance	✓	✓
Relevant Persons Disclosure of Interests - Register of Interests	Chair	Governance	✓	✓
Approval of Minutes and Matters Arising	Chair	Governance	✓	✓
Review of Action Tracker	Chair	Governance	✓	✓
Strategy & Integration - Assurance				
Pharmacy, Optometry & Dental Functions	Associate Director Primary Care Development/Programme Manager	Lynn Dalton		
Integrating Primary Care in the ICS (Fuller Stocktake recommendations/BLMK Fuller Programme)	Associate Director Primary Care Commissioning & Transformation	Amanda Flower	✓	✓
Primary Care Prevention Plan (includes action 18 16.06.23.)	Associate Director – Primary Care Transformation Prevention Lead, Covid and Flu immunisation and vaccination strategy l	Craig Lister	✓	✓
Primary Care Workforce Programme & Highlight Report	Primary Care Workforce Programme Lead / Primary Care Training Hub Lead	Susi Clarke	✓	✓
Primary Care Estates Highlight Report/Estates Plan	Associate Director of System & ICB Estates	Nikki Barnes	✓	✓
Periodic review of S106 tracker	Associate Director of System & ICB Estates	Nikki Barnes		✓
Primary Care Digital Programme	Head of Digital Delivery	Mark Peedle		✓
Operational - Assurance				
APMS Contracts Re-procurement Plan	Senior Primary Care Contracting & Development Manager	Jill White	✓	✓
Contractual assurance update (Medical Services)	Senior Contracts Manager	Lauren Sibbons	✓	✓
Contractual assurance update (Dental)	Primary Care Dental Contract Manager	Lisa Giles	✓	✓
Delegated Primary Care Medical Services Financial Report	Associate Director of Finance	Roger Hammond	✓	✓
Delegated Primary Care Pharmacy, Optometry, Dental Services Financial Report	Associate Director of Finance	Roger Hammond	✓	✓
Pharmaceutical Services Regulatory Committee Report	Associate Director Primary Care Development/	Lynn Dalton	✓	✓
Primary Care Risk Register	Senior Primary Care Contracting & Development Manager	Jill White	✓	✓
Universal Offer & Enhanced Services Review	Associate Director Primary Care Commissioning & Transformation	Amanda Flower		
Governance - Assurance				
Annual Review Terms of Reference PCC&AC and sub groups.	Chief Primary Care Officer / Associate Director Primary Care Development	Nicky Poulain / Lynn Dalton		
Audits 2023-24 - subject to agreement by Audit Committee (before March 2024)	Chief Primary Care Officer / Associate Director Primary Care Development	Nicky Poulain / Lynn Dalton		✓
Committee annual cycle of business	Chief Primary Care Officer / Associate Director Primary Care Development	Nicky Poulain / Lynn Dalton	✓	✓
Communications from the meeting	Chair	Governance	✓	✓
Committee Effectiveness	Chair	Governance	✓	✓
Annual Review of Committee Effectiveness	Chair	Governance & Compliance Team		
Closing Actions				
Any Other Business	Chair	Governance		✓
Date and Time of Next Meeting	Chair	Governance		✓